

Introduction

Pain has been assessed for years by using a subjective 0-10 severity scale. The consistent use of this pain assessment tool began in the 1990's when undertreated pain was identified as a major problem in healthcare by the American Pain Society (1999). At this time less than 1/2 of surgical patients reported adequate pain control, prompting pain to become frequently assessed as the **5th vital sign**. The affordable care act (ACA) of 2008 established patient satisfaction as a quality indicator, tying patient satisfaction to financial incentives (Centers for Medicare and Medicaid Services, 2008). Unintended consequences of patient satisfaction of pain control and constant pain assessment has been severe opioid side effects and inconsistent use of other pain interventions. The American Medical Association moved in 2016 to stop the idea of pain as the 5th vital sign related to the significant rise in opioid use disorders as physicians overtreated pain as the patient said to improve patient satisfaction (Scher, et al., 2018).

Functional Pain Scales were developed to better assess patient pain in place of the Numeric Pain Scale (0-10) (Vitulo, et al., 2020).

Problem

Assessment of Severity with the Numeric Pain Scale (NRS):

Unrealistic pain goals for patients- they want NO PAIN which is unrealistic in most instances.

Unintended consequences of too much pain medication based on patient request to not have any pain.

Pain is a unique experience to each patient: One patient's mild is another's moderate.

Nurses manipulate the NRS scale for medication protocols.

Patients manipulate the NRS to get their desired medication and avoid those they deem as not useful.

Project

Clinical Question:

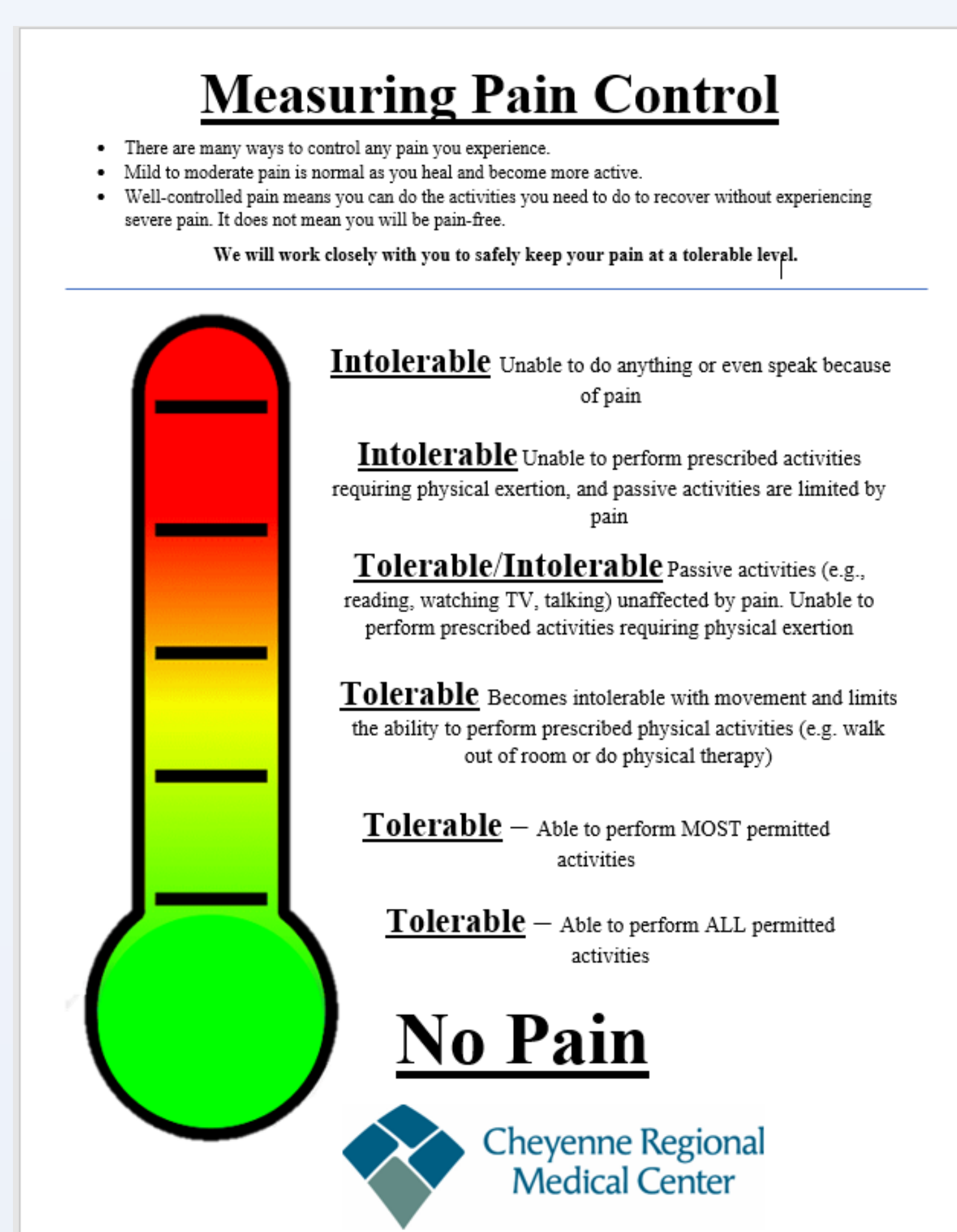
Will the use of a functional pain scale improve nurse and patient satisfaction compared to the numeric pain scale?

Pilot project: 2 months on telemetry unit

Significant improvement in nurse satisfaction

Patient's were satisfied, more with the communication impact of using the pain scale.

Organization-wide implementation for 1 year and counting.



Measuring Pain Control

- There are many ways to control any pain you experience.
- Mild to moderate pain is normal as you heal and become more active.
- Well-controlled pain means you can do the activities you need to do to recover without experiencing severe pain. It does not mean you will be pain-free.

We will work closely with you to safely keep your pain at a tolerable level.

Intolerable Unable to do anything or even speak because of pain

Intolerable Unable to perform prescribed activities requiring physical exertion, and passive activities are limited by pain

Tolerable/Intolerable Passive activities (e.g., reading, watching TV, talking) unaffected by pain. Unable to perform prescribed activities requiring physical exertion

Tolerable Becomes intolerable with movement and limits the ability to perform prescribed physical activities (e.g. walk out of room or do physical therapy)


Tolerable - Able to perform MOST permitted activities

Tolerable - Able to perform ALL permitted activities

No Pain

Cheyenne Regional Medical Center

Working Together for Safe Pain Control



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Mild		Moderate		Severe		
No pain	Tolerable	Tolerable	Tolerable/Intolerable	Intolerable	Intolerable	
No Pain	Able to perform all permitted activities	Able to perform most permitted activities	Becomes intolerable with movement and limits the ability to perform prescribed physical activities (e.g. walk out of room or do physical therapy)	Passive activities (e.g., reading, watching TV, talking) unaffected by pain. Unable to perform prescribed activities requiring physical exertion.	Unable to perform prescribed activities requiring physical exertion, and passive activities are limited by pain	Unable to do anything or even speak because of pain

Results

- Patient satisfaction was measured with two questions on patient surveys. Nurse satisfaction was measured with surveys. Both showed improvement.
- Patient satisfaction improved, but saw inverse relationships with nurse turnover and hiring.
- An unintended consequence of this new practice implementation was found to be the significant turnover seen as a nationwide nursing employment trend following COVID.
- The NRS has become a significant standard of practice in pain assessment across the US healthcare system and in academia despite significant support for the use of a functional pain assessment.



Conclusions

New nurses must be onboarded to use the functional pain scales as the new standard of practice.

Functional Pain Scales are improving communication and therefore patient satisfaction

Academia will need to keep pace with practice changes including the instruction in different assessment methods for pain.

References

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- Vitulo, M., Holloway, D., Tellson, A., Nguyen, H., Estimon, K., Linthicum, J., Viejo, H., Coffee, A., & Huddleston, P. (2020). Surgical patients' and registered nurses' satisfaction and perception of using the clinically aligned pain assessment (CAPA) tool for pain assessment.

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