PODIUM PRESENTER:
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Objective

- Improve pain management in the adult population, especially the elderly, through the use of complimentary alternative therapies on an inpatient medical telemetry unit.
Implications for Study

- Historically poor performance with pain management
- Failure to meet goal on HCAHPS in 2016
- Limited studies using alternative therapies on inpatient medical units

Background

- More than 25 million American adults suffer from pain daily
- The NIH (National Institute of Health) National Pain Consortium estimates that pain costs range between $560-$635 billion each year
- Approximately 50% of older adults and nursing home residents experience debilitating pain or suffer from pain on a daily basis

Pain

- Negatively influences the body’s ability to heal (2013)
- Defined by IASP “unpleasant sensory and emotional experience arising from actual or potential tissue damage”
- McCaffery (1968): “whatever the person experiencing says it is, existing whenever he says it does”
- Pain management is a “demand and right” (2013)
Negative Impacts of Pain

- Potential tissue damage
- Increased mortality
- Increased costs
- Decreased quality of life
- Prolonged hospitalization
- Increased use of opioids → side effects

Complimentary & Alternative Therapies

- Therapies that are not part of conventional medicine
- They are an adjunct means
- Alternative therapies utilized: Heat, Cold, Music, Relaxation, Videos, Pet Therapy, Aromatherapy, Healing Touch/Massage
Benefits of Alternative Therapies

- Few to no side effects
- Cost Effective (CMC \rightarrow GetWell Network)
- Decreases use of opioids
- Promotes sleep
- Promotes early ambulation

Study Design

- Quantitative
- Pre-test/Post-test (pain scores)
- Patient survey
- Daily Leadership Rounds: (5 out of 6 weeks with 100% satisfaction)

Sample

- Convenience sample of adult patient meeting inclusion criteria (n=25)
- Mean age of participants: 64
- Range 76 (ages 21-97)
- 15 participants 65 years of age or older
- Voluntary participation
- Approved as a quality improvement initiative
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Method

- Staff Education
- RNs and HCTs given a PowerPoint presentation via electronic mail and opportunities for in-service
- 100% of staff were sent the presentation electronically
- >80% were given education in person and signed a roster

Method

- Patient Education by RN or HCT
- Educated patients on alternative therapies available for pain management
- Assessment of pre and post pain scores by RN
- Numerical Pain Scale utilized for pain assessment
- Patient survey conducted by Principal Investigators (PI)
Data Collection & Analysis

- Chart audits for pre and post pain scores conducted by PI
- Survey data collected by PI
- Data entered into Excel spreadsheet and kept on flash drive
- All data kept in locked cabinet only accessible by PI
- Analyzed using Excel
- Paired t-test, Descriptive Statistics

Results

- Alternative Therapies
  - Mean of pre-test 8.76 (SD 0.24)
  - Mean of post-test 2.24 (SD 0.44)
- Pharmacological
  - Mean of pre-test 8.4 (SD 0.28)
  - Mean of post-test 4.32 (SD 0.37)
  - t = 11.96, p<0.05

Results: Did you experience pain relief during your hospitalization?
Results: Did you experience pain relief when taking prescribed pain medications?

Results: Did you only use alternative therapies for pain relief?

Results: Did you experience great pain relief when using alternative therapies and prescribed pain medications?
Results: Do you feel that being offered alternative therapies improved your satisfaction with your hospitalization?

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Limitations

- Small sample size
- Only six weeks of data collection
- High volume of patients with extended length of stay
- Many patients did not meet inclusion criteria

Future Research

- Should include a larger sample size
- Longer data collection periods
- Correlate findings with HCAHPS scores, no 2017 surveys yet
- Leadership Rounds
References


References


References

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THANK YOU

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