Improving the Pain Experience for Cancer Inpatients: A Quality Improvement Study

Suzanne M. Cowperthwaite, MSN, RN, NEA-BC

Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins

Sharon Kozachik, PhD, RN, FAAN

Johns Hopkins University School of Nursing

On my honor, I pledge that I have neither given nor received any unauthorized assistance on this written assignment. Suzanne M. Cowperthwaite
Abstract

This quality improvement project determined the effect of an evidence-based “pain stoppers” bundled intervention on solid tumor inpatients’ Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) pain management satisfaction scores, actual pain intensity scores, and nurses’ knowledge and attitudes on pain (KAP) scores using a pre-post intervention study design. Evidence-based strategies included staff education, improved staff communication, adoption of caring behaviors and timely responses; improved patient education; and efforts to maintain patients’ analgesic levels. The percentage of patients answering “always” to the HCAHPS question “staff did everything they could to help with pain” improved from 72.2% in the pre-intervention group to XX% in the post intervention group. Mean pain intensity scores were improved in the post-intervention group at 5.09, compared to 5.49 (NS). Mean pain intensity scores in the subset of patients not receiving a pain and palliative care consultation were 4.98 in the pre-intervention group and 4.27 in the post-intervention group ($p = 0.034$). There was no difference in mean KAP scores between groups, although there were statistically significant improvements on individual questions in the post-intervention group. Implementation of a pain stoppers bundled intervention may be effective in improving the pain experience for solid tumor cancer patients.

Key Words: Pain Management, Nursing, Patient Satisfaction, Cancer Pain