



**EP2EO – Clinical nurses are involved in the development, implementation and evaluation of the professional practice model.**

Provide one example, with supporting evidence, of an improvement resulting from a change in clinical practice that occurred because of clinical nurses' involvement in the implementation or evaluation of the professional practice model. Supporting evidence must be submitted in the form of a graph with a data table that clearly displays the data.

**Example: 6 East Improvement in Patient Satisfaction with Pain Management**

**Background/Problem:**

The Professional Practice Model (PPM) was introduced to the organization following its approval by the PNSO Cabinet in November 2013 (EP2EO Figure 1). Implementation activities led the nurses of 6 East to connect daily practice to the elements of the PPM. Debra Miller, RN, Clinician II on 6 East, was a participant in the PPM creation task force and chair of the unit shared governance Nursing Quality Committee. She served as a resource for unit staff in understanding both the concept of a PPM and how the UVA model's elements relate to everyday nursing on 6 East. As a result of Miller's reinforcement of the model components along with her nursing colleagues in the joint program, the unit was able to apply the unique components of professional nursing practice to address an interprofessional issue: improving patient satisfaction with pain management.



**EP2EO Figure 1: UVA Nursing Professional Practice Model**



Prior to the fall of 2013, 6 East metrics for pain control and patient satisfaction showed room for improvement. This unit cares for medically and socially complex orthopedic and trauma patients. Analysis of response data on the Press Ganey survey indicates that over time, the vast majority of respondents to the survey come from DRGs related to joint surgery replacement.

Pain management in orthopedic joint surgery patients is particularly challenging, requiring a delicate balance in a predominantly older population with considerations of level of opioid-induced sedation, patient safety, comorbidities and comfort. Nurses on 6 East were aware of these opportunities to improve pain management practices at the bedside and had, on a bimonthly basis, reviewed their unit patient satisfaction scores on the core unit questions. They had noted that their performance on the survey question "How well was your pain controlled?" was not at the level of excellence they were striving for. They undertook a variety of strategies to improve as a unit.

**Goal Statement:**

Improve 6 East patient satisfaction with pain management as measured by the Press Ganey patient satisfaction score on the question “How well was your pain controlled?”

**Description of the Intervention/Initiative/Activity(ies):****Quality Achievement**

Interventions:

- Engagement of unit nursing staff in nursing shared governance and interdisciplinary quality committees
- Updated use of Joint Replacement Clinical Pathways
- Use of unit patient satisfaction data to drive nursing quality improvement

Because this is a Joint Commission Certified joint replacement program (with its first designation in June 2013), specific patient metrics are monitored very closely. There are two distinct groups that oversee quality on 6 East.

- Since January 2013, the unit shared governance Nursing Quality Committee meets monthly to review global nursing quality metrics, quality trends and determine specific follow-up needs. This committee was chaired by Debra Miller, RN, Clinician II. The Joint Council, established in April 2012 to prepare the program for this designation, is an interprofessional group that meets every month and includes physicians, PT, OT, case managers, joint program coordinators, nurse managers and bedside nursing staff from 6E and the OR. The council is co-chaired by Kelly Morris, RN, Clinician II, on 6 East and Sallianne Whitman, RN, ONC, Clinician III, Joint Program Coordinator. This group is responsible for monitoring the specific metrics related to joint center accreditation.

With the engagement of nursing staff in these two bodies, comprehensive monitoring of quality on 6 East occurs in an active and dynamic manner. Nursing staff were fully engaged in achieving the team goal of Joint Commission Certification for their joint program.

Clinical pathways generated by nursing and interprofessional team members drive the consistent care of patients undergoing elective joint replacement. These pathways were significantly overhauled in the spring of 2013 and are used to guide nurses' care of this patient population on each postoperative day. The patients are provided a teaching tool called the Joint Book when they attend joint class, which outlines the plan of care reflected in the pathway. This book helps patients and their families understand what to expect as well as providing a framework to help move the patient through his or her



hospital stay in a safe and timely manner. Epic order sets based upon the pathway elements assure that the entire team is on point with the pathway in specific interventions for these patients during their care episode. Sallianne coordinates regular revisions to the Joint Book.

Nurse manager Jan Garnett, MSN, RN, shares Press Ganey patient satisfaction data with all nursing staff monthly at staff meetings and on our publicly displayed nursing quality metric boards. Trends are discussed, as well as the impact of selected interventions on satisfaction outcomes. Sharing this data enables staff nurses to evaluate the effectiveness of their care delivery in the eyes of their patients and make improvements in their practice.



Jan Garnett, MSN, RN, Nurse Manager and Debra Miller, RN, Clinician II helped lead the PPM implementation activities for the nurses on 6 East.

### **Empowered Leaders**

Interventions:

- Joint Surgery Preparation Class
- Nurse Manager coaching of nurses' pain management practice
- Day-to-day coaching of staff by shift managers and nurse practitioners



Preoperative preparation of patients has long been a nursing standard with our joint replacement population. During CY 2013, RN Care Coordinators Whitman, Michelle Duprey, RN, and night nurse Tracy Bryant, RN, Clinician II, have served as faculty for a two-hour preoperative class at the orthopedic clinic for joint replacement patients prior to surgery. In this class, patients are told what to expect, the components of the pain management regime and predictable discomfort with therapy / mobilization. Having nursing leaders from the inpatient unit teach the class helps patients connect in a realistic manner with the content and effectively engage with their own care delivery. Patients appreciate knowing their clinical nursing experts ahead of time and then seeing them on the unit after surgery. Bryant serves as a resource and role model for night shift nurses on effective pain management during those key nights postsurgery when pain is a primary patient concern.

As Nurse Manager, Garnett began to address complaints from patients that pain medication practices varied from nurse to nurse. This focus began in the fall of 2013. Garnett held one-on-one conversations to identify staff who were not adhering to unit pain practice standards regarding the timing of medication administration to assure even pain relief. She took a supportive approach and used these opportunities to clarify expectations and provide education as needed. In addition, these conversations were used to gather feedback on system challenges and perceptions about specific patient populations for whom pain management was particularly challenging. Having gained some important insights on the challenges 6 East nurses were facing, Garnett took those issues to the nursing quality group for team discussion.

As a regular shift manager, Miller guides staff in the moment in advocating for their patients' pain management needs. She serves as "cheerleader" for the safe use of the program's pain management order sets and standards and actively encourages nurses to dialogue with the joint program nurse practitioners regarding clinical patient needs. Miller is bringing clinical leadership in nursing quality principles to her colleagues on the front lines with the goal of improving patient outcomes.

### **Lifelong Learning**

Intervention:

- Pain Champion-led nursing inservices

In October 2012, with the goal of providing point-of-care education to 6 East RNs, RN Care Coordinator Veronica Lester-Ballard, MSN, MEd, RN, ONC, Lead Pain Champion for 6 East, met with Nancy Eksterowicz, MSN, RN-BC, APN2-CNS, Pain Clinical Resource Nurse, to identify suboptimal patient pain satisfaction data via Press Ganey scores.

To learn more from the patient perspective, the team agreed to explore the issue further by introducing the American Pain Society Patient Outcome Questionnaire-Revised



(APS-POQ-R) on postoperative days 1 and 2 in late November 2012. This tool is designed to gather specific patient feedback on acute pain management after surgery. Veronica identified a nursing knowledge deficit surrounding pain assessment and treatment. She enlisted the help of Pain Champions Ceyjee Yap, BSN, RN, and Sarah Smith, BSN, RN, to develop pain management education in-services. In-services were given between February 14, 2013, and March 1, 2013. Structured education was provided to all RNs on standardized approaches to complex postoperative pain. Nurses were encouraged to use scripting (ex.: “Are we doing a good job controlling your pain?”). In addition, RNs were encouraged to review patients’ pain medication orders and medication utilization, and to highlight discussion points when collaborating with their physician colleagues. This education empowered nurses to advocate for enhanced pain management strategies with the interdisciplinary team.

### **Innovation**

Intervention:

- Evaluation of addition of Trilisate to multimodal postoperative TKR regime

The APS-POQ-R identified opportunities for improvement in the total knee arthroplasty population in November 2012. A QI project team was formed to address improvements, led by Rose Lewis, MSN, RN, ACNP, APN1-NP, Pat Marohn, MSN, RN, ACNP-BC, APN1-NP and Lester-Ballard. Interdisciplinary colleagues from pharmacy, orthopedic surgery, health evaluation sciences and 6E / OR nursing rounded out the team.

Current pain medication management modalities were reviewed in the context of best practice- and evidence-based interventions. Typically, the pain regimen for these patients includes a patient-controlled analgesia pump with an opioid analgesic, Ropivocaine femoral nerve block, scheduled Tylenol and Tramadol, and Oxycodone or Dilaudid as needed for breakthrough pain. In November 2012, this regimen was embellished with scheduled oral Trilisate, a nonsteroidal anti-inflammatory that was not previously included in the multimodal pain management regimen. The effects of this addition were studied by the QI project team. The introduction of Trilisate would allow the patients to avoid both effects of additional opioids and the platelet reduction concerns of standard nonsteroidal anti-inflammatory medication.

A second series of questionnaires was administered after the introduction of Trilisate. The new APS-POQ-R scores demonstrated a statistically significant improvement in pain management ( $p=0.02$ ).

Multimodal agents have been discussed by the Joint Council and were implemented into the standard regimes in January 2014 for these patients, including IV acetaminophen and abductor canal block. These have been well tolerated and have had very positive impacts on patient satisfaction with pain control, and also greatly decreased the number of patient falls since implementation in this population.



Results from this project were accepted for presentation at the 2014 PNSO Evidence-Based Practice Symposium.

### **Expert Caring**

Interventions:

- Improving team relationships
- Nurse practitioner consultation
- Discharge patient phone calls

The expert care provided by the 6 East nursing team has grown from a improved sense of teamwork and interprofessional collaboration. Physician colleagues who were once not fully engaged are now active participants and cheerleaders. Communication flow between the bedside nurses and members of the care team has improved thanks to increased confidence in their ability to affect patient outcomes based upon an enhanced knowledge base and visible quality improvements. An escalation of care call tree supports nurses' efforts to take an issue "up the chain" if needed for patient comfort and safety. Program- and unit-based nurse practitioners Lewis and Marohn are actively consulted by bedside RNs on individualizing patients' pain management regimes as needed to achieve optimal pain management and improved comfort.

Since July 2013, Whitman has conducted discharge follow-up phone calls with joint replacement patients. During these calls, she can assess any challenges or issues needing follow-up and discuss patients' emotional needs now that they are home. Most importantly, she can convey the ongoing care and concern of the team for the patient's well-being and improved mobility. Findings from these postdischarge calls are aggregated on a spreadsheet and shared at the monthly Joint Council meetings.

Whitman questions patients regarding whether their expectations of nursing and physical therapy care were met. From these interviews, the team learned that many patients wanted more therapy and earlier mobility. Changes to the pathway and order set were subsequently made by the Joint Council to move initial PT evaluation and treatment to post-op day 0 (vs. POD 1) so that patients began moving right away. Nursing supports this early mobility by ordering trapezes and bedside commodes to foster mobility during patients' routine care. The team concludes that this early mobility has a positive impact on the patient's overall comfort and outlook, and thus perception of pain management as well.

### **Relationship-Based Care**

The interventions described above fall within the context of the five PPM core elements are all anchored in the 6 East demonstrations of Relationship-Based Care principles.



- Nurses demonstrated their commitment to *relationship with self* by responding to feedback on their practice and furthering their personal and professional knowledge related to pain management.
- *Relationships with colleagues* improved as they leveraged a team approach to examine this issue and pursue strategies for improvement. Collaborative work, increased respect and improved colleague communication has been achieved through the team approach.
- The nature of this work naturally strengthened the *relationship with the patient and his or her family*. Beginning with pre-op education and continuing through the discharge follow-up phone calls, the patient's experience is of primary concern to 6E nurses. The team has responded to the patient feedback gathered with the American Pain Society questionnaire and patient satisfaction data. Nurses consistently focus on placing the plan for the day on the patient's whiteboard in the room early in their shift in order to engage the patient and family in what must be accomplished to advance the patient's progress in partnership with the team. Hourly rounding and bedside report practices further reinforce the strong relationship of the nurse to the patient and his or her care plan throughout his or her stay.

### Participants:

**EP2EO Table 1: Participants, 6 East Pain Satisfaction Improvement Initiatives**

Name	Discipline	Title	Department
Rose Lewis	Nursing	Advanced Practice Nurse 1-Nurse Practitioner	Patient Care Services
Veronica Lester-Ballard	Nursing	RN Care Coordinator – Clinician IV	6 East
Patricia Marohn	Nursing	Advanced Practice Nurse 1-Nurse Practitioner	Patient Care Services
Kelly Morris	Nursing	RN Clinician II	6 East
Debra Miller	Nursing	RN Clinician II	6 East
Sallianne Whitman	Nursing	RN Care Coordinator-Clinician III	6 East
Alexander Hendrick	Nursing	Registered Nurse	6 East
Janet Spears	Nursing	RN Clinician II	6 East



Wendy Novicoff	Public Health	Associate Professor, Public Health Sciences Administration	Orthopedic Surgery
James Ray	Pharmacy	Pharmacy Clinical Coordinator	Pharmacy
Jan Garnett	Nursing	Nurse Manager	6 East
Nancy Eksterowicz	Nursing	Advanced Practice Nurse 2-Clinical Nurse Specialist	Patient Care Services

### Outcomes:

The combination of strategies aligned with the nursing professional practice model has resulted in considerable improvement in the primary objective of pain management patient satisfaction.

Through her participation in the PPM Task Force and her engagement as a shared governance leader on her unit and in the central PNSO, Miller brought foundational knowledge to this integrated work. As a member of the PNSO Nursing Quality Committee and the PNSO Management Committee, she has been able to share these improvements with the larger PNSO and illustrate the alignment of the PPM with these unit improvements in clinical practice to achieve enhanced patient outcome. Bringing the PPM to life in this manner advances our nursing practice environment.



EP2EO Figure 2: Press Ganey, 6 East, Question: “How well was your pain controlled?” (Sept. 2013-Mar. 2014)

