

Implementation of a Referral Criteria for Acute Pain Service Consultation

Lindsey Stanton, FNP/DNP Candidate
University of Maryland School of Nursing

Problem Description

The utilization of Acute Pain Services (APS) in the management of pain in hospitalized patients is a well supported evidence based practice. While many institutions have created APS teams, the utilization of these services is paramount to the success of this evidence-based intervention.

Baseline data for this project was collected by the facility representative who performed an audit on 91 random patients to determine the percentage of patients with uncontrolled pain who had received a consult to APS. **Of the patients that met the criteria for referral, only 19.8% had received APS consultation.**

Purpose

To create and implement a referral criteria for acute pain service consultation for nurses to utilize when providing care for hospitalized patients at the facility.

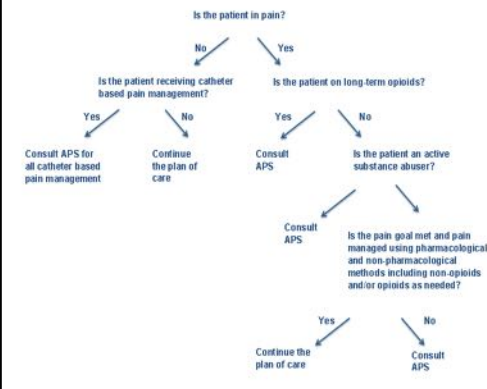
The APS Referral Criteria Tool is pictured below

The anticipated outcomes of this DNP project were:

1. Increased utilization of the APS
2. Improved standardization in the treatment of uncontrolled pain.

Tool

Acute Pain Service Referral Criteria



Methods

Theoretical Framework: The Iowa Model was used to utilize evidence to improve healthcare outcomes. This project followed the 10 step process during planning and implementation

Data Collection: All data for this project was collected by chart reviews of the electronic health record on one surgical/oncology unit.

Analysis: Data were entered into an Excel spreadsheet. The data were then analyzed using SPSS for Chi Squared analysis.

Phase 1

- Weeks 1-2
- Pre-implementation meetings
- Staff education.



Phase 2

- Weeks 3-10
- 8-week implementation of the change

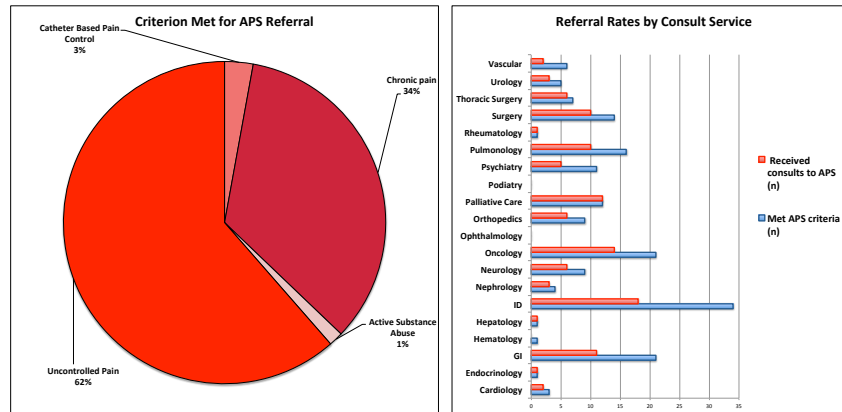
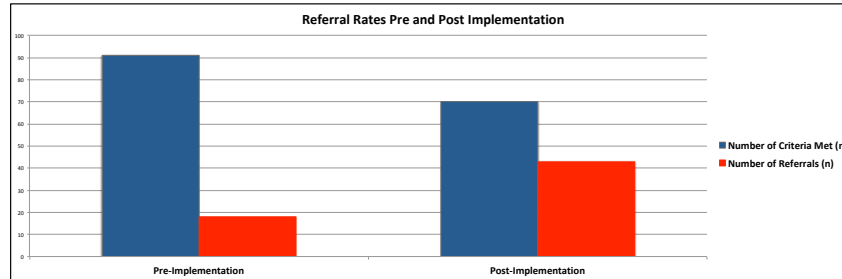


Phase 3

- Weeks 11-15
- Data Collection
- Data Analysis.

Results and Figures

After implementation, the referral rate was 43 out of 70 patients or 61.4%. The total sample size was n=219. **This difference was statistically significant using the Chi-Squared test (p < .001).**



Discussion

Based on the results, utilization of the APS referral criteria does make a significant impact on the referral rates to APS. It is an easy to use and inexpensive intervention that can bring evidence based services to patients who need them.

Limitations and Unintended Findings:

- Provider resistance to consult APS services
- Stakeholder knowledge of evidence base for APS
- Use of the APS tool was not required, thus RN must decide to use the tool

While using the APS referral tool increased the number of referrals to APS, there was still 38.6% of the patients who met criteria and did not receive consultation.

Potential reasons for this include:

- Patients were not screened while inpatient
- Consult was not requested
- Provider did not place consult due to oversight or decision not to consult

Conclusions

Based on the results of this project, it can be concluded that using the APS referral criteria does improve utilization of APS in hospitalized patients.

This leads to improved standardization and increased utilization of evidence based solutions for pain management.

References

Ahmed, A., & Yasir, M. (2015). Role of acute pain service in optimizing postoperative pain relief in a tertiary care teaching hospital. *The Journal of the Pakistan Medical Association*, 65(11), 1164-1168.

Chan, S. C., Chui, P. T., Lee, A., Lai, P. S., Li, T. Y., & Gin, T. (2008). Surgeons' attitudes and perception of an acute pain service. *Hong Kong Medical Journal*, 14(5), 342-347.

Devi, F., Finco, G., Conno, L., Landoni, G., Turf, S., Colnaghi, E., Zangrillo, A. (2016). Efficacy and safety of an acute pain service among 10,760 postoperative patients. *Spine*, 41(21), 78-90.

Gordon, D. B., Dahl, J. L., Masakowski, C., McCarberg, B., Todd, K. H., Paice, J. A., ... Carr, D. B. (2005). American pain society recommendations for improving the quality of acute and cancer pain management. American pain society quality of care task force. *Archives of Internal Medicine*, 165(14), 1574-80.

Gregory, J., & McCowan, L. (2016). An examination of the prevalence of acute pain for hospitalised adult patients: A systematic review. *Journal of Clinical Nursing*, 25, 283-298. doi:10.1111/jocn.13094

Hospital Consumer Assessment of Healthcare Providers and Systems. (2017). HCAHPS hospital survey. http://www.hcahps.ahrq.gov/home.asp#background

Lee, A., Chan, S. C., Chan, P. P., Gin, T., Lau, A. C., & Chiu, C. H. (2010). The costs and benefits of extending the role of the acute pain service on clinical outcomes after major elective surgery. *Anesthesia and Analgesia*, 111(4), 1042-1050. doi:10.1213/ANE.0b013e3181ed1317

Practice Guidelines for Acute Pain Management in the Perioperative Setting: An Updated Report by The American Society of Anesthesiologists Task Force on Acute Pain Management. (2012). *Anesthesiology*, 116(2), 248-273. http://survey.hhs.gov/hhs/ummaryland.edu?url=http://search.ebscohost.com/login.aspx?direct=true&db=med&dbq=ch&AN=108153681&site=eds-live

Rycoff-Malone, J., & Bucknall, T. (2011). Models and frameworks for implementing evidence-based practice. [electronic resource] : Linking evidence to action Hoboken : John Wiley & Sons, 2011. http://survey.hhs.gov/hhs/ummaryland.edu?url=http://search.ebscohost.com/login.aspx?direct=true&db=med&dbq=ch&AN=108153681&site=eds-live

Silva, L., Harris, M., O'Riordan, G., Silva, L., Harris, M., & O'Riordan, C. (2011). Using the improving palliative care in the intensive care unit (IPAL-ICU) project to promote palliative care consultation. *Journal of Pain & Symptom Management*, 42(5), 672-675. doi:10.1016/j.jpainsymman.2011.05.002

Tiller, M. G., Kleber, C., Stearns, V. J., Baker, B. A., Butreau, G., Everett, C. I., Q., ... Goode, C. J. (2001). The Iowa model of evidence-based practice to promote quality care. *Critical Care Nursing Clinics of North America*, 13(4), 497-509. http://survey.hhs.gov/hhs/ummaryland.edu?url=http://search.ebscohost.com/login.aspx?direct=true&db=med&dbq=ch&AN=108153681&site=eds-live

Van Hecke, A., Van Lancker, A., De Clercq, B., De Meyere, C., Dequeker, S., & Devulder, J. (2016). Pain intensity in hospitalized adults. *Nursing Research*, 65(4), 290-300. doi:10.1097/NNR.0000000000000100