Increasing Patient Satisfaction Scores on the Pain Management Section of the Hospital Consumer Assessment of Healthcare, Providers, and Systems Survey.

A PROJECT SUBMITTED TO THE OFFICE OF GRADUATE EDUCATION OF THE UNIVERSITY OF HAWAII AT MANOA IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF DOCTOR OF NURSING PRACTICE

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Increasing Patient Satisfaction With Their Perception of Pain Management.

Dedication

This is dedicated to my husband and children who endured many hours of my absence so that I could accomplish my dreams. To my mom and dad, for always encouraging me to not give up and continue moving forward until I reached my goal. To my big sister who my whole life has been a visible representation of what I am sure my guardian angel must be like. To my younger sister whose eyes show the love that she can no longer verbally express, I love you.

Increasing Patient Satisfaction With Their Perception of Pain Management.

Acknowledgement

I would like to take this opportunity to express my profound gratitude to my committee chair Dr. Mary Boland, along with Dr. Brigitte McKale my content expert, Dr. Karol Richardson my external advisor, and, Crystal Theel who was my additional content expert and Patient Experience Manager for Hawaii Pacific Health who introduced me to the patients on the floor, rounded with me before implementation and during, and provided the data results for the project.

I would also like to thank Nhelda Aguda, Telemetry 5 Nurse Manager, who volunteered her unit for the implementation. Also, a debt of gratitude to the nurses who so graciously endured the interruptions to their workflow in order to hear about the guideline and to do their best to try to implement it into their routine.

Increasing Patient Satisfaction With Their Perception of Pain Management.

Abstract

Patient satisfaction has increasingly come into focus and quickly becoming one if not the main criteria used by healthcare facilities to measure quality of care. The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey is used as a means for patients to express how satisfied or unsatisfied they were with their care. Due to the subjective nature of patient satisfaction, it can be frustrating to try and improve patient satisfaction scores with their care. However, this leads to the incorporation of innovative ways in order to improve low scores and maintain high ones.

For this particular project, the aim was to increase the pain management score at Pali Momi Medical Center, on Telemetry 5. A structured guideline was developed and incorporated into the pain assessment performed by nurses on this floor. Due to evidence found it was expected that by focusing on patient perception of care, and not on the pain control medication, evidence showed that patient satisfaction scores could go up. Therefore, the guideline implemented allowed for a more open communication between the patients and their nurses, with questions geared towards portraying a more empathic nurse along with verbiage meant to validate patient's pain.

When post interventional data was compared with the pre-interventional data, it was concluded that the guideline did not help to increase patient satisfaction scores in pain management. However, further inquiry brought to light the lack of participation from the nurses in using the guideline; therefore, it is also concluded that the guideline needs to be implemented at a site where there is more participation in order to reach solid results. Also, it should be implemented for a period longer than three months, as this time frame did not prove sufficient for a project of this dimension.

Table of Contents

Increasing Patient Satisfaction With Their Perception of Pain Management.

List of Tables

Increasing Patient Satisfaction With Their Perception of Pain Management.

List of Figures

Increasing Patient Satisfaction With Their Perception of Pain Management.

List of Abbreviations

AAAH: Accreditation Association for Ambulatory Healthcare

CGI: Clinical Global Impressions

CHF: Congestive Health Failure

CMS: Centers for Medicare and Medicaid Services

COPS: Chronic Obstructive Pulmonary Syndrome

CPG: Clinical Practice Guidelines

DNP: Doctorate of Nursing Practice

EBP: Evidence-Based Practice

HCAHPS: Hospital Consumer Assessment of Healthcare, Providers, and Services

HPH: Hawaii Pacific Health

MT: Music Therapy

MCID: Minimally Clinically Important Difference

NIMH: National Institute of Mental Health

PICO: Population/Problem, Intervention, Comparison, Outcome

PMMC: Pali Momi Medical Center

QI: Quality Improvement

TQ: Tinnitus Questionnaire

VBP: Value Based Purchasing

Increasing Patient Satisfaction With Their Perception of Pain Management.

Chapter 1. Introduction

This chapter is an introduction and an overview of this Evidence Based Practice (EBP) project. It summarizes the purpose, and the significance of this project, along with the driving force behind the project.

Background/Problem

Patient satisfaction is important from a couple of perspectives, whether it is viewed locally, nationally, or worldwide. Across the United States, patient satisfaction is playing an increasingly important role in the quality of care reforms, and the delivery of healthcare in general. The American College of Emergency Physicians (2011) is one of the many associations that have described patient satisfaction as a commonly used indicator for measuring the quality of health care. They point out that clinical outcomes, patient retention, even medical malpractice claims are affected directly by how satisfied a patient is with the care they receive. With healthcare being such a competitive field, patient satisfaction is now known as the "indispensable outcome" (Lis, Rodeghier, Grutsch, & Gupta, 2009).

Furthermore, the Centers for Medicare and Medicaid Services (CMS) have given patient satisfaction a monetary identity by embracing Value Based Purchasing (VBP) as a means to appropriate healthcare resources (2015). This led to the development of the Hospital Consumer Assessment of Healthcare, Providers, and Services (HCAHPS) survey as a standardized method of data collection (Centers for Medicare and Medicaid Services, 2015). Prior to HCAHPS, no national standard existed for collecting information on patients' perspectives and satisfaction with their care. HCAHPS enables "apples to apples" comparisons necessitated by a rise in pay for performance reimbursements. This Doctorate of Nursing (DNP) project, was implemented at the Pali Momi Medical Center (PMMC) in Aiea, Hawaii, and used the HCAHPS data collection tool and focused on increasing patient satisfaction scores, specific to patients' perception of pain management.

Increasing Patient Satisfaction With Their Perception of Pain Management.

Conceptual Framework

Conceptual frameworks have been developed to organize the process of EBP. The conceptual framework that guided this evidence based DNP project is the ACE Star Model of Knowledge Transformation developed by Dr. Kathleen Stevens (2002) while working at the University Of Texas School Of Nursing. This model depicts knowledge transformation as occurring in five major stages: knowledge discovery, evidence summary, translation into practice recommendations, integration into practice recommendations, and evaluation (Hall and Roussel, 2014). This model can be used by both individual practitioners and organizations to guide practice settings. It is easily understood by staff nurses due to its similarity to the nursing process, and therefore is used as a guide to incorporate EBP into nursing curriculum (Schaffer, Sandau, & Diedrick, 2013).

Literature Review/Synthesis

To identify the evidence needed for this project, electronic searches were completed using PubMed, CINAHL, UpToDate, and American Society for Pain Management Nursing (ASPMN) databases. Search terms such as "patient satisfaction," "patient satisfaction with pain management," "pain management effect on patient satisfaction," "quality improvement" and "pain control" and "patient satisfaction," were included in the search, yielding a maximum of 95,000 articles.

From this search, reoccurring emerging themes noted were "validation," "communication," and "empathy." Using the frequency of these emerging themes, the search terms narrowed to include the terms "patient validation," "empathy effect of patient satisfaction," and "pain validation" in order to specify results geared towards our intended goal. A total of 78 publications from 2001 to 2016 were examined. Exclusion criteria included age (greater than or equal to 18 years of age), and language (English articles only). A closer examination discounted articles that were focused on pain management only, and that required a financial expense. The remaining 33 publications were used for this review. The publications chosen for this literature synthesis varied in how they approached the

issue of patient perception, using either increased patient validation, empathy towards the patient, or simply showing the effects of patient/provider reassuring communication on patient satisfaction. The similarity in the results yielded from these studies – despite their differences – was the deciding factor in determining a high internal validity for these publications. In order to assign level of evidence to the publications, the DNP student used the Melnyk Pyramid Levels of Evidence Model, adapted from the Melnyk & Fineout-Overhault's Model (2011).

Innovation and Objectives

The objective of this project was to increase patient satisfaction scores in pain management without focusing on the pharmacological agents used for pain management itself. For this reason, publications that focused on pain management - pharmacologic or non-pharmacologic – were disqualified. Quality improvement initiatives directed towards increasing patient satisfaction scores are common in health care. The literature indicated that the inclusion of validation, reassurance, and empathic behavior would aid in increasing their satisfaction with care.

Due to the objective of this project, the guideline/intervention developed needed to open lines of communication, while simultaneously validating how the patient is feeling. When searching the literature for a method on how to do this, the Clinical Global Impressions (CGI) scale developed to measure severity and improvement for mental health was identified. It has been used in a variety of medical studies to assess changes and/or improvements for different conditions. Seeing how other clinicians were able to modify the CGI scale, and implement it to fulfill their purpose, cemented the idea of modifying this same scale in order to translate information into a guideline for this project.

Methods

Design. The project is designed to be a Quality Improvement endeavor, and therefore uses the T1-T2 approach for evaluation purposes. The T1-T2 method - collecting and comparing "before and after" data – will be done using the results of the HCAHPS survey by collecting data before

implementation and comparing it to data collected after implementation of the innovation. Because the operational definition for this project was an increase in patient satisfaction, it was determined successful if scores for satisfaction in pain management data = T2>T1.

Sample and Setting. The setting for this project was the Telemetry 5 Unit, which will be referred to as simply Telemetry 5 in this paper, located on the fifth floor of Pali Momi Medical Center (PMMC) in Aiea, HI. This facility has 118 inpatient beds distributed among three floors, 1,083 employees, 416 physicians on medical staff, and 85 volunteers. In Fiscal Year 2016 (July 1, 2015 – June 30, 2016), it reports 5,893 admissions, 43,912 Women's Center Procedures, and 48,866 Emergency Room visits (Hawaii Pacific Health, 2017).

The specific unit where the project was implemented consists of thirty-six beds that can be increased to thirty-eight beds by adding a bed to two of their larger rooms. For patient care on this unit, there are forty-four full time floor nurses on set shifts, and an additional five per-diem nurses. According to the Clinical Service Line Manager for this unit, the most common admitting diagnoses are chest pain, weakness, congestive heart failure (CHF) exacerbation, sepsis, and chronic obstructive pulmonary syndrome (COPS) exacerbation.

The target population for this project were adult (18 years of age or older) patients who were experiencing pain and who are receiving pain management on the Telemetry 5. The sample size will consist of the number of patient satisfaction surveys that are returned for the three month period during which the innovation will be implemented. Sample size is always 100% due to CMS regulations, which means that all patients discharged to their homes from this unit will receive an HCAHPS survey although not all patients will return the surveys (CMS, 2012).

Data Collection. The data collection process begins when the patient is discharged from the hospital. Crystal Theel, Patient Experience Manager for Hawaii Pacific Health, was able to provide insight on exactly how this happens. PMMC has a computer program set in place which sends daily

discharge lists to Press Ganey – a third party company on the list of the approved organizations that have met the HCAHPS participation requirements and are allowed to administer the survey (HCAHPS, 2017). Press Ganey mails out the survey to the patients on the list who were discharged to their homes, and once the survey is filled the patients return it to Press Ganey using the return envelope provided. Once they receive the surveys, data is collected, scores are calculated and placed in a database from which reports can be generated.

Increasing Patient Satisfaction With Their Perception of Pain Management.

Chapter 2. Problem

Patient satisfaction is a commonly used indicator for measuring the quality of health care, and used as a means to gauge when improvement in patient care is required (Accreditation Association for Ambulatory Health Care, 2015). The aim of this project is to increase patient satisfaction with pain management reported on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey in the adult inpatient population at Pali Momi Medical Center (PMMC). Currently, the patient satisfaction scores in pain management are below the 75th percentile, indicating room for improvement. This chapter will discuss background information of the problem being solved, the conceptual framework used in order to organize the process of searching for EBP interventions, and includes the synthesis of the literature which supports the intervention implemented for this project.

Background/Problem

Patient satisfaction is important in the healthcare industry, regardless of whether it is viewed from a local, national, or worldwide perspective. Its role has been increasing in importance as it plays a vital role in healthcare delivery, but more specifically quality of care reforms. As mentioned in the previous chapter, the American College of Emergency Physicians (2011) has described patient satisfaction and a commonly used indicator for measuring the quality of health care, affecting clinical outcomes, patient retention and even medical malpractice claims.

Faezipour and Ferreira (2013) point out that healthcare is a business - despite the hesitance of some to say otherwise. Any business, in order to be successful, must have happy clients who will recommend the business and/or become loyal customers themselves. They continue making the point that from a "business" perspective, increasing patient satisfaction just makes sense. Hospitals need to prove to the community that they provide quality care, and use the feedback received to improve quality of care provided and remain competitive. The provision of healthcare is easier if the needs of

the patients and their families are being met, yielding happy patients (Asadi-Lari, Tamburini, & Gray, 2004).

The Accreditation Association for Ambulatory Healthcare (AAAH) (2015) provides another perspective - patient satisfaction is linked to positive patient outcomes. They point out that patients who are happy with the care they receive pay closer attention to and are more willing to follow their discharge instructions. Through the business of healthcare, the goal of caring for people and maintaining their health can be accomplished. The Centers for Medicare and Medicaid Services have embraced VBP as a methodology for apportioning entitlement healthcare resources, and identified patient satisfaction as the key marker of value, creating the need for a standardized method of data collection and the reason why the HCAHPS survey was developed (2015). The HCAHPS survey was the first national tool for collecting information on patients' perspective and satisfaction with their care, with results published publicly as a way to support consumer choice.

This Doctorate of Nursing (DNP) project, which was implemented at the Pali Momi Medical Center (PMMC) in Aiea, Hawaii, focused on increasing patient satisfaction using the HCAHPS data collection tool. The decision to focus this DNP project on the topic of patient perception of pain control was mutually decided upon by the DNP student and the content expert, Dr. Brigitte McKale, who is the Vice President of Patient Services and the Chief Nurse Executive at PMMC. In discussing what project to implement, Dr. McKale inquired what the DNP student was passionate about as it pertained to healthcare.

Without hesitation, the student expressed her concern with military members living with chronic pain, although the focus population for this project is not the military. As the discussion continued, patient perception of pain control was broached, and it was agreed that patient perception of pain control is just as important as pain management. Dr. McKale reviewed the significance of the

Increasing Patient Satisfaction With Their Perception of Pain Management.

HCAHPS survey and how PMMC utilizes the data to determine areas that need improvement, and monitor operational efficacy.

The next step was the determination of goals, and evaluation criteria to measure the success of this project. In the discussion of the HCAHPS survey, Dr. McKale explained the results were awarded on a percentile rank, determined by what is called the "Top Box." The "top box" is the most positive response that can be given on any of the survey questions. Depending on the question, the most positive response can be either "Always," "Yes," "'9' or '10,'" "Definitely yes," or "Strongly agree" (HCAHPS, 2017).

The most current data of survey scores published on the HCAHPS website (2016) showed that nationally the average score in the Pain Management section was 71st percentile, and statewide the average HCAHPS survey score in Pain Management section was 72nd percentile. With the help of Mrs. Theel, the DNP student acquired HCAHPS score reports generated for the dates of February 1, 2017 – April 30, 2017. The data showed a lack of consistency with the scores. The data is divided in four tables – three showing detailed scores for the months mentioned, and one the scores for the PMMC as a whole. It is important to note, that the summary of the three months includes units that are not included in the first two tables. However, it was included in this paper in order to show a more complete view of PMMC results.

HCAHPS COMPOSITES MEASURES	4th n=11	5th n=10	6th n=16	ICU n=0	PMMC n=37	Top Box needed for 75th percentile	Top Box needed for 90th percentile
Overall rating	81.8	80.0	93.8	N/A	86.5	**77.7**	**82.4**
Nurse communication	84.8	93.3	83.6	N/A	86.6	**83.0**	**85.8**
Responsiveness of staff	77.9	87.5	60.8	N/A	73.9	**72.3**	**77.9**
Physician communication	84.8	96.7	77.6	N/A	84.9	**84.5**	**87.8**
Cleanliness of hospital environment	72.7	80.0	88.2	N/A	81.6	**78.7**	**83.5**
Quietness of hospital	81.8	70.0	62.5	N/A	70.3	**66.8**	**73.6**
Pain management	58.3	71.4	73.9	N/A	71.6	**74.8**	**78.2**
Communication about medications	71.4	93.8	92.9	N/A	87.7	**67.8**	**72.0**
Discharge information	80.0	94.4	97.1	N/A	91.5	**89.7**	**91.9**
Care Transition Composite	57.6	90.0	72.8	N/A	73.0	**57.7**	**62.3**
# Composites at 75th percentile (out of 10)	**6**	**9**	**6**	**N/A**	**9**		

NOTE: Top box needed for the 75th and 90th percentiles are based on the average of Q3 and Q4 of 2015 benchmarking from Press Ganey's national database. These targets are locked for FY2017.

Table 1: HCAHPS Scores Composite Summary, February 1-28, 2017

Increasing Patient Satisfaction With Their Perception of Pain Management.

HCAHPS COMPOSITES MEASURES	4th n=43	5th n=34	6th n=39	ICU n=1	PMMC n=116	Top Box needed for 75th percentile	Top Box needed for 90th percentile
Overall rating	72.1	76.5	94.9	N/A	81.1	**77.7**	**82.4**
Nurse communication	79.8	70.6	93.2	N/A	81.2	**83.0**	**85.8**
Responsiveness of staff	58.3	64.9	79.1	N/A	67.4	**72.3**	**77.9**
Physician communication	83.6	74.5	92.2	N/A	83.4	**84.5**	**87.8**
Cleanliness of hospital environment	79.1	60.6	79.5	N/A	73.0	**78.7**	**83.5**
Quietness of hospital	70.0	60.6	68.4	N/A	66.3	**66.8**	**73.6**
Pain management	74.1	69.2	78.3	N/A	73.8	**74.8**	**78.2**
Communication about medications	65.4	76.3	75.0	N/A	72.2	**67.8**	**72.0**
Discharge information	91.2	82.6	94.5	N/A	89.4	**89.7**	**91.9**
Care Transition Composite	59.0	58.8	67.1	N/A	61.6	**57.7**	**62.3**
# Composites at 75th percentile (out of 10)	**4**	**2**	**10**	**0**	**3**		

NOTE: Top box needed for the 75th and 90th percentiles are based on the average of Q3 and Q4 of 2015 benchmarking from Press Ganey's national database. These targets are locked for FY2017.

Table 2: HCAHPS Scores Composite Summary, March 1 – 31, 2017

HCAHPS COMPOSITES MEASURES	4th n=9	5th n=46	6th n=6	ICU n=0	PMMC n=22	Top Box needed for 75th percentile	Top Box needed for 90th percentile
Overall rating	66.7	66.7	66.7	N/A	66.7	**77.7**	**82.4**
Nurse communication	88.9	61.9	66.7	N/A	72.5	**83.0**	**85.8**
Responsiveness of staff	67.0	41.7	90.0	N/A	66.2	**72.3**	**77.9**
Physician communication	77.8	81.0	88.9	N/A	82.5	**84.5**	**87.8**
Cleanliness of hospital environment	88.9	85.7	83.3	N/A	85.9	**78.7**	**83.5**
Quietness of hospital	55.6	42.9	66.7	N/A	55.0	**66.8**	**73.6**
Pain management	100.0	75.6	83.3	N/A	61.1	**74.8**	**78.2**
Communication about medications	50.0	75.0	100.0	N/A	75.0	**67.8**	**72.0**
Discharge information	87.5	100.0	100.0	N/A	95.8	**89.7**	**91.9**
Care Transition Composite	31.0	44.4	71.1	N/A	48.8	**57.7**	**62.3**

NOTE: Top box needed for the 75th and 90th percentiles are based on the average of Q3 and Q4 of 2015 benchmarking from Press Ganey's national database. These targets are locked for FY2017.

Table 3: HCAHPS Scores Composite Summary, April 1 – 30, 2017

HCAHPS COMPOSITES MEASURES	4th n=67	5th n=72	6th n=77	ICU n=1	PMMC n=218	Top Box needed for 75th percentile	Top Box needed for 90th percentile
Overall rating	74.6	84.7	90.9	0.0	83.0	**77.9**	**82.7**
Nurse communication	77.5	77.5	83.9	33.3	79.2	**83.1**	**86.0**
Responsiveness of staff	58.8	65.8	75.3	0.0	65.9	**72.2**	**77.7**
Physician communication	78.6	78.9	90.7	0.0	82.2	**84.5**	**87.9**
Cleanliness of hospital environment	79.1	72.2	78.9	0.0	76.0	**78.9**	**83.9**
Quietness of hospital	67.7	61.1	69.3	100.0	65.9	**66.3**	**73.1**
Pain management	77.0	71.7	85.2	0.0	78.8	**74.6**	**77.9**
Communication about medications	64.1	74.6	72.1	N/A	70.3	**67.8**	**71.8**
Discharge information	89.2	84.7	92.0	100.0	88.8	**89.9**	**92.1**
Care Transition Composite	55.0	58.2	63.9	0.0	58.8	**57.8**	**62.5**

NOTE: Top box needed for the 75th and 90th percentiles are based on the average of Oct 2015-June 2016 benchmarking from Press Ganey's national database.

Composite threshold:

≥ 75th percentile

≥ 90th percentile

Table 4: HCAHPS Scores Composite Summary, February 1 – April 30, 2017

Increasing Patient Satisfaction With Their Perception of Pain Management.

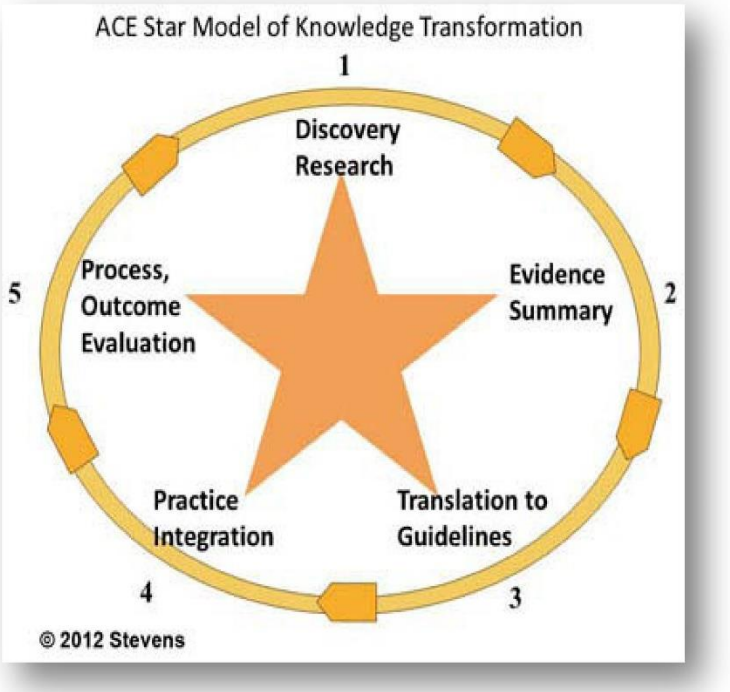
Conceptual Framework

An overview written for a Duke University McLibrary guide provides one of the most common definitions of EBP given by Dr. David Sacket (2016) - as conscientiously, explicitly, and judiciously using the current best evidence in making decisions about patient care. It also identifies the best research evidence, clinical expertise, and patient values and preferences as the three components that make up EBP. Conceptual frameworks have been developed to organize the process of EBP. The conceptual framework that guided this project was the ACE Star Model of Knowledge, developed by Dr. Kathleen Stevens (2002).

In this model, knowledge transformation is shown as occurring in five stages: knowledge discovery, evidence summary, translation into practice recommendations, integration into practice recommendations, and evaluation (Hall and Roussel, 2014). Both individual practitioners and organizations can use this model to guide changes in a variety of settings. Furthermore, due to its similarity to the nursing process, staff nurses understand it easily and use it as a guide to incorporate EBP into nursing curriculum (Schaffer, Sandau, & Diedrick, 2013). Figure 1 depicts ACE Star Model Knowledge Transformation.

Increasing Patient Satisfaction With Their Perception of Pain Management.

Figure 1.
ACE Star Model of Knowledge Transformation (Stevens, 2002)



Knowledge Discovery. In this stage, new knowledge is discovered through traditional research methodologies, generating results from single, original studies. This stage may be referred to as the primary research study. Research designs range from descriptive to correlational to casual, and from randomized control trials to qualitative (Hall and Roussel, 2014).

Evidence Summary. The task during this stage is to synthesize the knowledge into a single meaningful statement. This stage helps to reduce large quantities of information into a manageable form, thereby increasing efficiency in time between research and clinical implementation. It also establishes generalizability across participants, settings, treatment variations and study designs. It has the ability to assess consistency and explain inconsistencies of findings across studies, while integrating existing information for operational decisions (Hall and Roussel, 2014).

Translation to Guidelines. The aim of this stage is to provide to clinicians a useful and relevant package of summarized evidence in a form that suits the time, cost, and care standard. Recommendations, generically termed clinical practice guidelines (CPGs), may take on a variety of

forms such as care standards, clinical pathways, protocols, and algorithms. Well-developed CPGs are used as tools to support informed clinical decisions and state benefits, harms, and costs of various options. In order to develop the CPGs, research evidence is interpreted and combined with other sources of knowledge (clinical expertise, and theoretical guides), and contextualized to the specific client population and setting. This stage makes explicit the link between the clinical recommendation and the level of evidence (Hall and Roussel, 2014).

Implementation. This step involves changing individual and institutional practices through formal and informal channels, and is perhaps the most familiar stage in nursing due to it close relation to nursing's prior work in the use of research. This stage may be affected by the organizational rate of adoption of innovation, and rate of integration of the change into sustainable systems (Hall and Roussel, 2014).

Evaluation. During this final stage of knowledge transformation, a complete evaluation must be made in order to determine the success of the changes that were implemented. Evaluation should include the patient health outcome and satisfaction, efficacy and efficiency of the guideline, economic burden/gain due to the guideline, and health status impact the guideline causes. Upon the completion of all five stages, the final outcome should be quality improvement of health care (Hall and Roussel, 2014).

Literature Synthesis and Analysis.

Electronic searches were conducted using PubMed, CINAHL, UpToDate, and American Society for Pain Management Nursing (ASPMN) databases. Search terms included "patient satisfaction," "patient satisfaction with pain management," "pain management effect on patient satisfaction," "quality improvement" and "pain control" and "patient satisfaction," "patient satisfaction" and "pain management," "HCAHPS," "patient perception" and "patient satisfaction" and "pain management," and "patient perception" and "patient satisfaction." These search terms yielded a

range from two to 95,000 articles. Among the results of these searches, music therapy was a reoccurring theme. This theme was discounted as possible intervention and therefore not pursued further; however, it is briefly discussed further in this chapter.

As more searches were conducted, search terms were added to include "patient validation," "empathy effect on patient satisfaction," "reassurance in patient care," "empathy in pain management," "pain validation" and "patient satisfaction." A total of 78 publications from 2001 to 2016 were examined. These were narrowed down further by applying exclusion criteria of age (only adult patients age 18-60), and language (English articles only). Articles that were focused on pain management only – pharmacologic or otherwise – were discounted. The remaining 33 publications were used for this review.

The Melnyk Pyramid Levels of Evidence Model (Figure 3) was used to determine level of evidence for the publications. This grading system, adapted from Melnyk & Fineout-Overhault's (2011) Model assigns studies to one of seven grading levels (Figure 2). The synthesized publications were ranked according to these seven levels and presented in Table 1. It is important to note that being assigned a level from this model does not necessarily speak to the strength of the recommendations provided by the publications. For example, systematic review or randomized controlled trials are assigned level 1 because the study design is meant to reduce probability of bias. However, results may not support a Level 1 position on the hierarchy of evidence, making the recommendation lose validity.

Increasing Patient Satisfaction With Their Perception of Pain Management.

Figure 2:
Melnyk's Levels of Evidence (Melnyk, 2011)

Level I: Evidence from a systematic review of all relevant randomized controlled trials (RCT's), or evidence-based clinical practice guidelines based on systematic reviews of RCT's

Level II: Evidence obtained from at least one well-designed Randomized Controlled Trial (RCT)

Level III: Evidence obtained from well-designed controlled trials without randomization, quasi-experimental

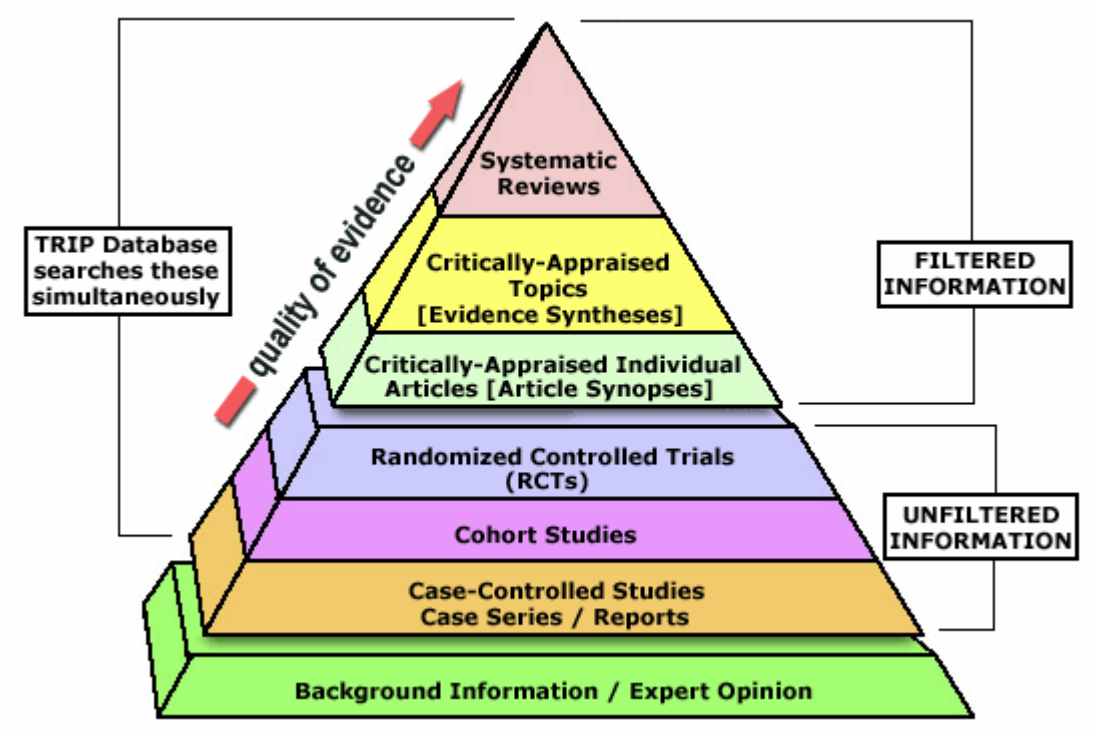
Level IV: Evidence from well-designed case-control and cohort studies

Level V: Evidence from systematic reviews of descriptive and qualitative studies

Level VI: Evidence from a single descriptive or qualitative study

Level VII: Evidence from the opinion of authorities and/or reports of expert committees

Figure 3:
Melnyk's Pyramid (Melnyk, 2011)



Increasing Patient Satisfaction With Their Perception of Pain Management.

Melnyk & Fineout-Overhault's Level of Evidence	Number of Publications in each Level (Total n=33)
Level I	1
Level II	0
Level III	0
Level IV	7
Level V	9
Level VI	7
Level VII	9

Table 5: Publications by Level of Evidence

The majority of the publications were Level V (systematic reviews of descriptive and qualitative studies), Level VII (authority opinions and expert committee reports) with nine publications assigned to each. Seven publications were assigned each to Level IV (case controlled and cohort studies) and Level VI (single descriptive or qualitative study), and one publication was assigned a Level I (systematic review). The publications chosen for this literature synthesis varied in how they approached the issue of patient perception.

Summary of Literature

Provider-Patient Relationship Role in Patient Satisfaction. In review of the literature, provider-patient relationship emerged as a main theme in patient satisfaction with pain management. The majority of the publications used for this synthesis were aimed at finding the link between patient satisfaction and the patients' perception of their relationship with their physician.

Compassionate care, proper communication, and overall provider attitude towards patients were the focus of these publications. The findings revealed that patient satisfaction was linked to their perception of their relationship with their provider. If the provider exhibited characteristics that made the patients feel they were being listened to and cared for, the level of patient satisfaction was higher (AAAHC, 2015; Darlow, et al., 2013; Farley, et.al., 2014; Howarth, Warne, and Hough, 2014; Kim, Kaplowitz, and Johnston, 2004; Lown, 2014; McFarland, Shen, and Holcombe, 2016; Prakash, 2010; Solomon, 2014; Scott and White Healthcare, n.d.; Urden, 2002; Ward, 2012; Zacharoff, 2016;).

Increasing Patient Satisfaction With Their Perception of Pain Management.

Empathy, Validation, and Reassurance. When combined, empathy, validation, and reassurance, were also a reoccurring theme that went hand in hand with provider-patient relationship. The findings consistently showed a positive correlation between these three components and an increase in patient satisfaction with pain management. One such study was conducted by Cano, Barterian, & Heller (2008). They chose 92 married couples in which one person of each couple suffered chronic pain. They divided the couples, and the healthy partners randomly selected to use either validating or invalidating words and behaviors. A number of interactions were observed by trained evaluators, with results showing a correlation between validating actions and the patients' general level of happiness as well as relationship functioning. Further support for the effect of validation is found in a systematic review of five studies by Edmond and Keefe (2015). Five studies were reviewed, with findings from all of them showing that validation was linked to positive patient outcomes and increased patient satisfaction. (Cano, Barterian, & Heller, 2008; Derksen, Bensing, and Langro-Janssen, 2013; Edlund, Carlsson, Linton, Fruzzetti, and Tillfors, 2014; Edmond & Keefe, 2015; Goubert et al., 2005; Issner, Cano, Leonard, and Williams, 2012; Lerner and Jimenez, 2015; Linton, n.d.; Linton, McCracken, and Vlaeyen, 2008; Linton, Boersma, and Vangronsveld, 2011; Lipp, et al., 2016; Lown, 2014; Pincus, n.d.; Vangronsveld and Linton, 2012).

Importance of Patient Perception. The remaining publications reviewed for this synthesis were focused on pain management from the perception of the patient. Although few in number, these publications were included in the synthesis due to their contribution to the topic of patient satisfaction with pain management. These publications supported the previously mentioned link between patient satisfaction and how they perceive their relationship with their provider (Bozimowski, 2012; Gupta, Daigle, Mojica, and Hurley, 2009; Hanna, Gonzalez-Fernandez, Barrett, Williams, and Pronovost, 2012; Schneider, 2015; Zoega, et al., 2015).

Increasing Patient Satisfaction With Their Perception of Pain Management.

Limitations.

Weaknesses, gaps, and limitations of the publications used varied. The majority of the studies reported their limitations to be the small number of participants used for the study. Also, limitations included the biases that might have been present due to the recruiting staff being the same people conducting the interviews or controlling the surveys. In addition to these, the personal point of view with which Schneider (2015) presented her publication, could also be counted as a weakness. Marilyn Schneider writes how her own experience with cancer, which spans most of her adult life, has taught her the importance of treating patients with empathy. She has held various jobs in healthcare for approximately 32 years and attributes her mindfulness of what patients may be going through to her experiences where sometimes provider empathy was lacking. Therefore, the nature of her publication requires a personal standpoint, and is a limitation that can be overlooked.

Distinctions between the classifications of pain increased the difficulty level of finding an intervention that could be universally implemented. The majority of publications focused on pain management techniques directed to the reduction of pain itself. Plenty of resources were found praising a variety of pharmacologic interventions, while others heralded the success of non-pharmacologic interventions such as music therapy and therapeutic touch. There was a lack of publications with patient perception of pain management as their focus.

Innovation/Objectives

The objective of this project was to increase patient satisfaction scores in pain management by focusing on patient perception of nursing efforts; therefore, the innovation would need to simultaneously please the patient and increase perception of nursing effort. Currently, PMMC uses literature supported EBP of nurse hourly rounding and consistent pain assessment on the patients. However, this practice needs to be improved as reflected by the low patient satisfaction scores reported

in the area of pain management, along with the inconsistency to maintain high scores when these are reached.

Fink (2000) explains that pain is a subjective symptom, dependent on factors ranging from the patient's pain tolerance to culture. He also points out how pain itself has differing qualities due to duration of pain symptom (acute vs chronic), mechanism of injury (surgery vs falling), or disease process (cancer vs lupus) (2000). In addition to the differing nature of pain, the differences in personal preferences of the patients was a factor when deciding on an intervention; therefore, the burden was in finding an intervention that would be suitable for all patients regardless of type of pain or personal references. The literature supported the use of validating, empathic, and reassuring behaviors in order to increase patient satisfaction with pain management; furthermore, these are factors which can be implemented in patient care independent of patient preferences.

In searching for patient satisfaction with pain management, music therapy (MT) was a reoccurring theme. Parlar-Kilic et al. (2015) published a controlled experimental study which evaluated the effect of music therapy on pain, anxiety, and patient satisfaction on patients who presented to an emergency department in a hospital in Turkey. A sample of 200 patients were used for this study, with 100 receiving MT, and 100 being used as the control and not receiving MT. The findings demonstrated a small link between patient satisfaction and music therapy. However, the authors concluded that the lack of a greater effect on patient satisfaction was most likely due to patient preference. Simply put, some patients either did not like the music they were listening to or did not like listening to music when they were in pain, anxious, etc.

Mandel, Davis, and Secic (2014) published their matched, case-controlled with the purpose of providing evidence to healthcare managers and professionals about whether integration of music therapy with inpatients would improve patient satisfaction. A total of 105 HCAHPS surveys of patients that received MT were matched with another 105 surveys of patients that did not receive MT and were

used as the control group. MT was provided in the form of a complementary Mari CD for the patient to play while at the hospital and also to take home once they were discharged. The study showed there was no significant difference in respect to the overall rating of patient satisfaction for those patients that received MT; however, there was a significant difference in response to whether the patient would recommend the hospital to others. Though a variety of articles praised MT as being a powerful non-pharmacologic agent of pain management, patient satisfaction findings were not consistent or drastic enough to justify the implementation of this intervention for this particular project.

A combination of studies yielded positive correlation between three factors and patient satisfaction. Derksen, et al., (2013) published a systematic review analyzing the effectiveness of empathy in general practice. This review yielded results from seven studies which showed the effectiveness of empathy in patient-physician communication, to include an improvement of patient satisfaction and adherence. Lerner and Jimenez (2015) provided an alternate method of delivering similar conclusion, using a case vignette to demonstrate the need for empathy and validation. They discuss "empathic validation" as a well-recognized psychotherapeutic intervention that yields results in factors like patient satisfaction, and can also be linked to more positive patient outcomes.

Vangronsveld and Linton (2012), supported the importance of empathy and validation in patient satisfaction with the publication of their study. Their study recruited and randomly assigned 28 nurses with recurrent back pain, who were then randomly assigned to be interviewed in a validating or invalidating condition. The results showed that a validating communication style seemed to be beneficial for enhancing patient satisfaction and is a viable technique to use in clinical practice with patients suffering of pain. They also point out that validating helps diminish negative affect and pain intensity ratings. Studies such as these were instrumental in developing the intervention implemented in this project.

Increasing Patient Satisfaction With Their Perception of Pain Management.

Quality improvement initiatives directed towards increasing patient satisfaction scores are a common occurrence in health care; therefore, there were plenty of evidence based (EB) publications from which to garner an innovation. Once exclusion criteria were applied, more specific approaches in order to reach the objectives of this project were discovered. Of these strategies, the one selected to be implemented for this project was the inclusion of validating, reassuring, and empathic behaviors throughout patients' stay at the hospital.

Summary

The purpose of this project was to improve the in-patient experience with pain management. Ultimately, receiving higher patient satisfaction scores would benefit the site where the project was implemented. Additionally, from the patient-centered care perspective, increased patient satisfaction scores is indicative of a better patient experience, which reflects the care patients are receiving. Essentially, this is what health care is about – taking care of patients. When developing changes in current practice, the problem needs to be explained, and a detailed map of how the solution was reached should be included – more so when implementing interventions that are said to be evidence-based. This chapter aimed to provide a clear understanding of what propelled a change to be made, and how the selected intervention was chosen.

Increasing Patient Satisfaction With Their Perception of Pain Management.

Chapter 3. Methods

Patient satisfaction has become a critical component of how care provided by hospitals is measured thanks to the adoption of VBP methodology by CMS (CMS, 2015). Based on VBP, CMS uses patient satisfaction scores, measured using the HCAHPS survey, to distribute reimbursements. The hospitals with the higher scores receive a higher percentage, while those with lower scores receiving less, nothing, or actually having to reimburse CMS depending on how low their scores are. Pali Momi Medical Center PMMC had the need to increase their patient satisfaction scores for their pain management; therefore, the process was started to develop and test an evidence based practice intervention which would increase HCAHPS scores related to pain management.

With EBP projects, it is necessary to follow a specific order of steps to help facilitate the translation of information, implementation of an innovation(s), and also evaluate the outcomes. The process necessitates a clear guide for ease of transition from one step to another, enabling those involved to plan appropriately for what comes next. For this DNP project, the ACE Star Model of Knowledge Transformation (Stevens, 2002), was chosen as the conceptual framework best suited to guide the project. Furthermore, the Population, Problem, Intervention, Comparison, Outcome (PICO) format was used as a guide to formulate the clinical question, and purpose statement for this project. PICO statement is as follows:

P - (Population): Adult (18+) in-patient population on the Telemetry 5 Unit of Pali Momi Medical Center who are receiving treatment for acute/chronic pain while at the Hospital.

I – (Intervention): Initiation of communication that reflects empathy, validation, and reassurance when speaking to the patient about their pain.

C – (Comparison): Current practice

O – (Outcome): Increased patient satisfaction scores with pain management.

Increasing Patient Satisfaction With Their Perception of Pain Management.

Clinical question developed from PICO statement is: Will creating and implementing a validating, reassuring, and empathic assessment approach increase satisfaction scores in pain management in the adult in-patient population at Pali Momi Medical Center? The purpose statement developed for this project is: The purpose of this evidence based practice project is to increase patient satisfaction scores with pain management by implementing empathic, validating, and reassuring communication between providers and patients. In this chapter, a brief overview of how the data was gathered, and the summary of the evidence will be provided. However, the main focus will be on the translation of that knowledge into a guideline, the process of implementation, and the outcome evaluation.

EBP Implementation Plan

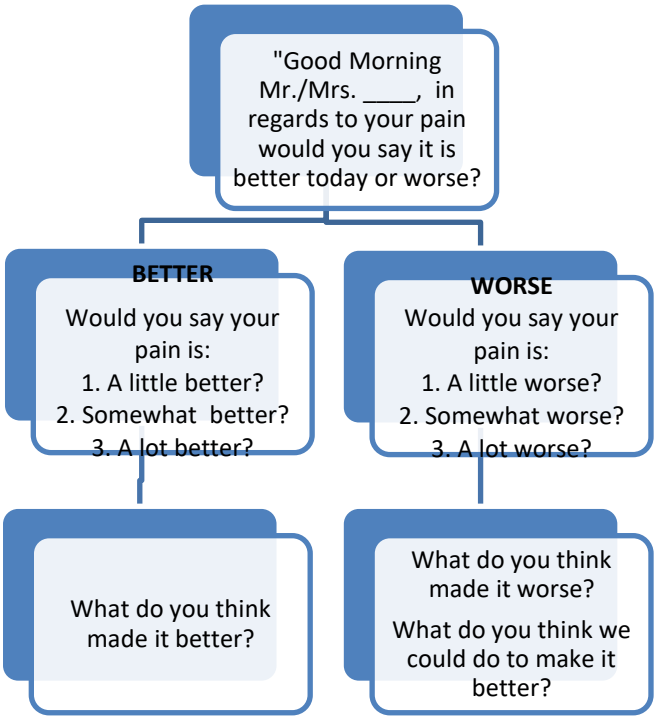
Overview. The most common definition of EBP is given by Dr. David Sacket in an overview written for Duke University McLibrary – a conscientiously, explicitly, and judiciously using the current best evidence in making decisions about patient care (2016). However, implementing evidence based innovations is more involved than simply doing research after finding something that needs to change. Everett M. Rogers developed the Diffusion of Innovations Theory with the key elements being the innovation, adopter, social system, individual adoption process, and the diffusion system (Dearing, 2009). This theory breaks down the components implementing evidence based practice, and helps identify the pieces of the puzzle needed to help with the change transition. Theoretically, it can be said that one cannot exist without the other.

The Practice Change. For this DNP project, the innovation was a guideline for pain assessment using a Clinical Global Impressions (CGI) scale method. The Clinical Global Impressions scale was developed for use in National Institute of Mental Health (NIMH) sponsored clinical trials in order to provide brief, stand-alone assessment of a clinician's view of patient's global functioning prior to and after initiating a study medication. However, because it is a clinical assessment, CGI can be

adapted with ease in any clinical setting (Busner, and Targum, 2007). The CGI is divided into two components: CGI-Severity (CGI-S), or CGI-Improvement (CGI-I) (Busner, and Targum, 2007). For this project the innovation will be adapted from the CGI-I format, allowing the nurses to assess pain patients with a more validating, empathic, and a reassuring tone. Figure 4 below shows the guideline developed for this project.

Figure 4

Pain Assessment Guideline



Characteristics of the Innovation

Relative advantage, compatibility, complexity, trialability, and observability are identified by Rogers (2003) as being the five qualities which are the most important characteristics of innovations as it pertains to rate of adoption. Rogers explains that innovations that are perceived as having greater relative advantage, compatibility, trialability, and observability and less complexity will be adopted more rapidly than other innovations. Of these five qualities, relative advantage and compatibility are particularly important in explaining an innovation's rate of adoption.

Increasing Patient Satisfaction With Their Perception of Pain Management.

Relative Advantage. Rogers (2003) describes relative advantage as being the degree to which an innovation is perceived as being better than the idea it supersedes. The innovation implemented for this DNP project was not meant to replace current practice at the site, but more so to enhance it. Currently, as part of their pain management protocol, along with providing pain medication as per orders, the nursing staff at PMMC does hourly rounding, and assesses pain using the 0-10 pain assessment scale. However, although pain medications should be enough to reduce pain, the patient satisfaction scores on the HCAHPS survey as it pertains to pain management reflect that patients were not satisfied with this aspect of their care. Because of this, an intervention that addressed pain management from a patient perspective is necessary.

The purpose of this DNP project was to increase patient satisfaction scores on the HCAHPS survey – specifically pain management. Financially, high patient satisfaction scores would allow the hospital access to higher reimbursements based on VBP.

Compatibility. Rogers (2003) explains that compatibility is the degree to which an innovation is perceived as being consistent with the existing values, past experiences, and needs of potential adopters. The innovation implemented for this DNP project shows high compatibility with PMMC, and their commitment to providing exceptional care. Currently, there is a team of leaders who meet every week to review the HCAHPS survey scores received by PMMC. The goal of these meetings is to identify where the hospital is doing well, where it needs improvement, and how to improve care. When the idea for this project was broached during the weekly meeting, the support was overwhelming and owed much to the existing commitment to quality improvement at PMMC. Compatibility was also a factor when addressing the project to the nurses on Telemetry 5 considering they were the ones that would have to implement the guideline. When the guideline was explained to them, they were supportive because they viewed it as a method to better communicate with their patients.

Increasing Patient Satisfaction With Their Perception of Pain Management.

Complexity. Rogers (2003) describes complexity as the degree to which an innovation is perceived as being difficult to understand and use. The CGI method was used as a guide because of its ease of adaptability. The innovation for this project was meant to establish an assessment that encouraged communication between the nurses and their patients. The questions were developed in order to be easily understood by patients, with guided answers that were easy to understand for the nurses. This innovation was added to the current practice of the nurses at PMMC of hourly rounding, and pain assessment using the 0-10 scale.

Trialability. Rogers (2003) explains trialability as the degree to which an innovation may be experimented with on a limited basis. This innovation for this project was implemented on the Telemetry 5 unit, fifth floor at PMMC. With implementation being done on one floor only, trialability will be easier to monitor, along with the continued use of the guideline during the implementation period.

Observability. Rogers (2003) defines observability as being the degree to which the results of an innovation is visible to others. The observability for the results of the implementation of the innovation is high thanks to results of the HCAHPS survey being public. Initially, the results do come to the hospital and are accessible to the nursing staff, QI/QI staff, and all the leadership of the hospital. Furthermore, with the weekly meetings being held specifically to review the HCAHPS scores, the progression of the DNP project was easily monitored.

Framework for implementation. The conceptual framework that guided this evidence based DNP project is the ACE Star Model of Knowledge Transformation developed by Dr. Kathleen Stevens (2002).

Knowledge Discovery: Completed in Chapter 2

Evidence Summary: Completed in Chapter 2

Increasing Patient Satisfaction With Their Perception of Pain Management.

Translation to guideline. This project dealt with improving the way patients perceive their pain was being managed; therefore, the guideline developed needed to express more concern than a simple pain scale assessment. The line of questioning used to assess the patients' pain should open the lines of communication, while simultaneously validating how the patients are feeling. So when looking for a method to use to develop a guideline, the Clinical Global Impressions stood out as a method for this project. This tool has been used in medical studies to assess changes and/or improvements for different conditions.

Hossack and Woo (2014) developed a Patient Global Impressions – Improvement (PGI-I) assessment survey based off of the CGI-I scale in order to measure patient's interpretation of symptom changes following an endoscopic prostatectomy. Included in the results for this study was the revelation for the potential of the success of using PGI-I scale to assess outcomes of other surgical therapies. Adamchic, Tass, Langguth, Hauptmann, Koller, Schecklmann, Zeman, Landgrebe (2012) also conducted a study in order to determine the Minimally Clinically Important Difference (MCID) between the Tinnitus Questionnaire (TQ) and the CGI- Change (CGI-Improvement). Due to this study they concluded that the relationship between the TQ and CGI was indeed good, and CGI could be used successfully to measure outcome criteria. Fernandez, Factor, Hauser, Jimenez-Shahed, Ondo, Jarskog, Meltzer, Woods, Bega, LeDoux, Scprecher, Davis, Davis, Stamler, and Anderson conducted a randomized controlled trial where they measure the results of deutetrabenazine used on patients with tardive dyskinesia for which they used the CGI-Change as an assessment tool at twelve weeks after beginning of treatment. The successful use of the CGI scale in other clinical studies was the deciding factor in modifying this scale and translating information into a guideline for this project.

Implementation. Once the nurse managers were aware of the guideline, and what it entailed, the guideline was taught to the nursing staff on the Telemetry 5. The projected time frame for the guideline to be introduced to the staff across the span of three to four days, and that is how long it took.

Increasing Patient Satisfaction With Their Perception of Pain Management.

The purpose behind the amount of days set apart to explain the new guideline, was to accommodate the rotating shifts often had by nurses, and to ensure that they all understood the guideline and how to implement it.

Once the guideline was explained to the nursing staff, a specific start date was announced for them to start implementing the guideline. The implementation was be monitored through weekly meetings with Nhelda Aguda, Telemetry 5 Nurse Manager, and also weekly rounding with Mrs. Theel, along with auditing done by the DNP student.

Evaluation. The evaluation tool for this DNP project was the HCAHPS survey, with results being monitored on a weekly basis. Below there is a more detailed project timeline for this project.

TASK	2017								2018				
	M	J	J	A	S	O	N	D	J	F	M	A	M
Submit Written Work for Review	X												
Successful Proposal Defense		X											
Prepare and Submit IRB Applications as needed (Not applicable to this DNP Project).													
Brief Key Leaders and Staff	X	X											
Develop Marketing Products	X	X											
Prepare Instruments for Distribution		X											
Educate Staff		X											
In Progress Review			X										

Increasing Patient Satisfaction With Their Perception of Pain Management.

Develop Database		**X**											
Implement Practice Change			**X**	**X**	**X**								
Collect Data						**X**	**X**	**X**					
Enter Data						**X**	**X**	**X**	**X**				
Analyze Data						**X**	**X**	**X**	**X**				
Interpret Data						**X**	**X**	**X**	**X**				
Final Defense											**X**	**X**	
Graduation													**X**
Prepare and Submit Dissemination Products												**X**	

Table 6: DNP Project Timeline

Application of Users of the Innovation

Implementing an innovation in any arena is only as good as the users willing to apply it. This is why it is important to identify the different agents who were going to help implement the innovation.

Change agents. Rogers (2003) defines change agents as individuals who influence clients' innovation-decisions in a direction deemed desirable by an agency, and can also be the individual who slows down diffusion and prevention of undesirable innovations. Rogers identifies empathy – the degree to which an individual can put himself or herself into the role of another person – as a key

component for the implementation of innovation. To some degree, empathy may play a role in the extent of buy-in from stakeholders, which theoretically should make it easier for change to be implemented. There is a seven-step sequence of change roles specific to change agents which are identified by Rogers: to develop a need for change, to establish an information exchange relationship, to diagnose problems, to create an intent to change in the client, to translate an intent into action, to stabilize adoption and prevent discontinuance, and to achieve a terminal relationship. For this project, the DNP student, Dr. McKale and Robyn Kalahiki. Director of Inpatient Services, have been identified as change agents.

Change champions. Rogers (2003) describes change champions as charismatic individuals who throw their weight behind an innovation, helping to overcome any indifference or resistance that the new idea may provoke in an organization. Rogers continues by identifying change champions as usually being powerful individuals with a high office in an organization, for example a company president, vice-president, or top manager. Because of the influence exerted by this group of people, it can be concluded that when promoting a change, acquiring their support facilitates implementation of an innovation. For this project, Mrs. Theel has emerged as a change champion.

Opinion Leader/s. As the name suggest, opinion leaders are individuals that are able to influence other individuals' attitudes, or overt behavior at relatively high frequencies (Rogers, 2003). Rogers also points out that because change agents have scarce resources, focusing on the opinion leaders in an organization can help leverage the scarce resources and at the same time hasten the rate of diffusion of an innovation. For this project, Nhelda Aguda, has been identified as an opinion leader.

Adopter Categories

Adopter categories is just as important as knowing who will be on board for application of the process. Identifying the people on this list, will not be difficult as they will be a repeat of the people

identified as the users of the innovation. Knowing who the change agents, change champions, and opinion leaders are in a project determines who belongs in which adopter category.

Innovators. According to Rogers (2003), innovators are characterized as venturesome individuals, encouraged by new ideas to seek out a local circle of peer networks in order to bring their ideas into fruition. Rogers continues describing innovators as people who need to be willing to accept an occasional setback when a new idea proves unsuccessful which may happen. Rogers also points out that although the innovator may not be respected by other members of a local system, they play an important role of launching new ideas in the system. For this DNP project, the DNP student broaching the project best fits the description of the innovator.

Early adopter. As it pertains to early adopters, Rogers (2003) explains that this category, more than any other, has the highest degree of opinion leadership in most systems. The members included in this category are often sought by change agents in order to speed the diffusion process, because they serve as a role model for many other members of a social system.

For this project, Dr. McKale, Robyn K. Kalahiki, and Nhelda Aguda have been identified as part of the early adopter group.

Early majority. Rogers (2003) describes the members of this category as seldom holding positions of opinion leadership in a system; however, they are an important link in the diffusion process due to their unique position between the very early and relatively late to adopters. For this project, Nurse Leaders on Telemetry 5 have been identified as part of the early majority group. In order to gain buy-in for this group, the help of Nhelda Aguda has been enlisted due to her volunteering the unit for implementation.

Late majority. Rogers (2003) explains that adoption for this category may be based on economic necessity or the result of increasing peer pressure from those who have already adopted the innovation. The members of this category approach innovations skeptically, and with increased

caution. This project has identified the floor nurses on Telemetry 5 as the Late Majority. In order to gain buy-in for this project, the student heading this project rounded on Telemetry 5 with Mrs. Theel, and in this way became familiar with the floor nurses.

Laggards. Rogers (2003) describes laggards as those in the social system who are last to adopt an innovation. These individuals are suspicious of changes, and resist innovations due to having a point of reference that is based in the past. For this project, the patients have been identified as the laggards. The patients have been identified as the laggards because of their role of having to fill out the HCAHPS surveys. The patients did not know that there was a change being implemented, unless they were patients before the guideline was being used.

Social System

Identify the Health Care Organization. Rogers (2003) describes a social system as a set of interrelated units that are engaged in joint problem solving in order to accomplish a common goal. For this project, the health care organization, or social system, where it will be implemented is the Telemetry 5 Unit on the fifth floor at Pali Momi Medical Center (PMMC). PMMC as a whole, is a multi-disciplinary clinic. As of fiscal year 2016 (July 1, 2015 – June 30, 2016), PMMC has 118 inpatient beds distributed among three floors, 1,083 employees, 416 physicians on medical staff, and 85 volunteers. It had 5,893 admissions, 43,912 Women's Center Procedures, and 48,866 Emergency Room visits (Hawaii Pacific Health, 2017). The specific unit where the project will be implemented consists of thirty-six beds that can be upped to thirty-eight beds by adding a bed to two of their larger rooms. For patient care on this unit, there are forty-four full time floor nurses on rotating shifts, and an additional five per diem nurses.

Sample

Sample Size. The target population for this project are patients who are experiencing and being treated for pain. The accessible sample are those patients receiving pain management on Telemetry 5.

Increasing Patient Satisfaction With Their Perception of Pain Management.

In order to develop a baseline for comparison, the patient satisfaction scores prior to implementation were reviewed. Afterwards, the innovation was implemented for three months on all adult in-patients on the Telemetry 5 Unit who were receiving pain management therapy. As mentioned before, CMS regulations is that all patients discharged home receive the HCAHPS survey; however, not all patients return the surveys which reduces the patient sample number (CMS, 2012).

Inclusion/Exclusion Criteria. The innovation was implemented solely on the adult (18 +) in-patients on the Telemetry 5 at PMMC who were receiving pain management therapy while they were staying at the hospital. Pain did not have to be their main reason for being at the hospital; however, they did have to be receiving treatment for pain in order to be an eligible patient for the innovation. Implementation of the guideline was done solely by the nurses on the unit. Physicians, and other support staff were excluded from implementation. Also, patients that are not experiencing pain while a patient in PMMC were excluded from the project. For ease of implementation, comparison, and auditing for use of the tool, the project was only implemented on the Telemetry 5 at PMMC, with other units being excluded from the project. Also, the emergency department (ED) was excluded due to the difficulty of adoption and their patient census. However, if during the implementation phase a patient was admitted to the fifth floor from the ED, and they fit the pain criteria, the new assessment guideline was used for them as well.

If the guideline successfully increased patient satisfaction scores as it pertained to their pain management, then the adopters of this innovation would have primarily been the floor nurses at PMMC. The innovation was designed in a way to increase the reassurance that patients get, help patients feel their pain is being validated, and assist nurses in assessing their patients. The goal was to increase patient satisfaction; however, if in doing this the nurses also gained a broader perspective in how to treat the patient's pain it would have allowed for the provision of more complete health care.

Increasing Patient Satisfaction With Their Perception of Pain Management.

Stakeholder Engagement Plan

Stakeholders and successful evidence based practice implementation. The engagement of stakeholders is an essential component for successful EBP implementation. The innovation implemented in EBP is usually geared towards the needs of the stakeholders, making their satisfaction a primary focal point. Specifically from the perspective of the evaluation plan, stakeholders ensure the utility, feasibility, propriety, and accuracy of the evaluation's results - four categories of standards developed by Joint Committee on Educational Evaluation in 1994 (Centers for Disease Control and Prevention, 2011). These four categories were integrated into the CDC Program Evaluation Framework, and are composed of thirty standards divided among them (2011). Table 7 shows the standards in detail under each category taken from the CDC framework for program evaluation in public health (1999).

The proper identification and engagement of stakeholders when implementing EBP, is essential due to their role in ensuring these standards are upheld – even before the evaluation process, making them the focal group behind successful implementation of innovations. For this reason, once identified, stakeholders are used as a reference point from which to compare the standards to. For example, from the utility category, the question can be formulated asking if the information collected addresses pertinent questions and responds to the needs and interests of the stakeholders. If the answer to this is no, then a closer look needs to be taken as to what information the project is setting out to collect.

CDC Category	Standards
Utility	**Stakeholder identification**. Persons involved in or affected by the evaluation should be identified so that their needs can be addressed. **Evaluator credibility**. The persons conducting the evaluatiresouron should be trust-worthy and competent

	in performing the evaluation for findings to achieve maximum credibility and acceptance. **Information scope and selection.** Information collected should address pertinent questions regarding the program and be responsive to the needs and interests of clients and other specified stakeholders. **Values identification.** The perspectives, procedures, and rationale used to interpret the findings should be carefully described so that the bases for value judgments are clear. **Report clarity.** Evaluation reports should clearly describe the program being evaluated, including its context and the purposes, procedures, and findings of the evaluation so that essential information is provided and easily understood. **Report timeliness and dissemination**. Substantial interim findings and evaluation reports should be disseminated to intended users so that they can be used in a timely fashion. **Evaluation impact.** Evaluations should be planned, conducted, and reported in ways that encourage follow-through by stakeholders to increase the likelihood of the evaluation being used.
Feasibility	**Practical procedures.** Evaluation procedures should be practical while needed information is being obtained to keep disruption to a minimum. **Political viability.** During planning and conduct of the evaluation, consideration should be given to the varied positions of interest groups so that their cooperation

	can be obtained and possible attempts by any group to curtail evaluation operations or to bias or misapply the results can be averted or counteracted. **Cost-effectiveness.** The evaluation should be efficient and produce valuable information to justify expended resources.
Propriety	**Service orientation**. The evaluation should be designed to assist organizations in addressing and serving effectively the needs of the targeted participants. **Formal agreements.** All principal parties involved in an evaluation should agree in writing to their obligations (i.e., what is to be done, how, by whom, and when) so that each must adhere to the conditions of the agreement or renegotiate it. **Rights of human subjects.** The evaluation should be designed and conducted in a manner that respects and protects the rights and welfare of human subjects. **Human interactions.** Evaluators should interact respectfully with other persons associated with an evaluation, so that participants are not threatened or harmed. **Complete and fair assessment.** The evaluation should be complete and fair in its examination and recording of strengths and weaknesses of the program so that strengths can be enhanced and problem areas addressed. **Disclosure of findings.** The principal parties to an evaluation should ensure that the full evaluation

	findings with pertinent limitations are made accessible to the persons affected by the evaluation and any others with expressed legal rights to receive the results. **Conflict of interest**. Conflict of interest should be handled openly and honestly so that the evaluation processes and results are not compromised. **Fiscal responsibility.** The evaluator's allocation and expenditure of resources should reflect sound accountability procedures by being prudent and ethically responsible, so that expenditures are accountable and appropriate.
Accuracy	**Program documentation.** The program being evaluated should be documented clearly and accurately. **Context analysis**. The context in which the program exists should be examined in enough detail to identify probable influences on the program. **Described purposes and procedures.** The purposes and procedures of the evaluation should be monitored and described in enough detail to identify and assess them. **Defensible information sources.** Sources of information used in a program evaluation should be described in enough detail to assess the adequacy of the information. **Valid information.** Information-gathering procedures should be developed and implemented to ensure a valid interpretation for the intended use.

	Reliable information. Information-gathering procedures should be developed and implemented to ensure sufficiently reliable information for the intended use. **Systematic information.** Information collected, processed, and reported in an evaluation should be systematically reviewed and any errors corrected. **Analysis of quantitative information.** Quantitative information should be analyzed appropriately and systematically so that evaluation questions are answered effectively. . **Analysis of qualitative information.** Qualitative information should be analyzed appropriately and systematically to answer evaluation questions effectively. **Justified conclusions**. Conclusions reached should be explicitly justified for stakeholders' assessment. **Impartial reporting.** Reporting procedures should guard against the distortion caused by personal feelings and biases of any party involved in the evaluation to reflect the findings fairly. **Metaevaluation.** The evaluation should be formatively and summatively evaluated against these and other pertinent standard to guide its conduct appropriately and, on completion, to enable close examination of its strengths and weaknesses by stakeholders.

Table 7: Program Evaluation Framework Standards

Stakeholder engagement in EBP implementation. Other than the DNP student who conducted this project, Dr. McKale was identified as the initial stakeholder. Another stakeholder

identified in the initial stages of the project was Robyn Kalahiki due to her position as Director of Inpatient Services at PMMC. In the initial stages of this project, the stakeholders' role was to provide information and guidance, and less hands on. However, as the project progressed, certain stakeholders were expected to have more involvement during implementation, and all playing a role in the evaluation process.

Nhelda Aguda became a prime stakeholder when she volunteered her floor as the implementation site. Mrs. Theel, was also an identified stakeholder and performed a pivotal role in the project. She helped with the supervision of the implementation, and included the DNP student in her rounds of the unit where the project was implemented. The remaining stakeholders identified for this project, are not going to be involved in the implementation or evaluation of the results specific to this project; however, they are identified as stakeholders because they will be affected to some point with the results of this project. Table eight lists the roster of stakeholders identified for this project.

It is important to note that PMMC had a quality improvement team already established. Meetings are held weekly to review the results of the HCAHPS survey, and strategies discussed to improve areas with low scores. Each of the stakeholders identified for this project are of great importance. Other than Dr. McKale, all of the stakeholders were identified and engaged through continued attendance to these weekly meetings. The project has been discussed multiple times at these meetings, but it was Nhelda Aguda who volunteered to have the project implemented on her floor making her one of the most "important" stakeholders.

NAME WITH DEGREE	ORGANZATION / POSITION	CONTACT INFO
CORE STAKEHOLDER GROUP		
Brigitte McKale	Pali Momi Medical Center	808-258-9225

Increasing Patient Satisfaction With Their Perception of Pain Management.

	Vice President of Patient Services, Chief Nurse Executive	
Robyn Kalahiki	Pali Momi Medical Center Director of Inpatient Services	808-485-4298
Nhelda Aguda	Pali Momi Medical Center, Telemetry 5 Floor Nurse Manager	
Crystal Theel	Hawaii Pacific Health, Patient Experience Manager	602-380-2942
Pali Momi Medical Center		
Centers for Medicaid and Medicare Services		

Table 8: Stakeholder Roster

Application of Communication Process

Rogers (2003) describes communication as the process by which participants create and share information with each other in order to reach a mutual understanding. On a day to day basis, communication can be relaxed; however, when the ideas expressed carry the burden of convincing those hearing it, choosing the correct form of communication becomes more important. For this DNP project, there was a mixture of communication methods used dependent on the target audience and the stage of the project. Also, the communication process in regards to this DNP project was simplified by the fact that there are quality improvement meetings every week at the facility where the project was implemented.

Mass media. Rogers (2003) points out that mass media is usually the most rapid and efficient means of creating knowledge awareness for a group of potential adopters. Hiebert and Gibbons (1997) mention examples of mass media to include books, radio, television, and internet to include emails. They point out that the downsides to mass media approaches of communication are linked to their advantages. For example, an advantage of mass media is being able to send out a message to numerous amounts of people. However, the larger the audience, the less the messages can be individualized. With

this in mind, mass media outlets for this project were kept at a minimum, using emails and texting as the main source of communication when needing to address more than one person. Emails were also used for individual communication; however, they were personalized for the person receiving them.

Interpersonal. Interpersonal communication as explained by Rogers is a channel that involves the face-to-face exchange between two or more individuals (2003). For this project, interpersonal communication was used to help the stakeholder form a personal link with the purpose of the project. Although interpersonal communication began early on in the project, it was not used with all stakeholders. Having a small group involved in the project, allowed for increased opportunities during which to address the stakeholders accessible at the project site. The project was introduced to the Quality Improvement team at Pali Momi, using interpersonal communication, in a group setting. Regular meetings presented opportunities to ask questions, in turn yielding a clearer understanding and buy in – not only from the team as a whole, but more precisely the fifth floor supervisor and manager who volunteered to have the innovation implemented on their floor.

Evaluation Plan

Evaluation plan design review. For this project, the evaluation tool is the HCAHPS survey results. The evaluation question will be answered using an impact evaluation design that will show how implementing a new pain assessment guideline affects the satisfaction scores with pain management of adult patients on Telemetry 5 unit at PMMC. In order to maintain integrity, the process will be implemented using the standards found in the CDC framework.

The evaluation process that will be used for this project will not differ from what is currently being used to measure patient satisfaction. The evaluation method was kept to ensure that the stakeholders receive them in a manner that is familiar to them. The familiarity with the evaluation process reduces negativity towards results, and contentment with the timeline on which the process itself is based. The evaluation process will not need anything more than what it is using at this moment.

Increasing Patient Satisfaction With Their Perception of Pain Management.

This lack of change increases the feasibility of the evaluation process being used in regards to time, resources, and the expertise at hand.

When it comes to the propriety of the evaluation process, the HCAHPS survey is intended to directly engage the population that will be affected by the innovation that will be implemented. The survey is sent to the patients after being discharged from the hospital, in this way requesting feedback that will improve the quality of care patients receive in the future.

The needs of the core stakeholders for this project vary slightly based on their position and employment status as it pertains to the project site. For example, Dr. McKale, Robyn Kalahiki, and Nhelda Aguda are all employees at PMMC. The assumption was that their employment at PMMC made it so that they were personally invested in the success of this project. As mentioned in previous sections, reimbursement from CMS is dependent on HCAHPS survey scores. Therefore, increasing patient satisfactions scores in as many areas as possible, would have a direct financial impact on PMMC. For these three stakeholders, increased budget could mean anything from adding another floor nurse to the staff to adding needed equipment throughout the hospital.

Crystal Theel is considered a core stakeholder because having this project be successful in one of the hospitals that is run by HPH will allow her to take the guideline and implement it in other hospitals, potentially increasing their patient satisfaction scores for pain management, and simultaneously reaping the financial benefits of higher scores. Because the need is based on the results of the HCAHPS survey – the tool that was used to evaluate the impact of the guideline – the evaluation process is valid and reliable.

When it comes to the accuracy of the tool used, there was a particularly unreliable component – the number of patients that will fill out the survey and return it, as well as the surety that it would be the patients themselves filling out the surveys. Family members have access to the surveys, and are able to fill them out themselves and mail them in. In the occurrence that a family member was not

happy with the care, if they filled out the survey then the data would reflect lower satisfaction scores. There was a strong possibility that the number of discharged patients and the number of returned surveys would not be equivalent. However, despite the difference in numbers, the results were considered to be accurate due to how CMS views the scores. CMS bases their financial reimbursements to participating hospitals on the results of the surveys that are returned, with no penalty for the patients that do not return their surveys. Therefore, the evaluation process will be considered accurate regardless of the number of surveys returned when compared to the number of patients discharged.

Program Description

At the time of implementation there was no formal program at PMMC that was focused on patient satisfaction with pain management. However, there were and still are weekly quality improvement meetings during which nurse managers and supervisors participate in reviewing HCAHPS scores for their respective units. During these meetings, patient satisfaction is assessed for each unit, for PMMC overall, and areas with lower scores are identified. For these areas, there is a collaborative discussion about possible methods to adopt in order to improve scores.

Since there was no current program with which to compare the innovation for this project, the intervention was developed in such a way that it would supplement and potentially improve current practice as it pertained to how patients perceived the nurses addressed their pain. When asked what the process for pain assessment is at PMMC, Robyn Kalahiki explained that if managing the patient's pain is part of the care plan, the nurse assesses the pain using the 0-10 pain scale (0= no pain, 10 = worst pain of their life).

After the initial pain assessment the nurse administers pain medication that may have been prescribed by the patient's provider, and returns to assess the patient in fifteen minutes. If the pain is relieved, the nurse returns and rounds on the patient every hour, or sooner if the patient calls for

assistance. If there is no pain relief, the nurse returns fifteen minutes afterwards. If at this point there is still no pain relief, then the nurse documents the lack of pain control, and consults the patient's provider to possibly adjust the pain medication. For any prescribed medications, the nurses keep the patients on a consistent schedule and assess the pain before and after administration.

The DNP student heading this project was able to round at PMMC with Mrs. Theel. During one of these visits, it came to light that the nurses sometimes felt overwhelmed by the patients blaming them when they do not get pain relief or when they request more medication and the nurses cannot give it to them. Because of this, the student was determined to develop a guideline that provides the validation the patients needed, and simultaneously helps the nurses assess their patients better, while shifting some of the responsibility to the patients. For this reason, the intervention used was meant to enhance current practice, not change it. The guideline implemented for this project was formatted in such a way that allowed floor nurses to assess pain in a more validating, empathic, and a reassuring tone, encouraging a more open dialogue about the patient's pain.

Evaluation Question.

The question for this project was: Will creating a new pain management assessment guideline based on the Clinical Global Impressions - Improvement scale, implemented for three months on hospitalized adults on Telemetry 5 at Pali Momi Medical Center, increase patient satisfaction as measured by satisfaction scores for pain management on the Hospital Consumer Assessment of Healthcare, Providers, and systems survey? The initial evaluation question was formed by working backwards. Defining the goal of the project was the first step. The target population was defined based on the site the project is going to be implemented. Pali Momi Medical Center inpatient units are only for adult patients; therefore, the target population was automatically adults. Narrowing down the population to a specific unit resulted from the need to concentrate on a smaller sample for the project.

Increasing Patient Satisfaction With Their Perception of Pain Management.

The S.M.A.R.T. criteria, which stands for Specific, Measurable, Achievable, Results-focused, and Time-bound, was used to refine the question.

Evaluation Design and Definitions

Impact vs process. The evaluation for this project is based on the impact the proposed guideline will have on patient satisfaction (see T1-T2 description below). During the implementation phase, the DNP student/project evaluator incorporated components of a process evaluation to assess how the floor nurses on Telemetry 5 implement and follow the guideline. Because the DNP student cannot be at PMMC every day, Charge Nurses for the unit were to participate in audits to ensure use of the guideline. Ensuring that the guideline is being used during the implementation phase will help validate that the resulting impact is due to the innovation or the lack of change in spite of it.

T1 – T2 evaluation design. This project was evaluated using the T1-T2 method, also known as a "Test and Post-test" evaluation design. Data was collected before and after implementation, and compared to determine whether the innovation was successful. The method for data collection T1 and T2 were done the same, and used scores from HCAHPS surveys. T1 was collected before the innovation is implemented, and T2 data was collected after implementation – specified to the dates of implementation. The operational definition for this project was an increase in patient satisfaction; therefore, it would be considered a success if scores for the pain management composite equaled T2>T1.

Full HCAHPS survey is found in Appendix A; however, below are the specific questions from the pain management composite which determined the scores being looked at for this project:

12. During this hospital stay, did you need medicine for pain?

Patients answer this question with a yes or no. This question will help weed out whose answers are to be included in the evaluation and whose aren't. The patients who answer this question with "No" do not answer any of the questions associated with pain management.

Increasing Patient Satisfaction With Their Perception of Pain Management.

13. During this hospital stay, how often was your pain well controlled?

Patients answer this question choosing between 4 choices: 1-Never, 2- Sometimes, 3 – Usually, and 4 – Always.

14. During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?

Patients answer this question choosing between 4 choices: 1-Never, 2- Sometimes, 3 – Usually, and 4 – Always.

Sample definition. Patients who were eligible for this evaluation included adults who were admitted to Telemetry 5 and were receiving pain management during their stay – regardless of their reason for admission. For this project, a patient was considered to be receiving pain management if they were on a scheduled regimen of medications in order to control pain – either acute or chronic, and the guideline was to be implemented after the patient had been receiving pain medication for at least twelve hours. The guideline was not used on new admits until the following day.

Intervention definition. As described in an earlier section of this chapter, the innovation for this DNP project was a guideline developed using the Clinical Global Impressions (CGI) scale. This scale was developed for use in the National Institute of Mental Health (NIMH); however because it is a clinical assessment, it can be adapted to any clinical setting (Busner, and Targum, 2007). Figure 4 shows an example of the guideline developed for this project.

Mitigating Factors

For this project, there were a number of mitigating factors that could not be controlled. For example, while the nurses implemented the guideline, he/she were not able to control a barriers that may have caused a lack in understanding of the patient's part as it pertain to the questions being asked. One such barrier can be a difference in language, or level of understanding of the questions used in the

guideline. In such a case, the nursing staff was instructed to make the necessary adjustments in order to ensure the patient understood what was being asked.

Another mitigating factor which was a continued concern during the project was the lack of control over how many patients fill out and return the survey, along with how many of these patients were actually receiving pain management while at the hospital. Although 100% of patients discharged home from PMMC received the survey, not all of them fill it out and return it. Crystal Theel explains that in her experience as a Patient Experience Manager for HPH, two types of patients tend to return their surveys – the extremely satisfied patients or the extremely unhappy patients. Therefore, if the few patients that returned the surveys were happy with their care, and report high scores, then the result is a favorable one. However, the same could be said of the opposite fact. Unfortunately, there is no real method established that could control this situation.

Mrs. Theel did her best to increase patient response to the surveys by rounding once a week at Telemetry 5, and discussing patients' experiences with those being discharged. During the discussion she mentioned the survey, and encourage them to fill it out and mail it in. Whether this tactic was successful was not measured as part of the project's process evaluation. Outcomes will be considered based on the data for the surveys that are returned.

Data Management Plan

Data sources. The data management plan is foundational in demonstrating to the stakeholders of any project that the data is accurate, the collection procedures are solid, and the analysis of the data is credible. For this project the data source were the HCAHPS surveys returned by the patients. During implementation of this project, PMMC used this method to monitor patient satisfaction for all of their units. Data quality was ensured because the stakeholders were already familiar with this method, and they were already invested in the outcomes that it provided, they did not have to be convinced about its credibility or its accuracy. The fact that the HCAHPS survey is published by the Center for Medicaid

and Medicare Services (CMS) increases the validity of the survey itself. Also, their familiarity with the data management process removed the need to spend time on educating staff on a new method.

It is important to mention that patients could have been considered as a data source since they were the ones that filled out the surveys and turned them in. This project focused on the surveys as the data source because not all the patients returned their surveys, and survey questions were not asked in a face to face encounter. Also, although there is a section where patients could voluntarily fill out personal data, this information was not included in the data analysis. The identity of the patients played no part in how the data was collected or analyzed.

Data collection procedure. A high quality evaluation will produce data that is reliable, valid, informative, and answers the project's evaluation question. The data collection procedure itself can either support or undermine the credibility of the evidence collected, along with the validity of the outcomes. Data quality was maintained because the procedure for this project did not differ from how it was being done prior to project implementation. The method was established, and had been used for years in order to determine where PMMC stood across the spectrum of patient satisfaction. The decision to keep the same data collection method was made after reviewing the process and ensuring that it successfully addresses the factors that influence data quality - completeness, consistency, accuracy, validity, and timeliness (Nektar Data Systems, 2016).

There are no guarantees that the exact number of surveys that are mailed out will get returned; therefore, for this project, data completeness was determined not by the number of surveys returned but rather if the pain management composite for the survey was answered. The data was considered consistent since the survey questions did not differ during the implementation project. It was considered accurate because the questions have been externally validated by CMS, and the results were based on how the patients viewed their care at PMMC.

Increasing Patient Satisfaction With Their Perception of Pain Management.

Patient satisfaction surveys document care from the patient's perspective. As mentioned before, the hospital's historical understanding of survey results is that patients who return them are either happy or unhappy. For this reason, the data that was received was considered an accurate representation of patients' level of satisfaction. An additional mediating factor that impacted the accuracy of the data, was how honest the patients were when responding to the survey. This evaluation had no way to gauge this, and no control was established for this.

Data collection for this project started approximately four weeks after date of implementation, which was the estimated time given by Mrs. Theel needed for survey turnaround. The data collection process begins when the patient is discharged from the hospital. Crystal Theel provided information regarding how data is collected as far as the HCAHPS survey. Pali Momi Medical Center has a computer program which sends daily discharge lists to Press Ganey – a third party company on the list of the approved organizations that have met the HCAHPS participation requirements and allowed to administer the survey. (HCAHPS, 2017).

Press Ganey mails out the survey to patients discharged home, the patients fill out the survey and return it to Press Ganey using a return envelope provided. Upon receipt of the survey, data from the surveys is collected, scores are calculated, and uploaded into a database from which reports are then generated.

Data analysis plan. The data analysis plan for this project was considered quantitative due to how the surveys were answered. There is space for them to add free text; however, the rest of the questions were answered using a scale (refer to example questions in previous section of the chapter). To analyze the data, specific data was isolated and compared to the background data which was collected prior to implementation.

Data presentation plan. Once the collection phase was completed, the data was analyzed and presented to the stakeholders, along with the project committee.

Increasing Patient Satisfaction With Their Perception of Pain Management.

Resources

Throughout each phase of this DNP project, the resources that were used did not differ from what PMMC was using before project launched; therefore, no extra financial burden was placed on the project site. Staff already working at the project site were designated to implement the innovation, data collection and analysis were conducted in the same manner, and quality improvement huddles which were being held weekly were continued as a way to disseminate information.

Time wise, there was a set amount of time during which the innovation was implemented and data collected. After discussion with Dr. McKale, and Dr. Mary Boland, it was decided that the budgeted time allowed for a timely completion of the DNP project. Certain supplies required for the project were met by the hospital, while others were met by the DNP student. Meetings held at PMMC were done in conference rooms already established for that purpose, while library resources and other space required to work on the DNP project will be left to the DNP student's discretion. Also, in order to generate reports and share data results for the HCAHPS survey, computers that were located at PMMC were used.

Dissemination Plan

Marketing plan for disseminating results. In order to better describe the dissemination plan, it is important to describe the different audiences receiving the information. Ultimately, there are two separate groups who were interested in the results of this project: the stakeholders and associated personnel at PMMC, and the faculty and other students at University of Hawaii at Manoa (UHM). The differing audiences require different approaches, but ultimately the result should be the same – an understanding of the process and results of this project.

For the audience from PMMC, the project results were disseminated as an ongoing process. The weekly QI meetings were used as an avenue to provide updates on the progress of the project. Due to the nature of the degree that is being pursued by the DNP student authoring this project, the

dissemination plan developed for the audience at UHM was different. The DNP student was required to turn in assignments aimed at piecing together the final presentation for the project. These assignments provided the faculty at UHM updates of how the project was progressing, and returned to the student for editing and further evaluation. Once the project was completed, a final defense date was set during which the project committee, and other UHM faculty or students interested in the project will attend.

Plan for sustainment of practice change. The decision to maintain the practice change was dependent on the success of increasing the patient satisfaction scores. The sustainment plan would have begun by introducing the guideline to the nursing staff on the remaining units at PMMC. After the guideline was introduced, and explained, a timeline would have been developed to determine implementation start date, meant for simultaneous implementation for remaining units.

During implementation, nurse leadership would be responsible for ensuring nurses were implementing the guideline, and providing continued leadership in order to promote permanence of the guideline. Pali Momi Medical Center would continue to monitor their patient satisfaction scores, and adjust accordingly. Also, Mrs. Theel mentioned to the DNP student that if the guideline was successful, then HPH was interested in implementing the guideline in other hospitals. The plan for disseminating the project to such a large audience would have been developed if the guideline was successful.

Human Subject Considerations

This project is designed as a quality improvement initiative; therefore, did not require randomization of subjects for different treatments. All patients admitted to Telemetry 5, and who met the criteria for the Pain Assessment Guideline were assessed using the guideline. Collection of personal identifiable information was not necessary for this project, nor for the analyzation of the outcomes. Standard, evidence based practices were implemented, with no additional risk beyond standard practice.

Increasing Patient Satisfaction With Their Perception of Pain Management.

The DNP student/team leader of this project completed the University of Hawaii required Collaborative Institutional Training Initiative (CITI) course on Human Subjects Protection. Furthermore, this proposal was reviewed by a committee consisting of University of Hawaii faculty and clinical experts familiar with clinical research in order to ensure that the rights of all human subjects involved were adequately protected. To further ensure the protection of the rights of the human subjects included in this project, the ethical principles of autonomy, non-maleficence, beneficence, and justice were utilized (Poon-King, 2017).

The principle of autonomy is allowing a patient to make their own decisions, and using informed consent for any procedures (Poon-King, 2017). Autonomy was used with all treatments patients get at PMMC. The patient could refuse to answer the questions of the pain assessment guideline, simply by saying that they do not want to talk. Also, for the data portion of this project, autonomy was used because patients actually had the choice to fill out the survey and return it or not. They also had the option to include personal information, or leave that section of the survey blank. How much the patient revealed regarding their stay at the hospital was completely dependent on how much they were willing to disclose.

The principles of non-maleficence – do no harm, and beneficence – to do good, were being simultaneously accomplished in looking to increase patient satisfaction. The guideline itself was developed in order to improve care, and also provide a benefit to the nurses in charge of patient care. The patients felt taken care of, while the nurses gained a better understanding of how to provide care for their patients. The principle of justice, also known as fairness, was practiced by not denying the project innovation to anyone who fits the criteria for implementation. A patient who was not being provided pain management while admitted to Telemetry 5 simply has no use for the questions on the guideline, so it was not unjust to not use the guideline in their care.

Increasing Patient Satisfaction With Their Perception of Pain Management.

The implementation of the guideline for this project only provided for a more patient-centered pain assessment, without change to the routine practice. The data collection was information voluntarily submitted by patients who replied to the HCAHPS surveys, and no personal identifying information was needed in order to analyze the outcome data. There was no procedure for which informed consent was needed, and no medications added to care plan. Because of these factors, no application for the Institutional Review Board (IRB) was turned in before implementing this project.

Limitations

For this DNP project, there were limitations that may have impact the implementation process. First, the project was implemented in an environment that did not remain constant. The population of patients changed on a daily basis due to admissions and discharges. This affected the availability of time the floor nurses had to dedicate to implementing the guideline, which lead right into the second and third limitation identified – limited time to implement the guideline, and nurse consistency. The implementation phase was three months, required consistency from the floor nurses. Although the DNP student, and the charge nurses assessed the nurses' use of the guideline during implementation, it was impossible to maintain accountability of every nurse in their use of the guideline.

Summary

The purpose of this evidence based practice project was to increase patient satisfaction scores with pain management by implementing a pain assessment guideline that fosters empathic, validating, and reassuring communication between nurses and patients. This chapter was used to identify stakeholders for the project, the role of the staff involved, detail the objectives of the project, and detail the introduction of the innovation that was implemented for this project. Also, the implementation timeline was provided, along with sample size, and inclusion/exclusion criteria used to identify the sample. Ethical issues dealing with human subjects in research and limitations pertaining to this project were addressed, and the evaluation process was discussed in detail.

Increasing Patient Satisfaction With Their Perception of Pain Management.

Chapter 4. Results

Introduction

Implementation of a guideline meant to enhance the pain assessment the nurses were performing at PMMC required the participation of the leadership on Telemetry 5, along with the floor nurses. In order to achieve this, numerous visits were made to PMMC in order to gain the trust and buy in of the supervisors, along with familiarizing the nursing staff to the presence of the DNP student heading this project, as well as introducing the project. This resulted in the majority of nurses being aware that a project was going to be implemented, and being open to listening and learning about the project. Following the ACE Star Conceptual Framework, the evidence was translated into a guideline and then integrated into practice for the nursing staff. The process of implementation was monitored with random auditing visits by the DNP student, as well as by the charge nurses who used flow sheets, with an added section, in order to monitor use of the guideline by the nurses. After implementation, the outcome data was monitored using the results of the HCAHPS surveys, and then compared to the scores before implementation. This chapter describes these steps, along with the description of the sample, and the analysis of the pre- and post- implementation data, and the outcome details.

Description of the Sample

Three months of data were collected during the discovery portion of the process for the project, and the need for an intervention to increase patient scores was ascertained. However, the goal of collecting this data was meant to solely look at the pain composite scores for the HCAHPS survey. For patient sample information, basic demographic information along with monthly scores were taken for the three months prior to the implementation, and for the three months the guideline was being implemented. It is important to note that the sample information is not a reflection of the number of patients that were seen on the unit, but rather the number of patients that filled out the HCAHPS survey and returned it. Also, not all the patients who returned the HCAHPS survey filled out the Pain

Management composite most likely because they did not need pain management while at PMMC. The guideline was implemented on July 1, 2017 and the implementation phase went through until September 30, 2017. Demographic data along with HCAHPS scores for the Pain Management composite was collected from April 1, 2017 through September 30, 2017.

Measure	***April (Pre-Implementation)***	***May (Pre-Implementation)***	***June (Pre-implementation)***	***July***	***August***	***September***
Gender						
Male	25	18	29	20	24	17
Female	21	15	18	21	23	22
Age Group						
18-34	1	0	2	1	0	0
35-49	1	2	5	2	4	2
50-64	12	9	8	16	14	13
65-79	21	11	19	15	20	18
80+	11	11	13	7	9	6
Total Surveys	46	33	47	41	47	39
Pain Management Composite	19	18	22	18	29	20
HCAHPS Pain Management Composite Score (% out of 100%)	75.6	72.2	81.8	72.2	71.9	60.0

Table 9: Description of Patient Sample

Trend Analysis for Process & Outcome Variables

For this particular project, it was difficult to do a trend analysis based on the variability of the scores for this particular composite. As seen in Chapter 2, Tables 1-3, the scores for this particular composite fluctuate up and down. In February, 2017 the score was 71.4%, in March, 2017 it was 69.2%, while in April, 2017 the score was 0%. Also, the unpredictability of the number of surveys that

are returned, coupled with the unpredictability of the number of patients that actually received pain management while at PMMC, made a trend analysis very difficult.

Evolution of the Project

Although implementation of the guideline did not begin until July 1, 2017, the preparation for the implementation began approximately a year and a half beforehand. Multiple Quality Improvement huddles were attended where the floor supervisors were familiarized with the project, as well as countless hours were spent rounding on the Telemetry floor to meet the nurses and to expose them to the idea of the project. Once evidence had been found, and the guideline developed, it was proposed to the aforementioned committee who in turn approved it. Once the approval was granted, the charge nurses along with the floor nurses needed to be educated on the project, the guideline, and how to implement it.

Staff education. The first step in educating the staff was presenting the project to the charge nurses on the unit. On June 22, 2018 a charge nurse meeting was held during which they were presented with the details of the project. The charge nurses expressed their support of the project, although a few were skeptical as to the participation of the nurses in using the guideline. Following this meeting, the project was presented to the nurses on the Telemetry floor, in 10-15 minute meetings in their staff room, from June 26-29, 2017. Each day the DNP student was on the floor from 1600-2200 and she presented the project to the nurses either singly, or in groups one two or three. In order to assist the nurses in remembering about the project and the proper wording for the guideline, the DNP student made copies of the guideline, laminated it and put it in every patient room. Smaller copies of the guideline were made, laminated, and handed out to each nurse and they were instructed to place them with their badges when they came in to work. Also, midway through the implementation phase of the project, the DNP student heading this project spent four days at PMMC refreshing the memories of the

nurses as to what the project entailed. She also made herself available for questions that any of the staff may have had.

Auditing. Once the project was being implemented, the auditing process began. The auditing to ensure the nurses were using the guideline every shift was being done on two fronts. One, the charge nurses were to inquire from their staff whether they had patient receiving pain management. If they did, the next question was whether or not they had added the guideline to their pain management assessment at the start of their shift. A column was added to the flow chart used by the charge nurses in order to remind them to ask these question.

The second auditing was done by the DNP student in charge of this project. She would go to PMMC at the beginning of either the day shift or night shift, be in the daily huddles with the nurses and ensure that the charge nurses were still reminding them to use the guideline. Once the huddles were completed, the DNP student would identify the patients that were receiving pain management. Due to the nature of the guideline, only patients that had been receiving pain management for at least one shift fit the criteria in order to use the guideline. Once those patients were identified the DNP student would either follow the nurses and watch them as they did their initial assessment, or ask the patients whether their nurses had been asking them the specific questions on the guideline, or ask the nurses if they had used the guideline on their patients receiving pain management. How the DNP student chose to audit was dependent on the number of patients receiving pain management, along with how busy the nurses may have been.

After gathering the flow sheets, the student noticed that as the project went on the column where the charge nurses were meant to record the answers of the floor nurses in regards to their use of the guideline was left unanswered it was apparent that the support of the charge nurses waned as the project went on. The reason for the absence of replies in this column is unclear, and the charge nurses were not able to be questioned regarding this due to the timing in when the flow sheets were received.

Increasing Patient Satisfaction With Their Perception of Pain Management.

However, it appears that there was a declining level of support regarding the implementation of the guideline.

It is important to note that the number of flow chart sheets collected was dependent on what the DNP student was given by the supervisors on the floor. For July, the student was able to collect fifty-two flow chart sheets, thirty-five of them had the auditing column filled out, having a participation percentage of 67%. In August, forty-nine sheets were collected, of which thirty-two of them had the auditing column filleddat out, with a participation percentage of 65%. In September, only twenty-five sheets were collected, thirteen of them had the auditing column filled out, with a participation percentage of 52%. Table 10 shows these results.

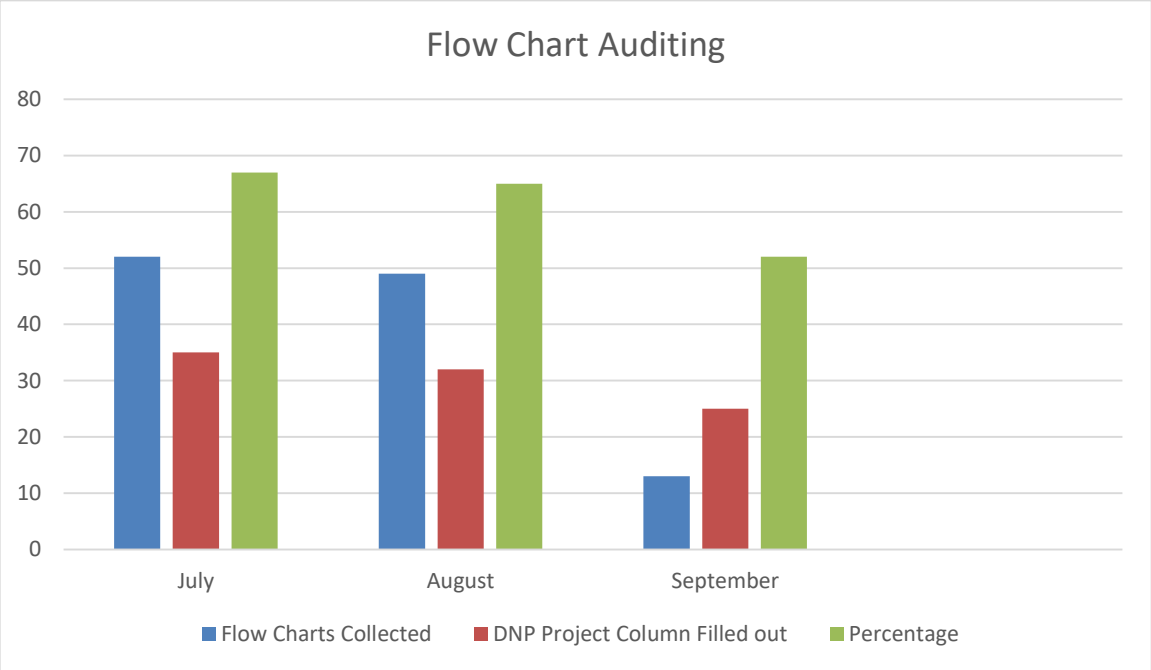


Table 10: Flow Chart Auditing Information

Midway through the implementation of the project, a survey was made in order to gain feedback about how using the project was progressing, and how they felt about using the guideline. This was the DNP student's way of auditing the guideline itself. The survey was initially put out on August 15th, 2017, and nurses given a week to reply. However, when the nurses had not responded at the end of the 7 days, it was extended and then closed on September 6, 2017. Eleven of the ninety

nurses that work on rotating shifts on the Telemetry floor answered the survey. These nurses all agreed that the guideline helped them to better understand their patient's needs, which was one of the main goals of the project. Appendix B shows the full survey and responses.

Data collection. As the implementation progressed, HCAHPS results were reviewed on a weekly basis. Data collection was completed November 15, 2017 because it was the close out date for accepting surveys from the last month of implementation – September. Once data collection was completed, the scores were considered the final scores for this project. In order to ensure that the scores truly reflected pain management assessment with the use of the guideline, Mrs. Theel attended a staff meeting on December 4, 2017 and inquired from the nurses if they had indeed used the guideline as it had been intended.

Mrs. Theel informed the nurses that their answers would be kept confidential, and the sole reason for asking about their participation was to validate the scores we had received. In a one on one conversation with the DNP student, Mrs. Theel informed her that the nurses reported that they had not used the guideline consistently, that many of them never had used the guideline, and some had used it consistently in the first month but had waned as the project progressed. Further on this is discussed in the Barriers section of this chapter.

Expected vs Actual Outcomes

As with any project, success was the one thing that was being aimed for. An increase in the HCAHPS score for the pain management composite was the goal for this project. The expected outcome was that the score would increase to the 85^{th} percentile for all three months, and higher if possible. Unfortunately, the scores went down dramatically when compared the immediate three months prior to implementation of the innovation. This is also discussed further in the Barriers section of this chapter.

Increasing Patient Satisfaction With Their Perception of Pain Management.

Facilitators

There is a group of people behind this project helping it come to fruition. There were facilitators which were more present, while others were needed in order for the project to even move forward. Facilitators which were in charge of approving the project were Dr. Mary Boland, project chair, Dr. McKale, content expert, Mrs. Theel, content expert, and Dr. Karol Richardson, project committee member. From these facilitators Dr. McKale and Mrs. Theel were also facilitators at the project site along with Robyn Kalahiki, and Nhelda Aguda.

Barriers

During implementation of this project, certain barriers were noted. Initially, the leadership on Telemetry 5 were supportive and interested in the project. Over time, the support from the leadership decreased, they did not continue to enforce the use of the guideline, and the floor nurses were not consistent with using the guideline. It is unknown as to what was the direct cause for the decline in support; however, certain factors such as workload or possibly other ongoing initiatives may have had an impact on implementation. Also, when establishing the implementation protocol for the intervention, not all factors regarding ease of adoption were taken into account. It is possible that the guideline itself needed to be altered in order to make it easier to remember and/or more relatable to the assessment process.

Another barrier to the success of this project was the number of people that were receiving pain management, compared to those who actually filled out the HCAHPS survey and returned it. From the patients that were seen at PMMC during the three months, only 127 patients returned the survey and only 67 answered the pain composite. It is possible that if more patients had answered the pain composite section of the survey, and had done it with positive answers, then the scores would have been higher – even if the number of returned surveys did not change.

Increasing Patient Satisfaction With Their Perception of Pain Management.

Summary

This quality improvement project was initiated to help improve the pain management composite score through the use of a guideline meant to enhance the communication between patients and their nurses regarding their pain. After the project was approved, and staff educated, the guideline was implemented and ran for three months. The intended outcome was to increase patient satisfaction by promoting communication, having the patients feel their pain is being validated, and also creating an environment of empathy for the patient. Unfortunately, the project did not have the success that it was projected to have. Certain variables could have had a negative impact, and these would need to be adjusted in order to completely determine whether the guideline is helpful or not. However, increased resources from the site would be needed, along with the DNP student having the time to give the attention required to the project.

CHAPTER 5: Discussion

Interpretation of Findings

Once data collection was completed, the findings pointed towards the guideline not increasing patient satisfaction score for the pain management component of the HCAHPS survey. In fact, during the three months that the guideline was being implemented, the patient satisfaction scores declined when compared to the scores of the three months prior to implementation. It had been previously decided that regardless of the outcome, the nurses would be interviewed regarding their use of the guideline, and in this way it would be determined how affected the score was by the guideline.

On Monday, December 4, 2017, Mrs. Theel attended a staff meeting with the nurses who implemented the project. During this meeting Mrs. Theel inquired of the nurses as to their use of guideline, and whether they had done so consistently. In order to promote honesty, she informed them that the sole purpose was to validate the scores for the implementation period. The nurses reported that they had not been using the guideline consistently, with some of them admitting to never using the guideline after the first day of implementation. When asked what had hindered them in implementation, the common answer was an increased difficulty in adding the guideline to their already established way of assessing pain.

Following the revelation that the nursing staff had not used the guideline appropriately, it raised the question as to what had occurred to bring the scores down. Other factors that could have been considered during the three months of implementation are the census and nurse/patient ratio, the acuity level of the patient population, and disposition of the nursing staff. For example, did they feel overworked, tired, or were they more unhappy at work? Historically, this particular composite of the HCAHPS survey has had inconsistent scores that rise and fall with no discernable pattern. Unfortunately, exploring all the reasons behind the reasons of the decline, along with the constantly wavering scores, is beyond the scope of this project.

Increasing Patient Satisfaction With Their Perception of Pain Management.

Given the nurses' responses regarding their misuse of the guideline, and other variables mentioned above but not measured in this project, no definite conclusion can be reached regarding the beneficial or detrimental nature of the guideline. In order to come to a definite conclusion, the guideline would need to be implemented in a more controlled environment, for a longer period of time, along with increased supervision to ensure the use of the guideline. Therefore, the final interpretation of the findings was that they were inconclusive in determining the usefulness of the guideline in increasing patient satisfaction with pain management.

Implications and Recommendations for DNP Essentials

The DNP degree is designed to prepare nurses for specialized practice. The Essentials of Doctoral Education for Advance Nursing, published by American Association of Colleges of Nursing (AACN) in 2006, are a detailed list of the elements and competencies that are required of all DNP programs. The following section discusses each essential in reference to this project.

Essential I: Scientific underpinnings for practice. This essential is keeping in mind the complexity of practice found at the doctoral level. The AACN (2006) acknowledges that the foundation of nursing practice is formed by an array of knowledge from the sciences. The DNP student graduate should be able to integrate the nursing science with knowledge from other disciplines in order to develop and evaluate a new practice approach for the benefit of the patients.

For this particular project, the student developed a guideline based the Clinical Global Impressions (CGI) scale, which was developed for use in the National Institute of Mental Health as an assessment tool to test the efficacy of medications. When evidence revealed clinicians who had successfully adapted this particular scale to fit their needs, the DNP student for this project decided to adapt it for the needs of this project. Along with adapting a scale meant for psychiatric use, this project takes a psychosocial approach to patient satisfaction with pain. This guideline was developed because as discussed in Chapter 2, evidence showed that patients expressed higher levels of satisfaction with

pain management when they felt their pain was validated, had increased communication with their nurses, and felt that they were being treated with empathy.

As it pertains to this project, the recommendation for this essential is to continue looking for ways that do not revolve around medications in order to increase patient satisfaction. Along with that, it may be beneficial to find evidence on social aspects which help increase patient response to satisfaction surveys. This would require statistical research, along with elements of sociology in order to determine probability and social factors that increase patient participation.

Essential II: Organizational & systems leadership for QI & economics. In this DNP Essential, the AACN identifies the need for DNP graduates to be skilled in working within organizational and policy arenas – alone and with others – including conceptual strategies to balance productivity with quality of care. Furthermore, the DNP graduate must be proficient in developing sustainable quality improvement strategies at the organizational and policy levels, keeping in mind that financial structures have to support the practice.

The implication for this project as it pertains to this DNP essential was the possibility of turning the quality improvement practice and turn it into policy if successful, with the least amount of expenditure as possible. Along with this was the development of the DNP student's leadership skills in order to motivate nurses to implement the project. During this project, the DNP student used her resources and the implementation of the project did not cost PMMC any money. However, if the project had been successful, the financial aspect would have to be included and expenses calculated. The majority of the expense would be for training the staff, and the materials needed for the training.

The support of leadership is essential when implementing an evidence based practice project. Recommendations for this essential in regards to this project are to ensure buy-in from leadership, and to reconnect often throughout implementation to ensure other barriers are not reducing the motivation

towards the project. Consistently reviewing the project, and assessing for feedback from supervisors, charge nurses, and other leadership involved can help increase the rate of implementation.

Essential III: Clinical scholarship and methods for evidence-based practice. When writing this essential, the AACN emphasized how nursing practice combines sciences, human caring, and human needs along with the discovery and application of new knowledge (2006). The DNP graduate is required to be competent in the acquisition of new knowledge, and translating it into practice changes. This evidence based project is in accordance with the implications required of a DNP student.

The initial step in starting this project was to the identification of a need, followed afterwards by scholarly research for evidence pertaining to that need. The information acquired was then sorted through, and evidence translated into practice, and outcomes measured. The steps for evidence-based practice implementation are all present throughout this project.

The recommendation regarding this essential is concerning the amount of time allotted to focus on the project. Evidence based practice projects are time consuming, and need to be the primary focus when looking to implement. Time management should be taken into account, with discussions including a detailed schedule of implementation, auditing practices, the roles of everyone involved.

Essential IV: Information systems/technology. This DNP essential points towards the expectation that doctorate prepared health care providers are skilled in the use of information systems and technology. Implication is that the DNP graduate should be able to design, select, and use information systems and technology to evaluate programs of care, outcomes of care and care systems (AACN, 2006). For this project, information system both information systems and technology were used for different purposes. Information system was used to monitor HCAHPS score for the unit, and technology was utilized to develop a survey meant to receive feedback from the nurses implementing the guideline. This required the nurses to have knowledge as to how to navigate on the internet, etc., which was assumed they all had.

Increasing Patient Satisfaction With Their Perception of Pain Management.

Essential V: Health care policy for advocacy in health care. The DNP graduate should be prepared to design, influence the design of, and implement health care policies that address current issues in health care (AACN, 2006). For this project, the DNP student worked side by side with the patient experience manager for Hawaii Pacific Health, whose interest in this project extended to the potential for a new policy on how to assess pain patients. If the guideline was successful, then an even bigger project would be embarked on and the use of the guideline implemented at other facilities. If these were successful, then the guideline would become a new organizational policy for their patients receiving pain management.

Essential VI: Interprofessional collaboration. Effective patient care is often done when interprofessional teams function in a highly collaborative fashion. For this reason, DNP graduates are prepared in methods of effective team leadership that are central to establishing interprofessional teams (AACN, 2006). During this project, this DNP essential took form in a different way. It was not interprofessional, but more so different nursing roles involved in the project – from the DNP project Chair to the nurses implementing the project, every key person in this project began as nurse or is currently a nurse. The difference was in the roles they executed at the project site, which ultimately played a part in what roles they performed for this project.

Essential VII: Prevention and population health. Implementing disease prevention and health promoting activities is central to improving health status of the United States, with DNP graduates playing a vital role (AACN, 2006). For this particular project, there was more of an element of health promotion than disease prevention. In finding ways that a patient can feel more satisfied with their care, hopefully their satisfaction with life can be increased as well. In fact, research shows that happiness is linked to health (Coyle, 2017).

Essential VIII: Advanced nursing practice. DNP graduates are expected to practice in an area of specialization within a larger domain of nursing. Therapeutic and professional relationships and

partnerships should be developed between the DNP graduate their patients, and staff in order to ensure optimal patient outcomes (AACN, 2006). For this project, a relationship between the DNP student and the staff at the project site had to be established in order to successfully present the project. Also, the therapeutic relationship required for optimal patient care and outcomes was the central theme of the project, highlighting the connection between the two.

Plans for Dissemination

The plans for dissemination for this project hinged on the success of the guideline in increasing patient satisfaction scores in the HCAHPS survey. If the patient satisfaction scores had increased, the next step was going to be to train the remaining units at PMMC on how to use the guideline, with the exception of the Emergency Department. Once the guideline was well established at PMMC, then it would have been dispersed to the other facilities under Hawaii Pacific Health, and incorporated into their pain assessment routine. Unfortunately, since patient satisfaction scores did not increase during implementation of the guideline, these plans will not be fulfilled. However, because of the factors mentioned in chapter four that may have influenced the outcome of the project, the plan is to find a new site of implementation, adjust the factors that need it, and make a more concrete determination as to whether the guideline increases patient satisfaction or not.

Summary

Various steps were taken in hopes of increasing the odds of success; however, the integration of a new guideline in the pain assessment of patients at PMMC was not successful in increasing the patient satisfaction score for the pain management composite on the HCAHPS survey. Although evidence showed that fulfilling certain needs in pain patients increased their satisfaction with their pain management, this project was unable to accomplish that.

Even though the project was not as successful as anticipated, positive lessons can still be gleaned from it. First, evidence-based projects require constant attention in order to be implemented to

its best potential. Additionally, this project brought to light the importance of buy-in from leadership at the organization where an EBP project is to be implemented. Furthermore, this project educated the DNP student on the effect that unpredictable variables have on the results of an evidence-based project. Ultimately, evidence-based projects are a must in the medical industry; therefore, less than favorable outcomes should not viewed as failures, but rather lessons as to what to change when conducting future projects.

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Appendices

Appendix A

HCAHPS Survey Questions

The information below is available on the *Hospital Compare* website. For more information, go to www.hospitalcompare.hhs.gov and click on "Data Details."

The HCAHPS survey asks patients to give feedback about topics for which they are the best source of information. The survey asks patients to answer questions about their experiences in the hospital. To make sure the **HCAHPS survey data is meaningful;** patients only answer questions about topics with which they have experience.

The HCAHPS survey asks patients to answer **questions related to ten topics.** The topics and questions are listed in the table below.

How often did nurses communicate well with patients?
During this hospital stay… • how often did nurses treat you with courtesy and respect? (Q1) • how often did nurses listen carefully to you? (Q2) • how often did nurses explain things in a way you could understand? (Q3)
How often did doctors communicate well with patients?
During this hospital stay… • how often did doctors treat you with courtesy and respect? (Q5) • how often did doctors listen carefully to you? (Q6) • how often did doctors explain things in a way you could understand? (Q7)
How often did patients receive help quickly from hospital staff?
• During this hospital stay, after you pressed the call button, how often did you get help as soon as you wanted it? (Q4) • How often did you get help in getting to the bathroom or in using a bedpan as soon as you wanted? (Q11)
How often was patients' pain well controlled?

Increasing Patient Satisfaction With Their Perception of Pain Management.

During this hospital stay…

- how often was your pain well controlled? (Q13)
- how often did the hospital staff do everything they could to help you with your pain? (Q14)

How often did staff explain about medicines before giving them to patients?
Before giving you any new medicine… • how often did hospital staff tell you what the medicine was for? (Q16) • how often did hospital staff describe possible side effects in a way you could understand? (Q17)
How often were patients' rooms and bathrooms kept clean?
During this hospital stay… • how often were your room and bathroom kept clean? (Q8)
How often was the area around patients' rooms quiet at night?
During this hospital stay… • how often was the area around your room quiet at night? (Q9)
Were patients given information about what to do during their recovery at home?
During this hospital stay… • did hospital staff talk with you about whether you would have the help you needed when you left the hospital? (Q19) • did you get information in writing about what symptoms or health problems to look out for after you left the hospital? (Q20)
How do patients rate the hospital?
• Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay? (Q21)
Would patients recommend the hospital to friends and family?
• Would you recommend this hospital to your friends and family? (Q22)

HCAHPS Survey Questions http://www.wahospitalquality.org/HCAHPS_survey_questions.pdf

Appendix B

Nurses' Feedback Survey

Q1 What was one of the biggest challenges of implementing the pain guideline?

Answered: 11 Skipped: 0

#	RESPONSES	DATE
1	Getting into the habit of doing it	9/6/2017 6:42 AM
2	Some of the pts didnt know what previous pain meds helped them	9/6/2017 5:44 AM
3	Patients unable to answer questions aksed about their pain during initial assessment. They say "i don't know".	9/5/2017 6:54 PM
4	Forget to ask pt, or when pts don't fully cooperate with answering questions	9/5/2017 6:53 PM
5	sounding repetitive	9/4/2017 4:40 PM
6	n/a	9/2/2017 10:45 PM
7	Being consistent.	9/2/2017 9:46 PM
8	some pts take long to answer questions, sleepy in the morning assessment	9/2/2017 5:26 PM
9	n/a	8/31/2017 7:09 PM
10	remembering it	8/31/2017 1:03 PM
11	remembering to ask those questions during our 1st assessment, as we are ingrained to evaluate Pain on the 1-10 scale.	8/31/2017 10:12 AM

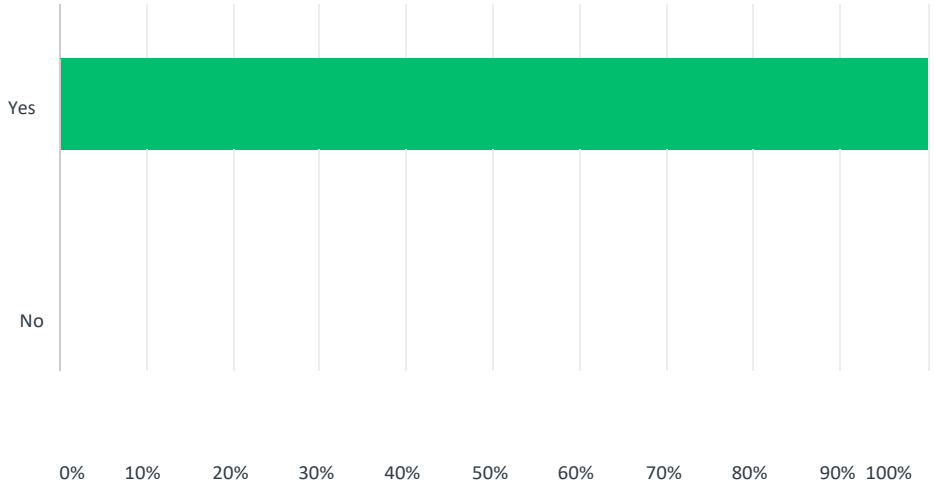
Q2 What do you feel are the benefits of the pain guideline?

Answered: 11 Skipped: 0

#	RESPONSES	DATE
1	Addresses pt's pain at start of shift.	9/6/2017 6:42 AM
2	Helping the pt find the right pain relief whether it be medication or otherwise.	9/6/2017 5:44 AM
3	You get a sense of what works best for the patient and what didn't to develop a better pain management plan.	9/5/2017 6:54 PM
4	it makes pts think more about their pain and it opens conversations of other treatments that could be used.	9/5/2017 6:53 PM
5	having the pt's input and being involved in the plan of care and pain management	9/4/2017 4:40 PM
6	better pt's health and satisfaction	9/2/2017 10:45 PM
7	The questions are simple enough for patients to understand.	9/2/2017 9:46 PM
8	the pt gets to think about how their pain is being managed	9/2/2017 5:26 PM
9	Patients' pain is validated and RN is more proactive in managing pt's pain	8/31/2017 7:09 PM
10	Knowing what works for patient's pain remedy	8/31/2017 1:03 PM
11	asking their opinion?	8/31/2017 10:12 AM

Q3 Was the pain guideline helpful in assisting you to better understand your patient's needs?

Answered: 11 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	100.00%	11
No	0.00%	0
TOTAL		11

#	IF YOU ANSWERED NO, WHAT WOULD MAKE IT MORE HELPFUL	DATE
	There are no responses.	

Q4 Feel free to provide any additional feedback:

Answered: 1 Skipped: 10

#	RESPONSES	DATE
1	None	8/31/2017 1:03 PM