Professional Development SE2EO

a. Provide one example, with supporting evidence, of an improved patient outcome associated with an evidence-based change in nursing practice that occurred due to clinical nurse’s or a clinical nurses’ affiliation with a professional organization.
   - Patient outcome data MUST be submitted in the form of a graph with a data table.

AND

b. Provide one example, with supporting evidence, of an improved patient outcome associated with the application of nursing standards of practice implemented due to a clinical nurse’s or clinical nurses’ participation in a nursing professional organization.

Example a: Non-opioid Pain Management in Post-partum Patients

Problem
A review of pain management for post-partum patients at WakeMed Health & Hospitals Raleigh Campus 4C Women’s Pavilion/Birthplace indicated low use of non-opioid medications and high use of oral opioids. The frequent reliance on opioids for primary pain management in post-partum women, along with clinical nurses’ lack of knowledge about multimodal pain management options, presented an opportunity to initiate a nursing practice change in accord with the best evidence.

In addition, data from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) patient satisfaction surveys indicated that a change was needed to meet post-partum patients’ expectations for pain control. In December 2017, 76.47% of patients responded “always” to the HCAHPS question, “During this hospital stay, how often was your pain well controlled?” This score is calculated by dividing the number of patients who responded “always” to this question by the number of patients surveyed, multiplied by 100 to get the percentage.

Goal Statement
The goal was to improve post-partum patients in WakeMed Health & Hospitals Raleigh Campus 4C Women's Pavilion/Birthplace HCAHPS % “always” response to the question, “During this hospital stay, how often was your pain well controlled?”

Participants

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<thead>
<tr>
<th>Name/Credentials</th>
<th>Discipline</th>
<th>Title/Role</th>
<th>Department</th>
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<tbody>
<tr>
<td>Megan Ross, MSN, RNC-MNN</td>
<td>Nursing</td>
<td>Clinical Nurse</td>
<td>4C Women’s Pavilion/Birthplace</td>
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Laura Pickney, BSN, RNC-MNN  | Nursing  | Clinical Nurse  | 4C Women’s Pavilion/Birthplace
Elizabeth Benton, BSN, RNC-MNN  | Nursing  | Clinical Nurse  | 4C Women’s Pavilion/Birthplace
Beth Breeding, BSN, C-EFM  | Nursing  | Clinical Nurse  | 4C Women’s Pavilion/Birthplace
Theresa Owens, BSN, RNC-OB  | Nursing  | Clinical Educator/Supervisor  | 4C Women’s Pavilion/Birthplace
Cynthia Klaess, MSN, APRN, ACNS-BC, CCM  | Nursing  | Clinical Nurse Specialist  | Clinical Nursing Resource Services
Ritu Sandhu, MD  | Physician  | Obstetrics/Gynecology  | WakeMed Physician Practices, Obstetrics/Gynecology
Coryell Perez, MD  | Physician  | Obstetrics/Gynecology  | WakeMed Physician Practices, Obstetrics/Gynecology

**Description of the Intervention**

The current opioid epidemic has had a tremendous impact on women’s health and neonatal clinical practice, and this complex issue has been addressed in numerous publications and conferences. Professional nursing organizations including the American College of Midwifery (ACM), the Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN), the American Society for Pain Management Nursing and (ASPMN) and the American College of Obstetrics and Gynecology (ACOG) have urged providers, including bedside clinicians, to adopt non-opioid and non-pharmacologic therapies for pain management.

For many pregnant women, pain management is focused on the laboring phase and is managed primarily by advanced practice providers and physicians. However, post-partum pain management is the purview of clinical nurses. Clinical nurses adopting non-opioid pain management requires an understanding of the pain pathway and the impact of other modalities for various pain types.

Clinical Nurse Specialist Cynthia Klaess, MSN, APRN, ACNS-BC, CCM, an internal pain expert, assisted Rita Sandu, MD and Coryell Perez, MD, Wake Physician Practice Obstetrics and Gynecology, in developing updated order sets using best practice recommendations from the abovementioned professional organizations. Klaess assisted with revising the post-partum orders and with nursing and patient education.

**January 2018**
- Klaess, Sandu and Perez provided nursing education for the Raleigh Campus 4C Women’s Pavilion/Birthplace nursing staff. The order set changes required a nursing practice change for the 4C Women’s Pavilion/Birthplace nursing staff, which included offering scheduled pain medications without a patient prompt and increasing the use of non-pharmacological pain treatments.
Clinical Nurses Megan Ross, MSN, RNC-MNN; Laura Pinckney, BSN, RNC-MNN; Elizabeth Benton, BSN, RNC-MNN; and Beth Breeding, BSN, C-EFM were champions of the nursing practice change and served as mentors to the nursing staff. Their task was to heighten clinical nurses' awareness of the variety of pain management options available to them. In addition, Pickney, Benton, Ross and Breeding educated patients on the benefits of receiving scheduled medications even if they were not experiencing pain at the time the medication was available.

Every nurse who works on 4C Women's Pavilion/Birthplace has adopted the practice change as standard practice. The education that was provided impacted the increased use of the changed practice.

To ensure and evaluate whether the practice change had been fully adopted by clinical nurses, 4C Women's Pavilion/Birthplace Clinical Educator/Supervisor Theresa Owens, BSN, RNC-OB developed pain management competencies to further assimilate these changes into everyday practice. Owens conducted chart audits to evaluate for pain reassessments and the modality used.

Outcomes
A patient outcome was improved as a result of clinical nurses’ affiliation with multiple professional organizations and the incorporation of the multimodal pain management practices into post-partum order sets as recommended by Klaess, Perez and Sandu based on evidence from the professional organizations, and through nursing education on the evidence-based practice change championed by Ross, Pickney, Benton and Breeding. The percent of post-partum patients in WakeMed Health & Hospitals Raleigh Campus 4C Women’s Pavilion/Birthplace responding “always” to the HCAHPS question, “During this hospital stay, how often was your pain well controlled?” improved from 76.47% in December 2017 to:

- 94.12% in February 2018
- 93.75% in March 2018
- 88.24% in April 2018
Evidence SE2EOa-1, WakeMed Health & Hospitals Raleigh Campus 4C Women's Pavilion/Birthplace HCAHPS % "always," "During this hospital stay, how often was your pain well controlled?"