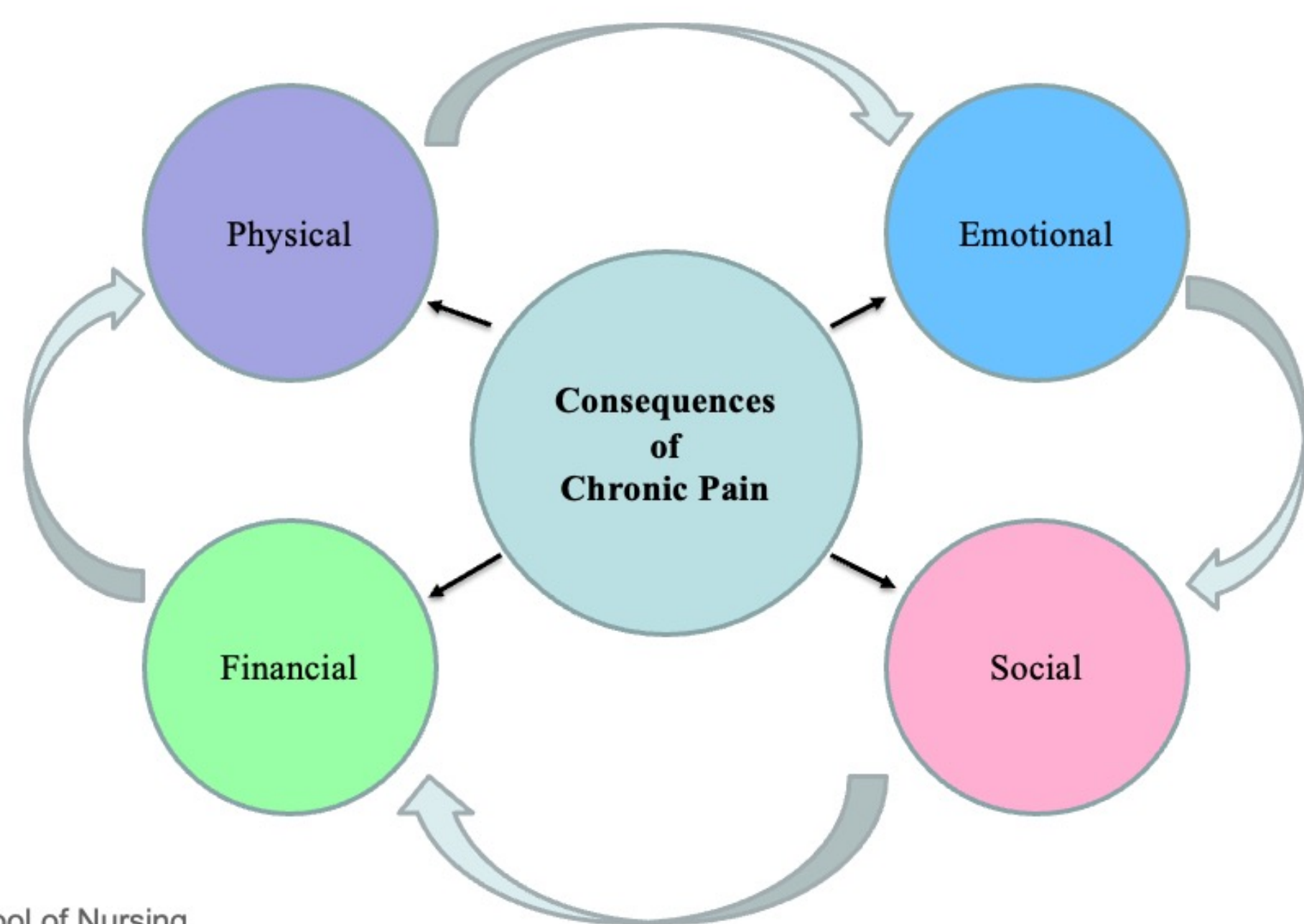


Introduction

- Prevalence of chronic pain in the U.S. is ~100 million people (Martorella et al., 2019).
- In adults 65 years and older, chronic pain is one of the most commonly occurring health conditions (Schwan et al., 2019).

Background and Significance

- Older adults are not only at an increased risk for development of chronic pain, but also for undertreatment of it (Al-Mahrezi, 2017; Mills et al., 2019).
- Factors that contribute to undertreatment:
 - Certain comorbidities (e.g., dementia, cognitive impairment)
 - False beliefs in healthcare providers
 - Patient concerns about addiction and medication side effects
 - Shortage of standards and protocols
 - Unavailability or a limited number of pain management specialists
- There are multiple negative consequences of untreated pain:
 - Physical:
 - Physical activities
 - Sleep
 - Emotional:
 - Irritability, anger, anxiety, and depression
 - Social:
 - Interpersonal relationships
 - At home
 - At work
 - Financial:
 - Direct costs of treatment
 - Missed workdays or unemployment

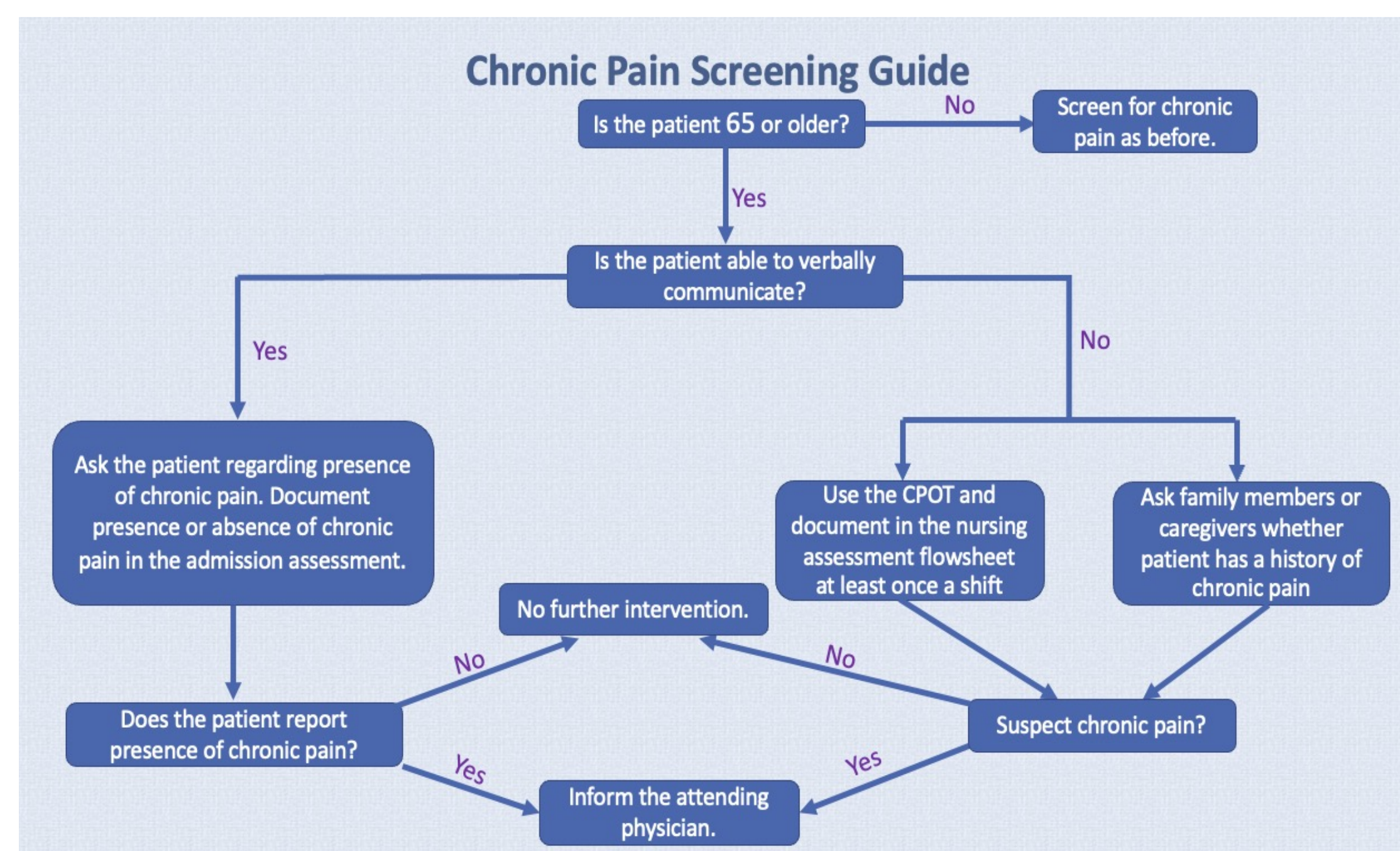


Clinical Question

- In registered nurses (RNs) working on a geriatric unit, how does implementation of a chronic pain screening protocol, compared to no protocol, affect screening rates for chronic pain in adults aged 65 years and older during a two-week period?

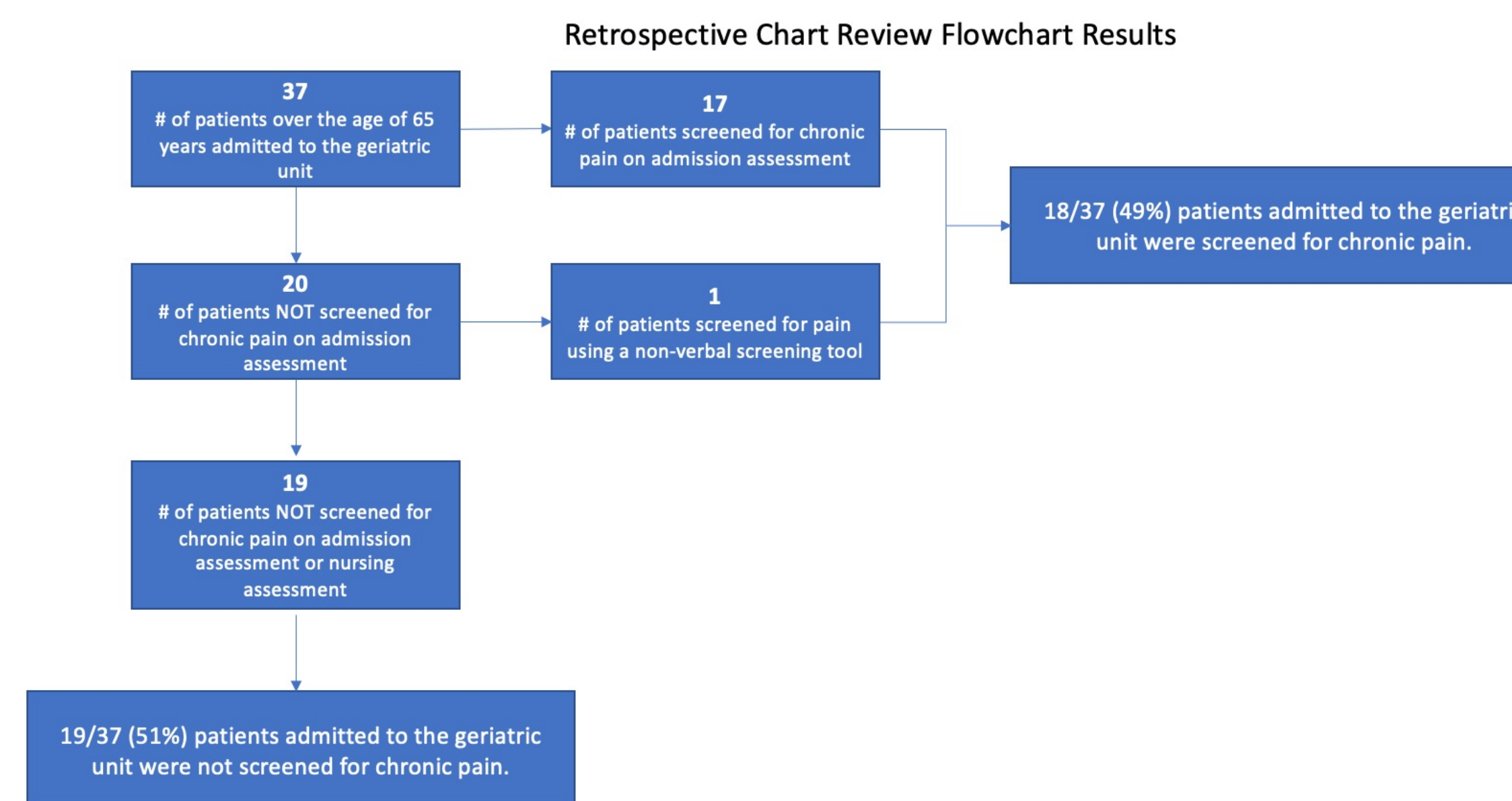
Methodology

- **Design:** Quality improvement project with retrospective and prospective chart reviews.
- **Setting:** Geriatric unit at a non-profit, teaching hospital in central New Jersey.
- **Study Population:**
 - Inclusion criteria: Full-time, part-time, and per-diem status, day and night shift registered nurses
 - Exclusion criteria: Agency and float RNs
 - Eligible: 31 RNs
 - Actual: 19 RNs
- **Study Interventions:**
 - Retrospective chart reviews
 - Admission assessment
 - Nursing assessment
 - Implementation of the Chronic Pain Screening Protocol
 - 7 in-person educational sessions
 - Prospective chart reviews
 - Admission assessment
 - Nursing assessment
 - Project evaluation plan
 - Open discussion
- **Measurable Outcomes:**
 - Chronic pain screening rates

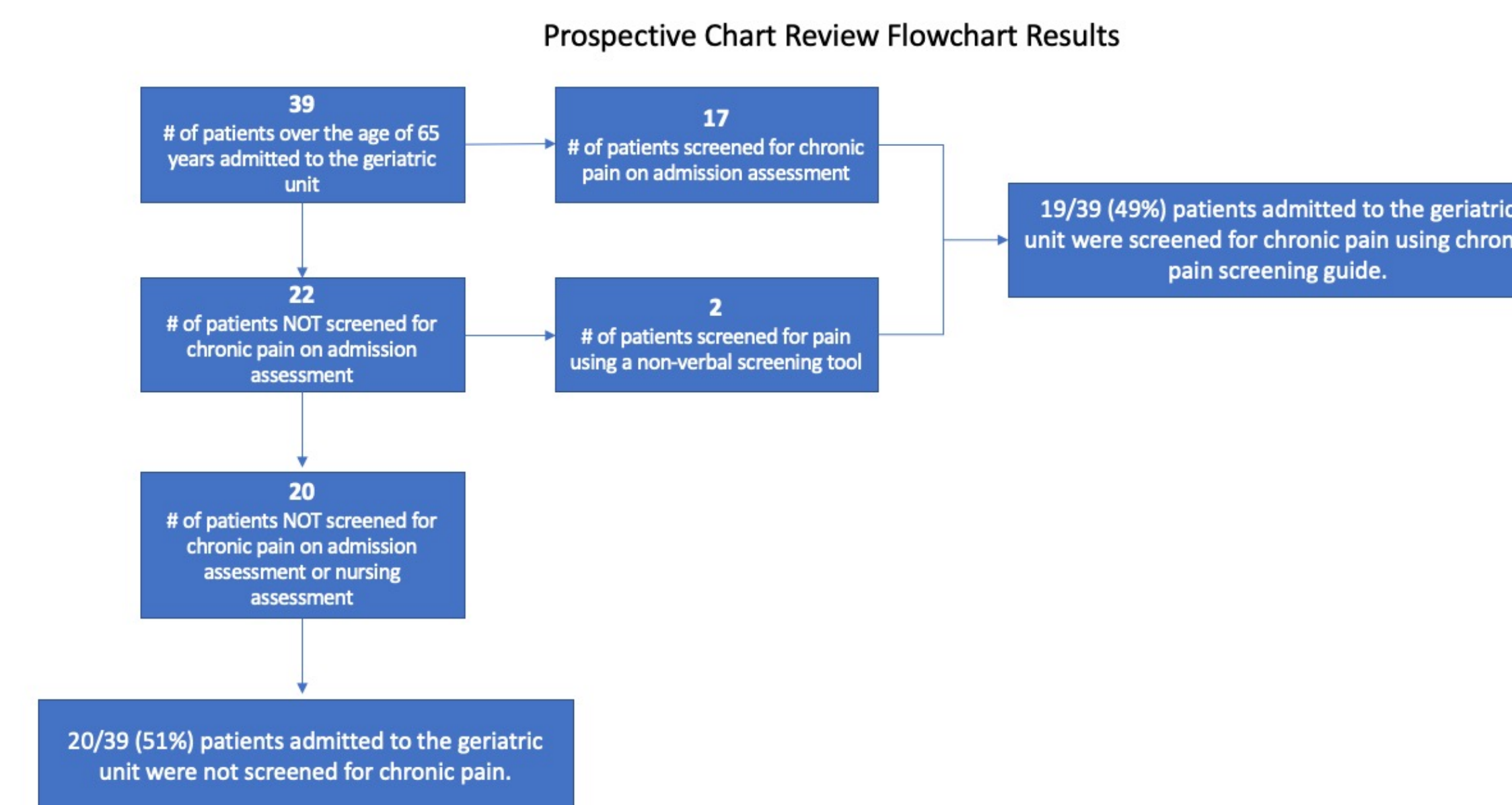


Results

- 26 out of 31 eligible RNs were educated about the project
 - 19 out of 26 RNs agreed to participate
- Retrospective chart reviews:



- Prospective chart reviews:



- Results Summary:
 - 76 patients in the QI project
 - 37 patients in the preintervention phase
 - 39 patients in the postintervention phase
 - Chronic pain screening rates:
 - Preintervention: 49% (n=18)
 - Postintervention: 49% (n=19)

Discussion

- There was no change in screening rates for chronic pain in older adults admitted to the geriatric unit after implementation of the chronic pain screening protocol.
- Continued use of FLACC scale as a non-verbal pain screening tool.

Limitations

- COVID-19
 - Geriatric unit is a designated COVID-19 unit.
 - Increase in number of agency and/or travel nurses.
- Lack of comprehensive education about use of CPOT, instead of FLACC scale.
- Upcoming change of the EMR system:
 - Time constraints
 - Lack of motivation

Implications

- Conclusions about effectiveness of the chronic pain screening guide cannot be drawn.
- Future projects should focus on interventions that do not depend on the EMR system.
- Increased education in RNs about prevalence and negative consequences of chronic pain in older adults.
- Mandatory screening for chronic pain in older adults should be a hospital policy in order to achieve full compliance from RNs and achieve long-term meaningful outcomes.

References



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