

pain-tracking app was downloaded onto the patient's phone and demonstrated, where the patient could teach-back use of the app. Patient-provider reviewed the data together at each visit, 30 and 60 days, explored pain symptoms and home strategies of self-efficacy, and determined the treatment plan. The PSEQ was repeated at the 60-day appointment. Descriptive and paired t-test analysis were performed for pre-post intervention pain scores and PSEQ scores.

## RESULTS

Fifty percent of patients who met criteria volunteered to participate. There was no significant effect for t-test of PSEQ scores: mean pre-PSEQ and post-PSEQ score = 27.25, SD = 14.28 and 31.13, SD 14.54, respectively ( $p=0.434$ ), nor significant effect for t-test of pain scores at 0 to 30 days ( $p=0.448$ ) and 0 to 60 days ( $p=0.468$ ), however there was significant effect at 30-60 days ( $p=0.025$ ).

## DISCUSSION

Where 50% of patients' self-report moderate-high pain scores, treating cancer pain for patients who reside in different states is challenging. Participants reported that using the pain-tracking app helped them identify "more good days than bad", lower pain scores at home than expected, pain that was manageable, insight to how pain effected their mood, and the ability to look at pain in a concrete way. This study identifies further investigational needs for engaging oncology patients to full awareness of the pain experience and the meaning of pain self-efficacy.

### 2D Can Compassion for Patients with Chronic Pain and Substance Use Disorder Be Taught to Clinicians?



Ann Quinlan-Colwell PhD, RN-BC. *New Hanover Regional Medical Center*

This presentation will explore how health care providers may react to patients with chronic pain and substance use disorder. The concept of compassion will be explored and recent research about compassion will be presented including how it affects both patients and clinicians. Ways to either develop or rekindle will be discussed. At the conclusion of this presentation the participants will be able to: 1) Identify at least two barriers to clinicians being compassionate to Patients with Chronic Pain and Substance Use Disorder 2) Describe how compassion affects patients 3) Describe how compassion affects clinicians 4) Identify at least two ways compassion may be developed or re-kindled.

### 2E.1. Geriatric Pain Intervention Pilot (G-PIP) Program: A Geriatric Resource Nurse-led Pain Intervention Educational Initiative



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## PURPOSE

The purpose of this quality improvement project was to assess the feasibility of Geriatric Resource Nurse-led voluntary peer education initiative focused on geriatric pain interventions and its impact on pain experience scores in a 10-hospital system.

## METHODS

Educational brief and puzzle documents were distributed weekly on the pilot units with content derived from two geriatric pain management guidelines. An advanced practice nurse coordinated the system-wide effort via weekly WebEx® sessions to assist the GRNs who publicized the program, distributed and collected puzzles, answered questions regarding content, drew a weekly prize winner from among participating RNs, recorded number of puzzles weekly, and number of days puzzles were in circulation.

## RESULTS

The weekly average of number of puzzles completed per unit was 8.8 with a target of 10. Impact was measured by comparing pilot unit older adults' average pain experience scores with the overall MSH scores for this population. The target was to meet or exceed the Magnet hospital average for the Hospital Consumer Assessment of Healthcare Providers and Systems

(HCAHPS) question "During this hospital stay, how often did the staff do everything they could to help you with your pain?". The average pilot unit group scores for Q1, Q2, Q3 and Q4, respectively, were 75.5, 77.2, 68.4, and 79.8. The MSH overall scores were 82.1, 75.3, 75.0, and 80.5. The Magnet average scores were 80.3, 80.2, 80.4, and 80.4.

## CONCLUSION

In FY 17, the highest pilot unit group quarterly score was post-implementation while the highest MSH overall quarterly score was pre-implementation. Although the pilot unit group did not achieve the Magnet average, this group's 11.4% increase in Q4 compared with Q3 was 6.4% more than in MSH overall group in the same period. The program will be expanded to 39 additional MSH older adult units in FY 18.

### 2E.2. The Experiences, Perceptions and Teaching Practices of Nursing Faculty Teaching Pain Management to Baccalaureate Students



Eileen Campbell EdD, APRN. *Western Connecticut State University*

Pain management education is often threaded into various courses in pre-licensure nursing programs but the perspective of faculty teaching pain management, especially in the context of the current opioid epidemic, is relatively unexplored in the nursing literature. Pain management is a complex process and requires critical thinking and clinical reasoning. The changing paradigm of pain management and the current opioid crisis are of concern to nursing. In light of these factors, the major aim for the study was to discover through description and analyses, the experiences, perceptions and teaching practices of nursing faculty about teaching pain management content in pre-licensure nursing programs. The significance of exploring nursing faculty perspectives is related to evidence in the current professional literature that indicates a need to improve pain management education in pre-licensure nursing curricula. The qualitative descriptive approach allowed for a rich, detailed exploration of faculty perspectives. Content analysis indicated the need to approach pain management education from a perspective of relieving suffering and preventing harm to patients rather than focusing on the opioid crisis. Participants in this study viewed the opioid crisis as distinct from the legitimate use of pain medication. The findings indicate that participants teach the basics of pain management due to time and content constraints in nursing curricula. Participants' teaching practice was based on experiential learning rather than formal education and often was heavily influenced by a seminal event in their own nursing practice.

### 2E.3. Coaching to Increase Engagement in Online Pain Self-Management Program



Teresa L. Bigand RN, MSN, CNL, CMSRN. *Washington State University*

Aims of Investigation Online pain self-management programs (OPMPs) provide internet-based interventions designed to help people manage their pain and related symptoms. Despite efforts to improve pain management among adults with persistent pain, engaging clients in OPMPs remains challenging. Health coaching has improved engagement in face-to-face pain management programs. This pilot investigation aims to explore what types of coaching strategies could enhance participant engagement in an OPMP. Methods A small feasibility study was conducted in a large urban pain clinic in Eastern Washington. Pain clinic personnel partnered with research staff from a local university to recruit participants from the clinic. Eligibility criteria included: age 18 years or more, enrolled at least 3 months as a patient at the partnering clinic with a current chronic pain diagnosis, email capability, and ability to speak, read, and write in English. Consenting participants met with a health coach and indicated preference for weekly communication method over the 8-weeks of the study: in-person, text, or phone. Weekly communication with health coach consisted of encouragement to engage in OPMP. Results Out of 35 referrals, 8 participants enrolled in the study (6 female, 2 male). Among participants, 5 completed at least some of the OPMP content. On average, participants responded to coaching communications for 5 of 8 weeks. The majority of participants engaged in fewer than 50% of the OPMP activities. The participants who completed the most OPMP activities were those who attended the most face-to-face sessions with their coach. Clinical Implications In this sample, structured in-person coaching sessions to review

OPMP content were more beneficial for increasing engagement than weekly text, email, or phone communications. Future clinical strategies for increasing client engagement in OPMP might include requiring in-person meetings versus remote communication with a health coach.

### 3A Current Opioid Use State: Use/Misuse and Abuse

Pamela Geyer JD, RN-BC, CFN, FACHE, DABFN. *Henry Mayo Newhall Hospital*



The presenter will provide attendees data for the current state of opioid prescribing in the United States. Data compiled from regulatory bodies will include the CDC/HHS/DOJ/DEA and others. Identification of PDMP programs and impact will also be covered. The presentation will provide information on determining how to share information and educate providers across the spectrum to assist in the reduction of opioid deaths caused by overdose from prescription pain medications. The presenter will provide an introduction of functional pain assessment and evaluation of importance as well as information on evaluating changes to current practice required to reduce loss of life.

### 3B New Strategies in Opioid Stewardship

Christina Marie Wiekamp APRN, CNS, ACHPN,  
Yleana T. Baggenstos PharmD, BCPS, CPE. *HealthEast*



This program was designed to address the prevalent issues related to opioid use in the hospital. The idea was to introduce and reinforce an opioid stewardship program. The program has been running since 7/26/17. Pharmacists and APRN met once a week to build the program and work out the components of the program, technologically and logistically. The pharmacists review obtained computer generated reports to screen for potential problems with opioid therapy. The health care providers continue to provide high level stewardship tracking, comprehensive medication review, and then provide recommendations (to possible change bowel meds, lab monitoring, chemical dependency, psychiatry, psychology, acupuncture, massage, anesthesia, ortho, neuro, or palliative care involvement). A primary goal of the program is to reduce medication associated events and improve pain control. The pharmacists and APRNs continue to be involved in comprehensive opioid reviews and pain consults separately.

### 3C Pediatric Chronic Pain and Opioids

James M. DeMasi RN, CPNP-AC/PC,  
Molly M. Kroschewsky PA-C. *Children's Medical Center of Dallas*



Chronic non-malignant pain (often defined as persistent and recurrent pain) in children and adolescents is a significant problem worldwide with prevalence rates reported as high as 35%. Untreated persistent pain may lead to significant pain-related disability, emotional disturbance, and poor school performance. These patients frequently have seen many specialists and have been placed on a multitude of medications, opioids included, without relief. However, use of opioids for non-malignant chronic pain is not supported in the pediatric literature except in limited circumstances or as part of a structured treatment plan. There is growing consensus that treatment should be focused on a multidisciplinary, multi-modal approach and some centers are reporting success while attempting to maximize the likelihood of improved outcomes. The most common chronic conditions seen are musculoskeletal pain, headaches, back pain and abdominal pain. Management of pain in this population does require an appreciation of ongoing assessment identifying the presence and severity of pain in the individual while having skills with a utilization of a multi-modal approach. Left untreated, these young people will often go on to have issues as adults that may lead to chronic disability, suboptimal functionality, and an overall decreased quality of life. The presentation will present some of common problems managed at The Children's Medical Center of Dallas Center for Pain Management, discuss the multi-modal approach currently utilized in practice, and attempt to answer the following questions: 1) should opiates be prescribed for children with chronic non-malignant pain, 2) if yes, what screening is required in this age group, and 3) will the opioid epidemic have any impact on prescription practices moving forward on patients who have chronic non-malignant pain?

### 3D Ready, Set, Get Published!

Patricia Bruckenthal PhD, APRN-BC, FAAN. *Stony Brook University School of Nursing*

Elaine T. Miller PhD, RN, CRRN, FAAN, FAHA. *University of Cincinnati College of Nursing*



Pain management nurses are in a unique position to extend what we know to others about expert care and practice. This session will facilitate participants in bringing their clinical ideas, quality improvement or evidence based projects, or research study results to publication. The Editors of Pain Management Nursing will review the process of developing a publishable manuscript and experts from the editorial board will provide small group mentoring. Participants will be asked to bring an idea, outline or rough draft for a manuscript. Mentors will work on framing an idea, outlining a manuscript, conducting a literature search, and actual writing skills. All participants will leave the session with "next steps" toward publication and a writing mentor contact.

### 3E.1. A Multimodal Approach to Postoperative Pain Management after Spine Surgery: The Back-Up Plan

Donna M. Mangruen MSN, RN, APN, ACNS-BC, CMSRN. *Advocate Condell Medical Center*



#### AIM OF INVESTIGATION

Life is not without pain. In fact, 100 million Americans suffer from chronic pain (National Institute of Health, 2011). Back pain ranks high among the offenders. According to the National Institute of Neurological Disorders and Stroke (2014), approximately 80 percent of adults will have some form of back pain. Although many may recover, others must undergo various medical treatments before surgical intervention becomes a viable solution for relief. Surgical interventions however, are not without risk. These include but are not restricted to more pain, surgical site infection, cardiac and pulmonary complications and even unrealistic patient expectations. Strategies to minimize surgical complications associated with colorectal and total joint arthroplasty surgery have proven to be most effective through programs that optimize patients' physiological status by "Enhancing Recovery After Surgery" (Carli, 2014). It is to this end that the surgical team approach to advanced recovery (STAAR) for lumbar spine surgery was developed. The purpose of the STAAR Program was to explore the benefits of applying an evidenced based, standardized care pathway to patients undergoing lumbar spine surgery.

#### METHODS

Prospective data collection regarding early mobilization, average pain scores, complications, length of stay and patient satisfaction of the STAAR pathway group will be compared to patients who received the traditional medical management based on retrospective chart reviews.

#### RESULTS

It is postulated that STAAR pathway patients will have more favorable outcomes including pain management than those treated by traditional methods.

#### CONCLUSIONS

The efficacy of applying a standardized, evidenced based approach to patients undergoing spine surgery may be most advantageous in effectively managing postoperative pain, minimizing complications and increasing patient satisfaction.

### 3E.2. The Effect of an Enhanced Recovery Protocol in Bariatric Surgery Postoperative Pain

Brittani A. Seagren DNP, APRN-NP, FNP-C, RN-BC. *Riverside Medical Group*



Pain management in bariatric surgery patients is challenging because of multiple factors including chronic pain conditions, perception differences, and varied impacts of pain medications. As a result, postoperative pain tends to be poorly managed leading to increased opiate consumption in this population (Raebel et al., 2013). The enhanced recovery protocol is a newer multimodal postoperative management protocol with demonstrated improved pain control in abdominal surgery patients (Thompson et al., 2012). It has also been shown to be safe in bariatric surgery patients