

identification of essential characteristics of PD; and (3) to increase visibility of the concept within the discipline of nursing.

METHODS

Walker and Avant's (2011) method of concept analysis provided the guiding framework. The authors completed a cross-disciplinary literature search in PubMed, CINAHL, PsychINFO, and Scopus to identify relevant literature.

RESULTS

The authors identified 39 articles for use in this analysis. The defining attributes of PD included: (1) The physical and/or psychological response to a painful trigger leading to a functional loss; and (2) The degree of ability to fulfill social and occupational role expectations. Biological, psychological, and social conditioning factors were found to influence the context of an individual's PD experience. The antecedent of PD was recognized as a painful trigger. The consequences of PD included physical and psychological suffering, experiencing secondary loss, and embracing new pain behaviors. Empirical referents directly measure the painful trigger, the physical/psychological consequences, and the functional limitations exhibited.

CONCLUSION

Through concept analysis, PD can be defined as the inability to maintain role expectations as the result of a painful trigger and subsequent physical and/or psychological dysfunction. Coping ability and strategies were identified as moderating factors in the PD cycle, both in response to the painful trigger as well as a product of pain behaviors. This process is further influenced by the personal and contextual conditioning factors that reflect person-environment interaction. This proposed model provides a framework for nurses to identify patients vulnerable to or currently experiencing PD as well as provides the groundwork for further investigation and comprehension of the relationship between pain and disability.

ILLUSTRATION

A proposed model of pain disability will be included.

C5 SCENTSible Aromatherapy

Anne Marie Smith MSN, RN-BC, Michele Marie Farrington BSN, RN, CPHON, Deb Bruene MA, RN, CPHON. *University of Iowa Hospitals and Clinics*



The purpose of this project was to introduce aromatherapy within our organization as a nurse led symptom management intervention. Given the current issues surrounding opioid use, our pain group decided to explore other options that trained nursing staff (e.g., RN, MA, NA) could implement to improve the patient experience. Aromatherapy was chosen since it wasn't already something that we were using. External benchmarking was done with other organizations, experts and via the literature to assist in forming our organizational policy and procedure. A pilot was completed on our labor and delivery unit to determine feasibility and a process for implementation. Once feasibility, safety for patients and staff as well as patient satisfaction was established, a policy and procedure, documentation in the electronic medical record, and formal staff and patient education were taken through the appropriate organizational approval process. Surveys from staff and patients were obtained to garner data to support the project and other opportunities for improvement. Implementation began slowly via a step-wise process throughout the organization (e.g., one area at a time). To date, a majority of our inpatient areas and some outpatient areas have successfully implemented aromatherapy. In addition, there have been no adverse outcomes and only positive patient and staff feedback.

C6 What a Pain! Meeting The Joint Commission Standards for As-Needed Medication Indications

Anne Marie Smith MSN, RN-BC, Deb Bruene MA, RN, CPHON. *University of Iowa Hospitals and Clinics*



The purpose of this project was to eliminate therapeutic duplication of PRN orders in the electronic medical record (EMR) and improve inter-professional collaboration, education and safety surrounding PRN

medications. Our organization lacked a standard approach to prevent therapeutic duplication. This was important for us to address since it is an important patient safety issue and violates The Joint Commission and Centers for Medicare and Medicaid Services compliance standards. The lack of clarity around medication orders resulted in inconsistent practices between nursing shifts and could cause misinterpretation of the providers' intent of therapy. Our organization created new as-needed reasons for key therapeutic classes with the assistance of all key stakeholders input. These new indications were then incorporated into new PRN order indications within the EMR system. Alerts were created for providers during order entry and for pharmacists during order verification of potential therapeutic duplication. Policy and collaborative practice enhancements as well as interprofessional educational materials and organizational campaign communications were created. Chart audits were performed pre- and post-implementation for the presence of therapeutic duplication. Post-implementation, an electronic survey of providers, nurses and pharmacists was done to ascertain if the changes made were positively impactful or not. Our results indicated that our organizational efforts were successful in improving patient safety and reducing therapeutic duplication without adversely impacting inter-professional workflow and processes.

C7 Improving Pain Management through the Creation and Commitment of a Pain Resource Nurse Program

Ryan Telford MSN, RN-BC, ACNS-BC, OCN, Maria Nichols BSN, RN-BC, CHPN, Sarah Watson BSN, RN-BC. *Lawrence + Memorial Hospital/Yale New Haven Health*



Pain management that is effective continues to be a challenge in acute care. One strategy implemented to increase patient satisfaction, and professionally develop nurses in the area of pain management, was to create a Pain Resource Nurse (PRN) Program. This evidence-based program, started in 2012, was designed to promote a cost-effective and unified approach to implement quality pain management. The PRN program at our organization, nurses representing each of fourteen clinical areas throughout the hospital, meet monthly for eight hours. PRN meetings focus on professional development, educating colleagues, patient rounding, researching best practices, and policy development. An annual two-day education program is facilitated to educate all clinicians in pain management. The PRNs interface with staff at the unit level as a peer resource and role model assisting to solve pain management problems, disseminate new information, and inspire positive change. Members assume an active role in promoting practice changes that will improve the quality of pain management for all patients. Since its creation, the PRN Program has shown positive outcomes. Patient satisfaction results via HCAHP scores indicate a consistent increase in all pain management domains over 5 years. The data reflects a 10 point improvement in "Always" patient responses, improving the hospitals standing from the 4th to 67th percentile among hospitals within the state, and 19th to 85th percentile among similar sized facilities. The PRN program functions as an interactive, multifaceted approach to pain management that improves both patient satisfaction and professionally develops staff. Staff enhanced their skills in terms of communication, evidence-based practice, and clinical knowledge. Members identify practice gaps and respond by a variety of process improvement tactics. It is possible to have a sustained improvement of patient satisfaction when a group of nurses is dedicated to focusing on initiatives related to pain management and improving patient outcomes.

C8 Sustaining Nurse-delivered Massage in Hospital Settings: A Global Perspective from Rome

Enrico De Luca RN, BSN, MEd, PhD Student. *Sapienza University of Rome, Department of Developmental Psychology*
Marian Wilson PhD, MPH, RN-BC. *Washington State University*



AIM OF INVESTIGATION

Research supports massage as a non-pharmacologic intervention to manage symptoms of pain, anxiety, and stress. This session examines how hospitals in Italy successfully integrated nurse-delivered massage using a Community of Practice theoretical model, and discusses how similar integration could occur in the U.S.

METHODS

The BestCARE project was implemented and included a five-day course on complementary therapies for 15 nurses from four hospitals in Italy. Holistic massage was chosen for implementation because of its flexibility and easy application within nursing settings. Over a four-month period (2015–2016), nurses were asked to massage at least four hospital inpatients offering each person four sessions of 20 minutes. A questionnaire collected data concerning nurse/patient perceptions of the massage experience, and a 30-item Therapy Impact Questionnaire (TIQ) before and after each massage session.

RESULTS

Patients (N=48) from primarily oncological, general medicine, and palliative care units were treated with 171 massage sessions. Symptom reduction included less anxiety, less pain, and normalization of breathing pattern. TIQ analysis showed a significant reduction of physical and psychological symptoms after treatments ($p=0.001$) and no differences among demographics of gender and age ($p=0.674$). In contrast to similar U.S. projects, as a result of this pilot study, massage has been officially incorporated within practice and nurses' documentation. Caring massage is a service every patient can request and receive benefit of 8 treatments by a trained nurse. A Community of Practice has been established as a group of 14 nurses from different hospital settings who meet to share concerns and learn to improve massage experiences.

CONCLUSION

Responses of nurses and patients involved with massage were positive. Sustainability of massage as a caring practice was enabled by the hospital's Community of Practice facilitating peer support to improve nurses' competence and commitment, and sanctioned Italian public funding for ongoing training and meetings.

C9 Reducing Opioid Use in Patients with Chronic Pain at Rancho Los Amigos National Rehabilitation Center


Judith Salazar BSN, RN, CHPN-BC, Robert Boucher MPA, PA. *Rancho Los Amigos National Rehabilitation Center*

BACKGROUND

About 75% of Spinal Cord Injury (SCI) patients report chronic pain and are treated with opioid analgesics. Complications related to opioid and sedative over-prescription began to be documented. We realized our SCI patients were over medicated with opioids.

OBJECTIVE

Our first goal was to reduce the percent of SCI outpatients on more than 30 mg/day of oral morphine equivalents and in turn decrease the risks associated with chronic opioid use.

METHODS

Creation of a Pain Support Clinic staffed by a Certified Pain Management Nurse and a Physician Assistant for the purpose of patient and provider education and support. Interventions included provider education on the risks of chronic opioid use, alternative adjunctive medications for pain, and opioid taper protocols. Emphasis was placed on the importance of checking CURES and implementation of an opioid use agreement. Patients seen in the RN/PA led support clinic to educate patients on risks of chronic opioid use and to initiate taper of opioids.

PRIMARY OUTCOME MEASURES

Change in Daily Morphine Equivalent Dose for Spinal Cord Injury patients. Change in the number of opioid medications dispensed from our outpatient pharmacy.

OUTCOMES

Change in average Morphine equivalent daily dose (MED) for a cohort of 99 clinic patients from January to December 2015. The average MED was 31mg/day for January, and 17mg/day for December. This is a 45% drop in average daily MED from January to December. Norco 10/325mg tablet is the most widely prescribed pain medication by clinic providers. In January 2015, 12,578 tablets were dispensed, and in December, 4,615 tablets were dispensed.

CURRENT STATUS

The project is ongoing with continued provider and patient education. The Pain Support Clinic is currently piloting an Interdisciplinary Pain Team to better address patients pain.

C10 Opioid Reversal: Improving Access to Naloxone Can Save Lives


Paula A. Kobelt DNP, RN-BC. *OhioHealth Grant Medical Center*

Improving public access to and knowledge of the opioid reversal agent naloxone are part of national, state, and community harm reduction recommendations to prevent death from overdose from prescription and illicit opioids. Naloxone is part of a comprehensive plan to address the opioid epidemic that includes prevention, treatment and recovery. The purpose of this presentation is to underscore the importance pain management nurses play in screening patients for risk for overdose and to provide options for obtaining naloxone. According to Substance Abuse and Mental Health Services Administration (SAMHSA) high risk individuals encompass more than those using illicit opioids or misusing prescription opioids and should also include those using opioids for treatment of chronic pain, opioid rotation, or reduced opioid tolerance. Since overdose often occurs at home and Emergency Medical Services response times vary, having naloxone available for those who would most likely be at the scene can save lives. The aim of the eight month pilot was to determine the feasibility of emergency department (ED) nurses and providers screening for and providing high risk ED patients with naloxone nasal spray (NNS) and harm reduction patient teaching at discharge. The setting included four EDs within one hospital system. Methods used included involving the ED staff in developing the protocol including workflow, order set, and patient teaching resources. Staff education was provided prior to implementation. Of the 154 patients in the pilot 140 (91%) took the provided NNS for home use, demonstrating the acceptability of the intervention and feasibility of the pilot protocol. The presentation will also include options for improving access to NNS for patients, families and communities; strategies to address stigma about and barriers to caring for patients with SUD and hospital-wide education on SUD. In addition, Good Samaritan laws, naloxone pharmacokinetics and resources for program implementation will be discussed.

C11 Buprenorphine Pharmacology and Patient Case Series of Rapid and Comfortable Ambulatory Transitions to Buccal Buprenorphine


Cynthia Sandberg MAN, APRN, CNP, Jennifer Hiemenz PharmD. *CentraCare Health*

AIM OF INVESTIGATION

Buprenorphine (Butrans, Belbuca), a partial opioid agonist, is FDA-approved to treat chronic pain and offers several benefits over treatment with full-agonist opioids. The advantages of buprenorphine for chronic pain include significantly reduced risk of respiratory depression and other side effects, and excellent analgesia.^{1,2} Current literature exists on transitioning patients from full opioid agonists to buccal buprenorphine (BBUP, Belbuca).³ However, there is a paucity of data on transitioning to BBUP in an ambulatory setting. Tapering to a lower morphine equivalent dose (MED) in outpatient settings is difficult, as patients fear withdrawal and increased pain. This case series describes a method of transitioning to BBUP overnight. Methods This case series presents five patients diagnosed with chronic pain syndrome of various origin and length of chronic opioid analgesic therapy. IRB and patient consent obtained. Prior MED of 67.5 to 285 mg was converted to BBUP induction doses of 150 to 300 mcg. Patients stopped their opioid medication the night before induction. Vital signs and clinical opiate withdrawal scale (COWS) were assessed, and then one-half film of BBUP was administered.⁴ The assessment and dose were repeated in two hours. Patients departed one hour later after a final assessment. Results All patients experienced mild to moderate withdrawal symptoms, and two patients required clonidine during the appointment. COWS scores decreased to 1-7 points for all patients before departure. No patients required additional medical attention nor higher level of care for withdrawal symptoms. Conclusions Patients can rapidly and safely transition to