



Eliminating the Ouch Factor **A Real-Life Research Project**

Four years ago the Press Ganey scores for patient care services with respect to IV therapy were quite low at Providence Hood River Memorial Hospital. Not so today – the patient satisfaction scores for IV therapy have turned around dramatically because of one nurse’s determination to raise the standards-of-care bar.

Nurse Manager Becky Kopecky was concerned not only about the low scores at that time, but perhaps even more about the comments that accompanied them. Patients wrote such things as, “Your staff don’t know what they are doing. I was poked five to 10 times.” And, “That hurt me. There’s a lot of pain with IV starts.” (Providence Hood River Memorial being a small rural hospital of 25 beds, everyone who worked in the nursing units was responsible for starting IV’s.) As Director of Clinical Education and Staff Development, Kopecky sat down with the hospital’s Pain Team of nurses and challenged the group to find a way to turn things around.

The group also consulted an employee from the anesthesia department who championed a particular intervention: his experience at another facility had taught him that buffered lidocaine would alleviate pain associated with an IV start-up. However, he explained that he had run into so much resistance to its use at the hospital that he stopped advocating it. Kopecky listened carefully to him and decided he was onto something with the analgesic he was advocating.

Ultimately, however, she and her team decided to launch a research project that would hopefully prove the best pain intervention. The first step was a pre-assessment nursing study to determine current IV start up practices. The results told her why the anesthesia employee’s efforts had been thwarted. Nurses were against it because, as one commented, “It just takes extra time – two pokes instead of one.” Another said, “When patients come to the hospital, they are supposed to have pain.” Aghast, Kopecky was more determined than ever to change the nursing cultural mind-set.

Phase one of the research project would be a day-long study of numerous pain intervention products with staff serving as guinea pigs by testing the analgesics for effectiveness. Kopecky was asked by the hospital to make it a formal process by involving the Institutional Review Board (IRB), even though patients would be excluded. Thus after paperwork was submitted seeking approval for a daylong research event, the IRB sanctioned the proceedings.

Research Findings

A huge turnout of nurses arrived to take part in the study that day. There were five tables set up, each one labeled and featuring a different analgesic selected from evidence-based research on the part of Kopecky and her team. The products offered were a topical EMLA Cream, Ethyl Chloride Vapocoolant

Spray, and three blinded intradermal injections consisting of a normal saline, lidocaine such as dentists use, and finally, the recommended buffered lidocaine

After signing a consent form, 60 nurses went through the five tables. At each one, they sampled the respective pain intervention before undergoing a pin prick to the skin (not an actual IV startup). Then they were asked to rate their pain on a scale of one to 10. At the end of the day, the findings were significant: virtually everyone had their pain reduced by using the buffered lidocaine. Just as Kopecky expected, the anesthesia employee had been right on target.

Following those results, a pilot project was conducted in the three areas of the hospital mainly responsible for IV therapy: same-day surgery endoscopy, the emergency department, and the family birth center. The hospital's Quality Department got involved in the pilot project, as did physicians and the pharmacy.

In the meantime, Kopecky was striving to get everyone onboard with the change. As she walked the hallways and rounded with staff, she educated nurses and promoted their buy-in which made a great difference in awareness. Occasionally she met with resistance and the old adage, "But this is the way we've always done it here." Her response to that comment was, "This isn't about you or your nursing practice. This is about the comfort of our patients."

The pilot project took several months. Ultimately, medical staff gave approval for a standing policy of allowing use of buffered lidocaine by nurses anywhere in the hospital!

Nursing Research Conference

Kopecky submitted information about the two year project to a special nursing research conference attended by clinicians from throughout the northwest – from Alaska to California. Her submission was a poster that encapsulated the entire process: from the initial day-long event which featured the different analgesics, to the pilot project within the various hospital departments, to the positive end results. Hers was one of only three that were nominated as top research posters!

Best Practice Outcome

Press Ganey scores for patient care services with respect to start of IV therapy peaked at 96 percent after staff had been trained in administering the pain intervention. Previously, they had been as low as 62 percent.

Kopecky stresses that the most impressive thing about the whole journey was that it started with just one person's idea of how to change and improve patient care – the key, the biggest challenge, was getting people on board with it. Nevertheless, caring about the pain of patients is now part of the culture at Providence Hood River Memorial Hospital.