

IMPACT OF POSTSURGICAL PAIN MANAGEMENT MEDICATION INTERVENTIONS ON PERIANESTHETIC NURSES' TIME AND WORKFLOW

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BACKGROUND INFORMATION:

Postsurgical pain management is critical to patient's recovery and level of measurable satisfaction to care received. However, the impact of specific postsurgical pain management medication interventions (MIs) on perianesthetic nurses' time and workflow has not been well researched.

OBJECTIVES OF PROJECT:

This study assessed the nurses' perspectives on time and workflow impact of MIs including three modes for opioid delivery: catheter, PCA, nurse administered and one non-opioid delivery: liposomal bupivacaine (LB).

PROCESS OF IMPLEMENTATION:

A survey was developed and distributed at ASPAN's 33rd National Conference. It was completed by a convenience sample of nurse attendees. The survey included questions related to work environment, experience, and perceptions about the impact of MIs. The results were summarized using appropriate descriptive statistics for numerical and categorical variables as well as chi-square tests to analyze differences among groups.

STATEMENT OF SUCCESSFUL PRACTICE:

Of the 132 nurses who completed the survey, 85% work in community hospitals, 69% work in not-for-profit institutions, 59% have 20+ years of nursing experience, and 30% work in Magnet hospitals. A majority (79%) reported working in hospitals with an acute pain service, which were mostly (74%) led by anesthesiologists. Nurses responded that all three modes for opioid delivery resulted in having to spend more time than LB for: 1) monitoring postsurgical pain medication ($F=11.4, p<0.001$), 2) communicating with clinicians regarding postsurgical pain management ($F=8.7, p<0.001$), and 3) coordinating postsurgical pain management ($F=8.2, p<0.001$). Results also demonstrate that modes for opioid delivery have a greater negative impact than LB on: 1) job satisfaction when managing and caring for postsurgical patients ($F=24.5, p<0.001$), 2) ability to manage all of their patients equally and effectively ($F=24.9, p<0.001$), 3) time it takes to complete documentation and paperwork ($F=26.9, p<0.001$), 4) workflow ($F=24.4, p<0.001$), and 5) ability to complete patient care on time ($F=24.6, p<0.001$).

IMPLICATIONS FOR ADVANCING THE PRACTICE OF PERIANESTHESIA NURSING:

These results indicate that the choice of MI may impact nursing time, workflow, and job satisfaction. They also suggest that local infiltration with LB may be less disruptive to nurses. Given their proximity to patients and patient care, implications for advancing practice include the importance of nurses taking an increased proactive and leadership role in acute pain services within their facilities.