

The Clinically Aligned Pain Assessment Tool (CAPA)

Evidenced-Based Change Project- Fall 2020

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▸ Rationale

- Inaccurate pain assessment is a significant problem across the nation today causing increases in length of hospital stay and costs.
- According to Shafi et al. (2018), unsafe opioid administration due to lack of appropriate pain assessment increases hospital length of stay by 1.6 days, ultimately costing hospitals and additional \$8,225 per stay.
- Interventions need to be implemented to maintain the satisfaction of the patient's pain control while also promoting patient safety.



Goals

- Improve HCHAPS by having a more comprehensive pain assessment.
- Reduce hospital costs by improving time to discharge and appropriate pain management



Clinically Aligned Pain Assessment Tool

CLINICALLY ALIGNED PAIN ASSESSMENT[®] (CAPA) QUESTIONS	
Question	Responses
Comfort	<ul style="list-style-type: none">• Intolerable• Tolerable with discomfort• Comfortably manageable• Negligible pain
Change in Pain	<ul style="list-style-type: none">• Getting worse• About the same• Getting better
Pain Control	<ul style="list-style-type: none">• Inadequate pain control• Effective, just about right• Would like to reduce medication [why?]
Functioning – for the usual things you need to do	<ul style="list-style-type: none">• Can't do anything because of pain• Pain keeps me from doing most of what I need to do• Can do most things, but pain gets in the way of some• Can do everything I need to do
Sleep – is the pain waking you up? Yes? No?	<ul style="list-style-type: none">• Awake with pain most of the night• Awake with occasional pain• Normal sleep
Used with permission from: Gary Donaldson, Dept. of Anesthesiology, University of Utah Hospital	



Literature Review

- Pain is subjective and often the Numeric Rating Scale (NRS) is used to evaluate pain. The NRS scale measures pain intensity without measuring the idiosyncratic nuances of pain (Twining & Padua, 2019).
- It was determined that the NRS is not always the best pain assessment for post-operative pain (Van Boekel et al., 2017).
- Pain being identified as the 5th vital sign has also contributed to this issue with pain assessments becoming more frequent, but not always accurate (Baker, 2017).
- Often, nurses will adjust pain scores to overcome policy barriers and prevent unsafe opioid administration (Von Baeyer & Pasero, 2017).
- Patient satisfaction is often driven by the patient's level of pain control (Craig, Otani, & Herrmann, 2015).
- Nursing care impacts patient pain control via HCHAPS and patient's intent to recommend the hospital (Craig, et al., 2015).



Literature Review

- The CAPA pain tool has been identified as a valid and reliable tool for multidimensional pain assessment (Topham & Drew, 2017).
- The tool encourages a dialogue with patients and allows them to explain their pain as opposed to rating it on an intensity scale like the NRS (Petti, Scher, Meador, Van Cleave, & Reid, 2018).
- It was found that patient HCHAPS scores increased from the 18th to the 95th percentile when CAPA was implemented at a hospital and were sustained for a year after implementation of CAPA (Topham & Drew, 2017).
- 80% of patients at hospital said nursing communication was better and 66% preferred the CAPA tool versus the NRS for pain assessment following implementation of CAPA (Topham & Drew, 2017).
- Both nurses and patient think that the CAPA better addresses patients pain (Twining & Padua, 2019, Garg, Pathak, Churyukanov, Uppin, & Slobodin, 2020).
- It was found in a recent study by Vitullo et al. (2020) that the CAPA pain tool was preferred by patients and nurses over the NRS scale.



Project Stakeholders

- Brandi Crow- Quality improvement Director
- Mark Ocampo- Informatics Director
- Dr. Nancy Vish- Chief Nursing Officer
- Dr. Kevin Wheelan- Chief Medical Officer
- Dr. Pearl- Vascular Surgeon
- Nurse Managers on 4 SCU and 3 SCU
- Patients and Families
- Bedside Nurses



Outcomes

- Comprehensive pain assessment.
- Improvement in HCHAPS.
- Reduced time to discharge.
- Patient and nurse satisfaction.
- Customized patient care.



Evaluation

- This project will be evaluated by examining HCHAPS scores at the beginning and at the end to determine if there was improvement or not.
- We also will examine patient satisfaction by using a reliable patient satisfaction tool.



Implementation

- Appraisal of evidence-January 2020-August 2020
- Meeting with upper management- September 2020
- Education of nurses- September 2020
- Change implementation on 9/14/2020-10/26/2020- 8 weeks.
- Data analysis 10/26/2020.



1.Meeting with Dr. Pearl and Dr. Vish for Project Approval	9/1/2020
2. Presentation to Nurse Leaders and Meeting with Informatics Director	9/2/2020
3. Education of Nurses	9/7/2020-9/14/2020
4. Implement Change- Data collection	9/14/2020-10/26/2020

Timetable



Meeting with Vascular
Surgeon and CNO

Presentation to Nurse
Leaders/ Informatics
Director

Education of Nurses

Implement Change
and Data Collection

Flowchart



▶ Data Collection

- Patient Satisfaction tool.
- HCHAPS scores



Cost/ Benefit Discussion

- Training for nurses = 30 minutes
- \$13-\$20 per nurse for the training
- \$500 total for the training (25 bedside nurses)
- Cost is minimal compared to the benefit of improved patient satisfaction.



Overall Discussion/Results

- COVID prohibited the implementation.
- We would have expected to see an increase in HCHAPS, increased patient care customization, and patient satisfaction.



Conclusions/Recommendations

- CAPA will likely improve patient satisfaction scores.
- It is recommended that the CAPA tool be implemented into practice.



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Questions and Discussion

