The Clinically Aligned Pain Assessment Tool (CAPA)

Evidenced-Based Change Project- Fall 2020

By Mary Vitullo BA, BSN, RN-BC
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 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.
<table>
<thead>
<tr>
<th>Question</th>
<th>Responses</th>
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| Comfort                                      | • Intolerable  
• Tolerable with discomfort  
• Comfortably manageable  
• Negligible pain |
| Change in Pain                               | • Getting worse  
• About the same  
• Getting better |
| Pain Control                                 | • Inadequate pain control  
• Effective, just about right  
• Would like to reduce medication [why?] |
| Functioning – for the usual things you need to do | • 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?  | • 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 (Twinning & 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 (Twinning & 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.
<table>
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<tr>
<th>Task</th>
<th>Date</th>
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<tbody>
<tr>
<td>1. Meeting with Dr. Pearl and Dr. Vish for Project Approval</td>
<td>9/1/2020</td>
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<tr>
<td>2. Presentation to Nurse Leaders and Meeting with Informatics Director</td>
<td>9/2/2020</td>
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<td>3. Education of Nurses</td>
<td>9/7/2020-9/14/2020</td>
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<tr>
<td>4. Implement Change - Data collection</td>
<td>9/14/2020-10/26/2020</td>
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Flowchart

1. Meeting with Vascular Surgeon and CNO
2. Presentation to Nurse Leaders/Informatics Director
3. Education of Nurses
4. Implement Change and Data Collection
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.
I would like to thank all the faculty at the University of Texas at Tyler for all the support of this project. I would also like to thank the Baylor, Scott, and White Heart and Vascular Hospital Dallas for all the resources for this project. I specifically would like to thank Nancy Vish, the Chief Nursing Officer at Baylor, Scott, and White Heart and Vascular Hospital Dallas for all the support of the project. I would also like to thank my family and friends for supporting me during this project.


Donaldson & Chapman. (2013). Pain management is more than just a number. *University of Utah Health/Department of Anesthesiology*. Salt Lake City, Utah.


References


Questions and Discussion