Implementation of the CAPA© (Clinically Aligned Pain Assessment) Tool: Pain is More than Just a Number©

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Objectives

Learners will be able to:
1. Discuss the concept of pain assessment as a social transaction between patient and clinician.
2. Summarize the outcomes of University of Minnesota Health’s implementation of CAPA©.
3. Describe the lessons learned from implementing a complex and culture-changing project.

Impetus for Change at University of Minnesota Medical Center

2012

- Low patient pain satisfaction scores (HCAPH)
- Anticipation of effect of Centers for Medicare and Medicaid’s Value-Based Purchasing plan
  - Reimbursement based in part on satisfaction with care.
- State of Minnesota, an average of 70% of patients reported satisfaction with pain management scores (MDH, 2014)

Are Pain Ratings Irrelevant?

- Noted that fellow pain and palliative care colleagues didn’t always ask about pain intensity using the numeric scale
- In 2015, Short Survey of

Conflict of Interest Disclosure

- Author’s Conflict of Interest
  No Conflicts of Interest

Tide of Thought Shifting

- Reliance on unidimensional scales to guide treatment have
Debate on Self-Report as Gold Standard in Pediatric Pain Intensity

Pro:
- Pain is subjective and can only be assessed via self-report
- Guides appropriate treatments.

Con:
- Reliance on self-reported pain scores

Pain Assessment as a Social Transaction

- Problem with self-report using a one-dimensional scale
- Pain is a multi-dimensional complex experience
- Numeric scale difficult for some to use
- Requires linguistic and social skills: problematic with some of most vulnerable populations
- Patients modulate behaviors and self-report based on their perception of what’s in their best interest

Patients Modulate Pain Reports

Pain Assessment as a Social Transaction Beyond the “Gold Standard”

- Self-report= gold standard
- Major disconnect between what is advocated and what clinicians actually do

- “Pain is what the patient says it is” acknowledges subjectivity of pain, but ignores complex patient/clinician relationship
- “Pain as 5th Vital Sign” highlights significance of pain, but can be mechanistic

Examples of Contributing Factors in Pain Assessment

<table>
<thead>
<tr>
<th>Biological</th>
<th>Socio-cultural</th>
<th>Developmental</th>
<th>Psychological</th>
<th>Experience/ Empathy</th>
<th>Contextual/ Situational</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient</td>
<td>Disease, clinical condition, drug influences</td>
<td>Ethnicity, sex, access to healthcare, cultural origin</td>
<td>Age, stress, drug addiction, interpersonal skills, fear</td>
<td>Previous experience of pain</td>
<td>Language, fear/stress, similarity to clinician, socioeconomic status</td>
</tr>
<tr>
<td>Clinician</td>
<td>Biologic disposition, stress reactivity</td>
<td>Pt. preferences or biases, age, sex, education, ethnic background</td>
<td>Views on pain, trust/suspicion, Interpersonal skills, critical evaluation of pain report</td>
<td>Knowledge, clinical competence, empathy, institutional insensitivity</td>
<td>Workload, interdisciplinary communication, facility resources</td>
</tr>
</tbody>
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Summary of the Social Transaction of Pain Assessment

Pain assessment best described as a dynamic process, a transaction:
- Intersubjective exchange of meaning between patient and clinician
- Verbal and nonverbal interaction between patient and clinician is modified by the physiologic and social context
- Process dependent on internal/external factors

University of Utah – 2012 Pilot Project
- CAPA© developed to replace conventional numeric rating scale (NRS; 0-10 scale)
- Press Ganey© scores increased from 18th to 95th percentile
- 55% patients preferred CAPA ©

Clinically Aligned Pain Assessment (CAPA) (modified; original in blue)

<table>
<thead>
<tr>
<th>The conversation leads to documentation—not the other way around.</th>
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<tbody>
<tr>
<td>comfort</td>
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<tr>
<td>change in pain</td>
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<tr>
<td>pain control</td>
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<tr>
<td>functioning</td>
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<tr>
<td>sleep</td>
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</tbody>
</table>

From, Donaldson & Chapman, 2013.

Change or Transformation?

Change is the “fixing” of past to future
- Better, cheaper, faster, leaner, etc.

Transformation is the job of leaders
- Building a vision
- Start with the future and work back
Transformation

The butterfly is NOT a better, faster caterpillar.
It is a NEW system.

Steps of Implementation

1. Define the scope and team
2. Identify and manage the risks
3. Breakdown the work
4. Schedule the work
5. Communicate
6. Measure progress

From, Verzuh (2008).

Building an Institutional Commitment to Pain Management

• A resource manual that provided a framework to promote practice changes that would improve quality of pain management for all patients.

University of Minnesota Medical Center – A River Runs Through It

1932 licensed beds
885 staffed beds

1. Defining the scope and team – Phase 1
   • Scope (Adult Inpatient)
   - Medical Units
   - Surgical Units
   - Behavioral Units
   - Obstetrics Units
   - Acute Rehabilitation
   - Transitional Care

2. Defining the scope and team – Phase 2
   • Scope (Adult Outpatient)
   - Infusion Centers
   - Clinics
   - Procedural Areas
1. Defining the scope and team – Phase 3
   - Scope (Pediatrics)
     - Process begins with validation of tool in pediatric population

2. Identify and manage the risks
   - Potential failures/risks
     - Failure to gain cooperation of nurses and physicians
     - Concerns of researchers using the numeric scale
     - Failure to increase patient satisfaction
   - Managing Risks
     - Buy-in from key leaders
     - Contacted IRB to notify researchers of change
     - Weekly monitoring of process with monthly monitoring of outcomes

3 & 4. Breakdown and schedule the work

5. Communicate
   - Who
     - Special interest groups: Nurse Managers/Directors, nursing staff, physician groups, APRNs, nursing practice committees, social workers, therapists, champions
   - When
     - Before, frequently throughout
   - What
     - Purpose, expected behaviors, expected outcomes, patient/family feedback, process and outcome

6. Measure progress
   - Process measures:
     - Weekly compliance report per unit
     - Identification of individuals still using numeric scale: can be coached and c...
   - Outcome measures:
     - Monthly CAPA© outcomes
     - Press Ganey© pain satisfaction scores

Objective 2: Summarize the outcomes of University of Minnesota Health’s implementation of CAPA©
Electronic Data Abstraction

Process Measures
CAPA © Compliance

Outcome Measures - CAPA©

Outcome Measures - CAPA©

Outcome Measures – Press Ganey ©
- Overall Pain Management
  - Staff Did Everything They Could to Help With Pain
  - Pain Well Controlled

Press Ganey© - Overall Pain Management (by month)
Press Ganey© - Staff Did Everything to Control Pain (by Month)

Press Ganey© Scores Pre and Post CAPA Implementation by Quarter

Anecdotes

*Patient perspective:* “Makes me feel like the nurses care more about my pain.”

*Nurses perspective:*
- “It makes sense.”
- Many had been frustrated by numeric scale

Nurse Survey

1 med-surg unit (N=21, 67% return)

- 80% satisfied or very satisfied with implementation
- 80% felt communication with patients improved with CAPA ©
- 71% satisfied with rationale for change

Objective 3

- Describe the lessons learned from implementing a complex and culture-changing project.

Learnings

- Numeric scale embedded in many different places in EHR.
- Pain assessment by many different people
  - Students, faculty, therapists, technicians, etc.
- Some staff are not skilled at “talking with” patients; this presented a challenge.
- Some people resist change!
- Staff can be the biggest champions!
Unexpected Occurrences

Information about the CAPA© tool
- Tool not validated according to standards of psychometrics.
- Study by Drew, Hagstrom & O’Connor-Von (unpublished) found no correlation between numerical scores and concurrent CAPA comfort domain. N=30, repeated measures
  Found that can’t compare quantitative data to qualitative data.
- Donaldson (2014) recommends nonparametric approach in research design

Additional Learnings
- Staff need to recognize this as culture change versus a “project”
- Glitches happen in spite of best planning
- Ripple effects of change occur
- Barriers along the way: people, processes, tools
- Facilitators: people, processes, and tools

Implications for Outpatient Settings
- Pain screening question in clinics = numeric intensity score gathered by non-professional
  - Didn’t cue professional about patient’s pain status or concerns (documentation not readily visible)
  - Didn’t meet the intent of TJC standard to assess patient’s pain in outpatient setting

Recommendations for Outpatient Settings
- Delete numeric pain scale from intake data.
- Ask screening question: “Do you have pain that needs to be addressed at this appointment?”
- Answer flows to Vital Signs flow sheet that is reviewed by RN and provider
- CAPA available on flow sheet for charting pain assessment
  Dot phrase available for easy charting in

Recommendations in Process
- “Make it hard to do the wrong thing, and easy to do the right thing.” Joanne Disch, PhD, RN
- Educate via presentations, electronic learning, written materials, interpersonal meetings. Repeat, repeat again....
- Utilize electronic medical record to
Recommendations

• Speak to fears and concerns:
  - Fear of making an “assessment”: some nurses are more comfortable with patient’s statement of a number than trying to interpret interaction
  - MDs fear that they won’t know how to respond when nurse calls with CAPA information

• Engage executive leadership as necessary

A Tale of Two Emergency Departments

West Bank ED 2nd Quarter

East Bank ED 2nd Quarter

VP Letter to Staff

Summary

• Pain assessment is not merely the subjective statement of the patient, no more than it is the sole objective decision of the clinician.
• Rather, pain assessment is the intersubjective exchange of meaning between the patient and clinician.
• It is a process, which is ongoing and dependent on both the internal and external factors inherent to both the parties and their environment.

Summary

• CAPA© is an expanded way to assess pain using a transactional conversation between patient and clinician.
• Findings: Changing from the numeric scale to the CAPA© tool is a cultural change for staff and patients.
• Next steps at M Health include:
  - Expansion to most care settings within hospital system.
The Impact

“Nobody makes a greater mistake than he who did nothing because he could do only a little.”
Edmund Burke

The Power of Many Drops

Questions?

References

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

