

Guideline Implementation for Improved Client/Patient Outcomes (GICOM): Focus on Pain Management and Smoking Cessation

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Background

- GICOM is a two year (2009-2011) participatory action study, collaborating researchers and participants at nine health care sites across Ontario
- Goal is to improve client and patient outcomes by providing data on their current state and the barriers and supports to improving them
- Pain management research discussed here was conducted at a bariatric surgical unit
- Research related to smoking cessation was conducted at a community health centre focused on primary care

Research Question

- What is the impact of implementing research-based nursing guidelines in a multi-site study on priority patient targets and outcomes over two years?

Methods

Design

- Participatory action research study with interventions to facilitate site member education and research
- After baseline data collection, there will be two further 12-week data collection cycles over 2 years (2010, 2011)

Interventions

- Workshops for Sustainability Action Planning related to RNAO guideline implementation with leaders from each site and for discussion of client outcomes and barriers to improvement after first data collection
- Site visits for Investigators and Project Coordinators to establish working relationships and understand contextual details related to each site. These visits also ensure understanding of accurate data collection procedures to ensure validity and reliability of collected data
- Annual Interactive teleconferences with sites and Principal Investigators to discuss site-specific details from the 2010 and 2011 data collection periods and identify any issues related to Sustainability Action Planning
- Ongoing mentoring with sites regarding client/patient outcomes and inter-site networking.

Data Collection & Analysis

- Data presented here was collected through chart audits of both paper and electronic charts by site researchers
- Chart Inclusion criteria varied depending on the chosen guideline at each site
- Quantitative data is coded and analysed by SPSS while qualitative data is tape recorded and transcribed verbatim from interviews with nurse leaders and other professionals at the sites and then analyzed for recurring themes using NVIVO

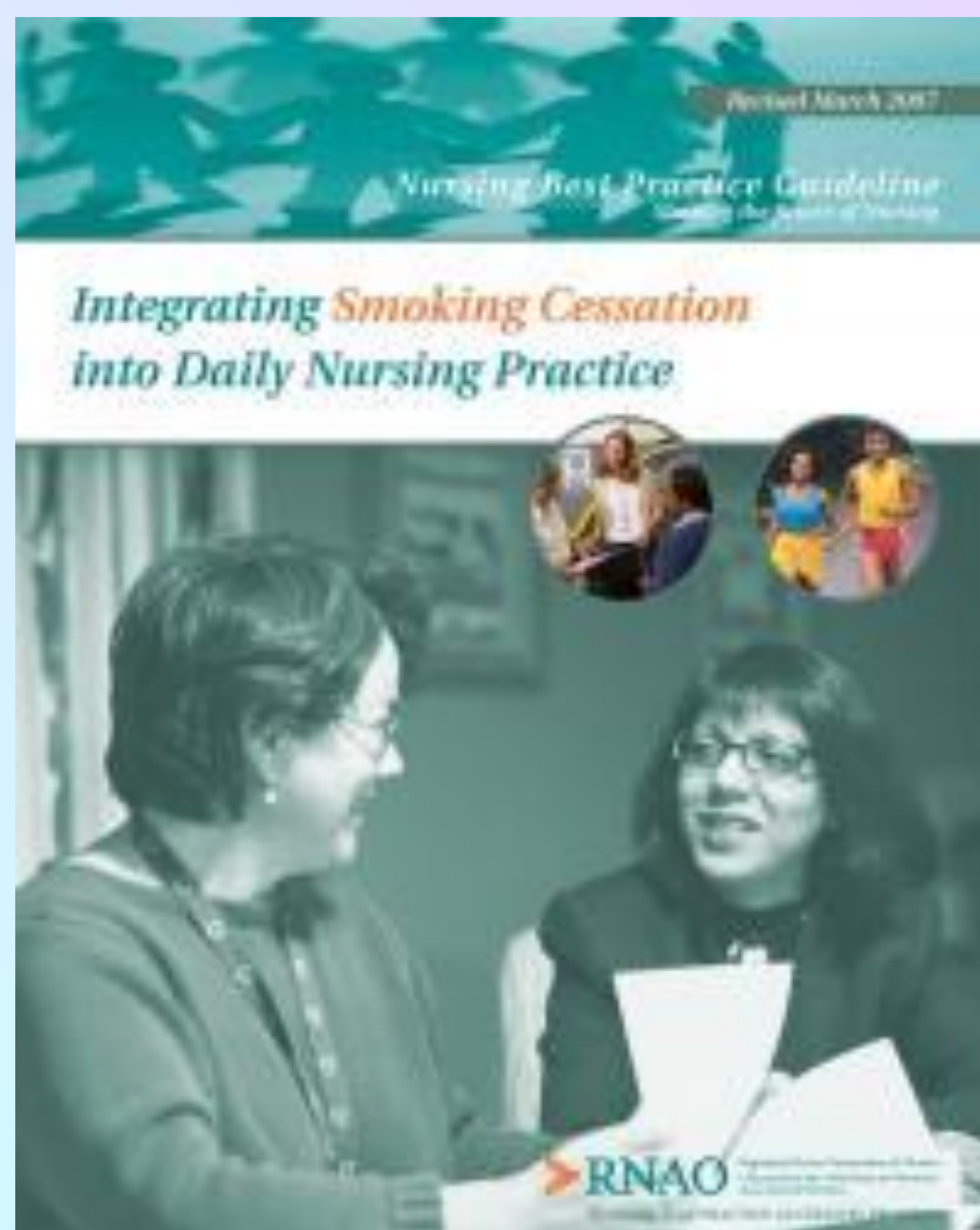
Sample Sizes

- Sample sizes varied greatly between the various sites with the inclusion of small, medium and large health care organizations
- Data was collected from eligible clients/patients over the twelve week cycle until the desired sample size was reached or all available cases were analyzed if the sample size was not reached

Pain Best Practice Guidelines



Smoking Cessation Best Practice Guidelines



Interim Results

Smoking Cessation

Table 1-Highlights of Process Indicators

Process Indicator	2009 N=	2009 Achievement	2010 N=	2010 Achievement	Changes ¹	p-value
1. Smoking Sticker on Chart		34%		59%	↑	.000
2. Smoking Assessment Documented on First Visit	68	22%	112	47%	↑	.001
3. Smoking Cessation Intervention Documented on First Visit		81%		79%	≥80%	.710

¹ Increase (↑), Decrease (↓), No Change ≥ 15% (NIC), ≥80% Achievement

Table 2-Highlights of Patient Outcomes

Patient Outcome	2009 N=	2009 Achievement	2010 N=	2010 Achievement	Changes ¹	p-value
1. % Clients Accepting Referral to Smoking Cessation First Visit	68	21%	112	30%	NIC	.151
All Visits	151	14%	259	43%	↑	.000
2. % CO Levels Documented (First Visit)	68	0%	112	0%	↑	N/A ²

¹ Increase (↑), Decrease (↓), No Change ≥ 15% (NIC), ≥80% Achievement

² Not available

Pain Management

Table 3-Highlights of Process Indicators

Process Indicator	2009 N=	2009 Achievement	2010 N=	2010 Achievement	Changes ¹	p-value
1. Mean # of Pain Observations per Patient	46	24	79	28	↑	.009

¹ Increase (↑), Decrease (↓), No Change ≥ 15% (NIC), ≥80% Achievement

Table 4-Highlights of Patient Outcomes

Patient Outcome	2009 N=	2009 Achievement	2010 N=	2010 Achievement	Changes ¹	p-value
1. % of All Pain Scores ≥ 4	854	25%	1582	21%	↓	.025
2. % of All Pain Scores ≥ 6	854	12%	1582	8%	↓	.001

¹ Increase (↑), Decrease (↓), No Change ≥ 15% (NIC), ≥80% Achievement

Discussion

•In our site that focused on the smoking cessation *Best Practice Guidelines*, there was a statistically significant ($p \leq 0.05$) increase in the documentation of client smoking status and of smoking assessment between the 2009 and 2010 data collection periods.

•Indicates that more clients are having their smoking status noted and assessed, which will increase the possibility that they will be referred to smoking cessation interventions and resources

•Effects of the increased and consistent implementation of these practices are demonstrated in the statistically significant increase in the percentage of visits where clients accept referral to smoking cessation

•Indicates that more nurses are more consistently assessing clients about their readiness to quit, highlighting the benefits of quitting and referring them to the proper resources

•Statistically significant increase in the mean number of pain observations per patient

•Indicates that nurses are assessing patients' pain more frequently, which allows them to be more aware of changes in patients' pain levels and manage patients' pain more effectively, by noticing changes before they possibly escalate to very high levels of pain

•Increased monitoring of pain may have led to the statistically significant and very important decreases seen in moderate to high reported pain scores, as nurses may have been able to manage and reduce pain before it rose to higher levels with their increased monitoring

References

Registered Nurses Association of Ontario (2007). *Assessment and Management of Pain*. Toronto, Canada: Registered Nurses Association of Ontario.

Registered Nurses' Association of Ontario (2007). *Integrating Smoking Cessation into Daily Nursing Practice (Revised)*. Toronto, Canada: Registered Nurses' Association of Ontario.

Registered Nurses' Association of Ontario.

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