



**Consortium for Congenital Cardiac Care Measurement of Nursing Practice  
Quality Measurement Plan**

<b>Pain Scores Decreased within 60 Minutes</b>	
<b>Measure Description</b>	Pain scores decreased is a unit-level measure of the percentage of documented pain scores $\geq 4$ with a documented 30% or more decrease within 60 minutes.
<b>Type</b>	<input checked="" type="checkbox"/> Outcome <input type="checkbox"/> Process <input type="checkbox"/> Balancing <input type="checkbox"/> Structure
<b>IOM Domain</b>	<input type="checkbox"/> Safety <input type="checkbox"/> Efficient <input checked="" type="checkbox"/> Effective <input type="checkbox"/> Equitable <input checked="" type="checkbox"/> Timely <input checked="" type="checkbox"/> Patient Centered
<b>Background/Rationale</b>	<p>Pain intervention is the selection and implementation of a variety of measures to relieve pain (e.g., pharmacological, distraction, relaxation, and repositioning). Pain reassessment is the subsequent evaluation of the effectiveness of pain relief measures following intervention. The timing of reassessment depends on the intervention but should happen as quickly as possible to ensure effective pain management. Effective pain management leads to faster recovery, shorter hospital stays, less frequent admissions and overall better quality of life for patients. On average, a reduction of approximately two points or a reduction of approximately 30% in the PI-NRS represented a clinically important difference. Percent change scores may be more useful for comparing the effects of pain treatments across samples or conditions because they are less biased by pre-intervention pain.</p>



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<b>Operational Definitions</b>	<p>Pain Score = Numerical value determined by one of several validated nationally recognized pain scales (listed below) where 0 = no pain and 10 = maximum pain:</p> <ul style="list-style-type: none"> <li>• Faces, Legs, Activity, Cry, Consolability (FLACC) Scale</li> <li>• Numerical Rating Scale (NRS)</li> <li>• Individualized Numerical Rating Scale</li> <li>• Wong-Baker FACES Scale</li> </ul> <p>If the following pain observations are documented upon reassessment instead of a score, convert the observations to a score of '0':</p> <ul style="list-style-type: none"> <li>• Denies Pain (patient or parent report)</li> <li>• Pain Eliminated (patient or parent report)</li> <li>• No evidence of pain</li> </ul> <p><b>Numerator</b> – Number of pain score cycles (60 mins.) that start with a score <math>\geq 4</math> and have a documented 30% or more reduction during the measurement period (one month)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 50%;"><b>Initial Pain Score</b></th> <th style="text-align: right; width: 50%;"><b>30% Reduction in Score</b></th> </tr> </thead> <tbody> <tr><td>10-----</td><td style="text-align: right;">&lt; 7</td></tr> <tr><td>9-----</td><td style="text-align: right;">&lt; 6</td></tr> <tr><td>8-----</td><td style="text-align: right;">&lt; 6</td></tr> <tr><td>7-----</td><td style="text-align: right;">&lt; 5</td></tr> <tr><td>6-----</td><td style="text-align: right;">&lt; 4</td></tr> <tr><td>5-----</td><td style="text-align: right;">&lt; 3</td></tr> <tr><td>4-----</td><td style="text-align: right;">&lt; 3</td></tr> </tbody> </table> <p><b>Denominator</b> – Total number of pain score cycles (60 mins.) that start with a score <math>\geq 4</math> during the measurement period (one month)</p> <p><b>Inclusion criteria</b> – All cardiovascular patients in an acute or critical care setting with a documented pain score <math>\geq 4</math></p> <p><b>Exclusion criteria</b> – Pain scores for which there was no reassessment documented within 60 mins.; pain cycles with documentation of “patient asleep” on follow-up</p>	<b>Initial Pain Score</b>	<b>30% Reduction in Score</b>	10-----	< 7	9-----	< 6	8-----	< 6	7-----	< 5	6-----	< 4	5-----	< 3	4-----	< 3
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<b>Data Collection &amp; Sampling Method</b>	Data will be collected monthly through chart review of all cardiovascular patients with any documented pain scores $\geq 4$ .
<b>Data Analysis</b>	Chart records for pain scores $\geq 4$ are extracted and reviewed to determine pain score reduction by 30% or more. The number of pain score cycles (60 mins.) that start with a pain score $\geq 4$ and have a documented 30% or more reduction is divided by the total number of pain score cycles (60 mins.) that start with a pain score $\geq 4$ .
<b>Data Display</b>	Data will be displayed graphically as a percentage over time.
<b>Target</b>	Internal: A 30% or more reduction in 80% of pain scores $\geq 4$ within 60 minutes of initial assessment. External: To be determined based on consortium data.
<b>Sources/References</b>	<ul style="list-style-type: none"> <li>• Farrar J., Young J. Jr, LaMoreaux L., Werth J., Poole R. (2001) Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. <i>Pain</i>, Nov, 94 (2).</li> <li>• Hanley M., Jensen M., Ehde D., Robinson L., Cardenas D., Smith D. (2006). Clinically significant change in pain intensity ratings in persons with spinal cord injury or amputation. <i>Clinical Journal of Pain</i>, Jan, 22 (1).</li> <li>• Phillips, D.M. (2000) JCAHO pain management standards are unveiled. <i>Journal of the American Medical Association</i>, July, 284 (4).</li> <li>• Olmstead D., Scott S., Austin W. (2010). Unresolved pain in children: a relational ethics perspective. <i>Nursing Ethics</i>, Nov, 17(6).</li> </ul>
<b>Last Updated</b>	January 2016