**Institutional Commitment**\(^{1,8,10,12}\)
- Levels: Organizational\(^{10}\), Professional\(^{10}\), Interpersonal\(^{10}\)
  - Supports: Educational\(^8\); Clinical \(^{8,10,12}\)
  - Systems \(^{8,10,12}\); Time + Money \(^{4,12}\)
- Monitoring & Evaluation System \(^{3,5,6-13}\)

**Interprofessional Team, led by Patients, Nurses, Physicians & Pharmacists**\(^{2,7,10,12}\)
- Clinical mentors; \(^2\) Pain Champions\(^4,,11\)
- Pain Management Experts\(^{12}\)
- Monitoring & Evaluation System \(^{3,5,6-13}\)

**Acute Pain Service (APS)**
- Clinical Knowledge, Beliefs, Attitudes
- Evidence-Based Medication Order Sets
- Pain Management Program Integrative Review
- Physicians & Pharmacists
- Patient Knowledge, Beliefs, Attitudes
- Pharmacological and Nonpharmacological Interventions
- Patient populations: Surgical, nonsurgical, frail

**Evidence-Based Medication Order Sets**\(^2,3\)

**PMP Education: Staff**\(^5,7,8,11,13\)
- Pain goals\(^3,5,8,11,13\); Basic pain principles\(^3,12\)
- Pain assessment & measurement\(^3,4,8,11,12\)
- Pain-related competencies & skills\(^1,2,5,7,8,11,13\)
- Medication dosing & calculations\(^2,4,5\)
- Patient pain experience\(^2,3,7,12\); Listening skills\(^5\)
- Patient populations: Surgical, nonsurgical, frail elderly\(^2,6,8,11-13\)

**PMP Education: Patient**\(^6,7,12\)
- Educational & age factors\(^7\)
- Pain scales\(^1,2,5,7\)
- Variety of teaching/learning methods & media\(^6\)

**Tools & Resources**\(^3,5,7,8,11,13\)
- Web based repository\(^7\); Unit-based\(^2,7,8\)

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**Integrate institutional commitment, support, and pain management awareness into organizational structures and processes**\(^1,4,8,10-13\)

**Continuous monitoring and evaluating of PMP implementation, monitoring, and evaluation processes for sustainability of care improvements and quality patient outcomes**\(^3,5,6-13\)

**Implement the Pain Management Program (PMP), using a collaborative multimodal interdisciplinary approach**\(^4,8,9,12\)
- Select and operationalize PMP framework/model\(^3,8,9,12\)
- Calculate accurate PMP program cost estimates\(^4,12\)
- Integrate PMP successful practices and best evidence into daily patient care activities\(^5,7,8,11-13\)
- Encourage and support nurse autonomy related to pain management, assessment, and intervention\(^10\)
- Implement Patient/Clinician PMP communication plan\(^3,10\)
  - Nurse manager presence and support to ensure clinician comfort with practice change and risk taking\(^10\)
  - Communication tool (patient reference; staff resource)\(^3\)
  - Patient Bill of Rights for Pain Management\(^4\)
  - Establish relationships with patients and family\(^3\)
  - Actively listen to understand patient/family care experience, knowledge, beliefs, and attitudes\(^3,5,8,11-13\)
  - Timely and available pain management consultation by clinical experts\(^2,5,12,13\)
- Pair pharmacological interventions with nonpharmacological pain management interventions\(^1,2,5,7,8,11,12\)
- Encourage/support nonpharmacologic approaches as independent self-initiated nursing and patient interventions\(^7,8,11,13\)
- Integrate evidence-based medication order sets into electronic healthcare record and medication administration record\(^2,4,5\)

**Emphasize the 4 areas of PMP: PAIN**\(^4\)
- **Preparation:** Patient/staff information, attitudes, beliefs, cultures, environment\(^4\)
- **Assessment:** Biopsychosociocultural pain assessment\(^4\)
- **Intervention:** Social, psychological, pharmacological and non-pharmacological pain management\(^4\)
- **Normalization:** All aspects returned to normal or optimal stage\(^4\)

**Transfer knowledge from classroom to clinical setting**\(^1,3,4,12\)

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**Enhanced Organizational Supports**\(^6,9,11-13\)
- Visible institutional commitment/support at all levels\(^1,8,10,12\)
- Embedded pain awareness throughout all institutional levels\(^1,11,13\)
- Accurate cost/benefit estimates of education, analgesic, clinician time, length of stay, resource allocation, and humanitarian aspects\(^4,12\)
- Integration of successful practices and best evidence into daily care delivery\(^1,5,7,8,11-13\)
- Optimum communication and relationships with patients and interprofessional team members\(^6,5,7,10,12\)
- Improved documentation of assessment, intervention, monitoring, evaluation, and management of pain\(^1,4,6-8,12\)
- Increased comfort with medication dosing, calculation, & administration\(^2,4,5\)
- Improved prescriptive practices\(^2,7,8,11\)
- Sustainability of care improvements; safe, high quality patient outcomes\(^3,6-13\)

**Improved patient and clinician beliefs/attitudes/knowledge**\(^1-4,7,10-13\)

**Improved patient and clinician education**\(^1,6,7,11,12\)

**Increased patient and clinician satisfaction**\(^5,8,11,12\)

**Decreased patient pain scores**\(^1,2,4,5,7\) with increased movement, function\(^2,7\)

**Decreased hospital length of stay**\(^13\)

**Improved clinician knowledge of basic pain principles**\(^5,12\) and pain management\(^1-8,11-13\)

**Increased pain management competencies & skills**\(^3,4,11,12\)

**Translation of new knowledge at unit, interprofessional, professional, and organizational levels**\(^1,3,4,12\)

**Evidence-based pain management education**\(^2,5,7,8,11,13\) pain plan, protocols and policy/procedures\(^3,4,11\)

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References


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