



Watson Caring
Science Institute

CARE CART FOR ALTERNATIVE COMFORT MEASURES

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Introduction: Kaiser Medical Center in San Jose is implementing an initiative to offer Multi-Modal Therapy and ERAS (Early Recovery After Surgery) to manage postoperative pain. Multi-Modal Therapy involves the use of Tylenol, NSAIDs, Gabapentin Opioids and Complimentary Alternative Medicine and measures. The physicians leading the initiative worked with nurses to provide alternative measures for pain management and approved the use of a Care Cart to support this important initiative. The Care Cart will include several options for complementary or alternative comfort care items to help all patients manage pain.

Significance: Managing pain is important for promoting healing, rest, improving activity, and preventing complications. Jean Watson's Caritas Process™ 8 describes the importance of a healing environment as the co-creation of a "healing environment for the physical and spiritual self which respects human dignity" and Caritas Process™ 9 that states caring for another is a sacred value of nursing (Watson, 2008). These are two areas of focus for this project.

Purpose: The Care Cart will provide nursing staff with an alternate means of providing comfort to the postoperative patient population and for any of the patients who experience pain during hospitalization. The goal of this project is to provide quality patient care by supporting patients with alternative means to manage post-operative pain.

Setting and Participants: Surgeons, educators, management, and Caring Science Advisory Committee members participated in the planning and implementation of Multi-Modal Therapy, ERAS, alternative comfort measures and the Care Cart.

Project Description: Dr. Rosas, chief of Hospital Based Surgeons and Dr. Kapadia met with the Caring Science Advisory Committee, the educators, and Bernice Yale, RN, Assistant Nurse Manager to teach about Multi-Modal Therapy and Early Recovery After Surgery. They enlisted the help of Caring Science Advisory Committee members who were able to integrate Jean Watson's theory of caring science into the treatment plan (Watson, 2008). The Care Cart idea was approved by Terri Simpson-Tucker, Chief Nursing Officer and supported by Gwendolyn Kinney, RN Regional Manager for Caring Science Integration. The original Care Cart was used for comfort care only patients on the Medical-surgical 4South and 4West units. The Caring Science Advisory Committee, nursing staff and Terri Simpson-Tucker discussed items for the Care Cart to be used for comfort for all patients, which include: art supplies, puzzles, music, warm blankets, hot and cold packs, and aromatherapy.

Project Outcome(s)/Projected Outcomes: The Care Cart will be introduced to the surgical

patients on the medical surgical units of the hospital starting in March 2014. Multi-Modal Therapy and ERAS was introduced to the medical/surgical registered nurses and patient care technicians in February 2014. The items on the Care Cart will assist staff with providing alternative comfort measures along with changes in the medical treatment to improve pain management. The major outcome of this project is to improve pain management that will be documented on each patient's chart and in the nursing care plan. The effectiveness of the patient's pain management will be evaluated by rounding every hour and updating the patient's care board using the patient's comfort zone. The pain score (0-10) will be decreased and the patient will meet his/her comfort zone.

Project Evaluation or Partial/Projected Evaluation if not completed: Significant changes in HCAHPS scores were identified after introducing the Care Cart for oncology patients in 2013. After the Care Cart was introduced, the unit for the first time met the stretch goals by addressing the following "Stretch goal" questions, 1) How often was your pain well controlled? and 2) How often did the hospital staff do everything they could to help you with your pain? The "Iround tool" supports that staff (nurses and patient care technicians) are using alternative methods for pain relief by noting patient's verbatim statements, for example, "My nurse really cared for me, she offered me a warm blanket and turned on the music channel when I was in pain." It may be too soon to know if this expansion of the project is working, however each nurse or PCT has been informed about offering alternative treatments for pain management. The Care Cart is readily available for use and the staff can help patients feel that they are trying everything possible to help relieve their pain and treating them with compassion. The patient's care experience will be measured by daily rounding by Assistant Nurse Managers, Managers and Ambassador rounders. The rounds will be documented in a hospital tool called "Iround" daily. The HCAHPS "Hospital Consumer Assessment of Healthcare Providers and Systems survey scores will be monitored. "How often did the hospital staff do everything they can to help you with your pain?", a question from a post discharge survey. The cart integrates Caritas Process™ # 8, Co-Create is a healing environment for the physical and spiritual self which respects human dignity to fulfill the needs of the patients in a dignified manner (Watson, 2008).

Future Directions: If Multi-Modal and ERAS and integration of the Care Cart as a complementary therapy is successful, the Care Cart will be introduced to ICU, Step-down, and Telemetry at Kaiser San Jose Medical Center.

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References: Watson, J. (2008). *Nursing: The Philosophy and Science of Caring*. Boulder: University Press of Colorado.