Pain Reassessment & Documentation

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THE UNIVERSITY OF TEXAS MD Anderson Cancer Center
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Background

The Joint Commission standards guides nursing documentation of pain reassessment to enable staff to appropriately recognize and treat patient's post-surgical pain. A need was identified to increase nursing knowledge and compliance about pain reassessment documentation in the electronic health record (EHR).

Objective

The goal of this project was to increase compliance of the pain reassessment documentation after the administration of intravenous and oral pain medications to 90% or greater in the perioperative setting.

Implementation

- Institutional compliance reports analyzed for areas of improvement
- An in-service was provided to educate the nursing staff on correct documentation in the EHR per institutional policy.
  - Seventy-five registered nurses educated on the current institutional pain policy
- Staff educated on the importance of pain reassessment & how it directly correlates to patient satisfaction scores
- Teaching methods: PowerPoint, group huddles, one-to-one communication
- A standardized resource tool was developed that could be placed in the nurse's identification badges as a quick reference.
- Compliance reports were audited on a weekly basis to identify staff that required additional education.

Quick Reference Pain Assessment Badge Insert

Pain should be assessed:

- Within **2 hours** of patient admission
- Within **30 minutes** following any scheduled &/or unscheduled **IV** pain medication, PCA/Epi starts & boluses
- Within **1 hour** following any scheduled or unscheduled **oral** medication

Any medication that prompts pain assessment when scanning REQUIRES Reassessment in the electronic health record

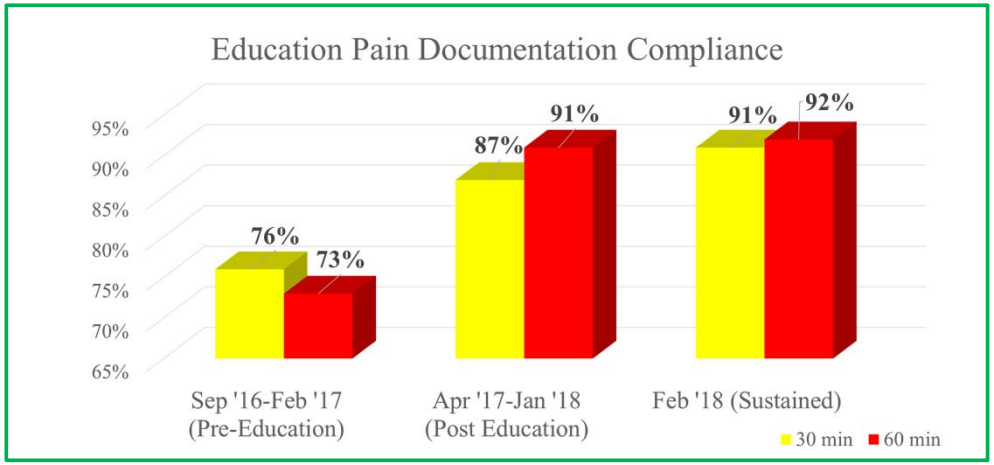
For more information please see UTMDACC INSTITUTIONAL POLICY #CLN0540

Pain Reminders

No further assessment is required if PPG is met or pain is "0"

Complete Assessment includes:

- ❑ Time
- ❑ Intensity
- ❑ Location
- ❑ Characteristics
- ❑ Onset
- ❑ Frequency
- ❑ Duration
- ❑ Alleviating Factors
- ❑ Aggravating Factors
- ❑ Intervention
- ❑ Evaluation



Successful Practice

Pre-implementation of the quality improvement project reflected a documentation compliance score of 76% from September 2016 to February 2017 for pain reassessment within 30 minutes of IV medication intervention and 73% within 60 minutes of P.O. medication intervention.

Staff education was completed in March 2017. Post-implementation audits from April 2017 to January 2018 showed an 11% increased compliance score of 87% for 30 minute reassessment, and an 18% increase to 91% for 60 minute reassessment.

Of the 159 reviewed patient satisfaction reports, all 159 patients felt their pain was controlled while in the perioperative area.

As a continued measure for compliance in February, a sustained documentation for 30 minute reassessment was 91% and 60 minute reassessment was 92%.

Conclusions

The completion of a nursing education plan and chart audits have shown an increase in nursing pain reassessment documentation in the EHR. By adhering to national and institutional guidelines for pain documentation, we can ensure patient's pain is addressed in a safe and timely manner.

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