

Improvement on Pain Audit Compliance: A Journey to Success

Primary Investigator: Marilou Magnaye MSN RN CCRN

Penn State Health Hampden Medical Center, Enola, Pennsylvania

Co-Investigators: Stephanie Mertz MSN RN, Lindsay Ditty BSN RN, Mai Nguyen BSN RN CPAN

Introduction: This project was implemented in a 24-bed Post Anesthesia Care Unit where nurses typically administered pain medications based on the pain scale used when assessing the patient's pain level.

Identification of the problem: Historically, the unit has not been meeting 100% compliance. Causes of noncompliance are medication not given for appropriate pain level, reassessment of pain not done within timeframe, and assessment prior to medication administration not done.

QI question/Purpose of the study: The main objective of this project is to improve the staff pain audit compliance after implementing the different strategies identified.

Methods: The implementation of the strategies deals heavily with educating/reeducating the staff. The unit leadership has been very transparent on where the unit stands as far as our compliance score is concerned. Educating/reeducating the staff with AIR cycle was done and is still being done on a regular basis. Small group education was also done by the leadership. These strategies were implemented in January 2023 and the unit continue to apply this to their everyday workflow up to this date.

Outcomes/Results: The unit's pain audit compliance on January 1, 2022- December 31, 2022, was 92% (n=1427). The biggest causes of noncompliance were medication not given for appropriate pain (67/1427), followed by reassessment of pain not done within timeframe (54/1427), and assessment prior to medication administration not done (3/1427). Comparing the data from year 2022 with year 2023, there is a big improvement so far. Our compliance score in year 2023 was 98 (n= 3604). Causes of noncompliance were medication not given for appropriate pain score (53/3604), reassessment of pain not done within timeframe (34/3604) and assessment prior to medication administration not done (3/3604).

Discussion: Comparing the data above, there is a big improvement so far. The unit celebrates this success. The staff and leadership are optimistic that we will continue to succeed.

Conclusion: Through collaborative effort of the staff and unit leadership, different strategies were implemented with the goal of eventually achieving 100% compliance.

Implications for perianesthesia nurses and future research: Managing pain and at the same time, complying with the standards, we will be providing the best quality care for our postoperative patients.