



Improvement on Pain Audit Compliance: A Journey to Success

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Introduction

Postoperative pain is usually experienced by most patients who undergo surgical procedures. Pain is considered the fifth vital sign that Post Anesthesia Care Unit nurses continuously assess during the patient's stay in the unit. 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. Historically, the unit has not been meeting 100% compliance. Causes of noncompliance are assessment prior to medication administration not done, medication not given for appropriate pain level, and reassessment of pain not done within timeframe. The main objective of this project is to improve the unit's pain audit compliance after implementing the different strategies identified.

Methods

Through collaborative effort of the staff and unit leadership, different strategies were implemented with the goal of eventually achieving 100% compliance. The implementation of the strategies deals heavily with educating the staff. Review of the pain medications ordered for mild, moderate and severe pain as well as less potent prescribed medications that can be used as per patient request was discussed with the staff.

Weekly update from leadership includes discussion of the compliance score and what are the main causes of noncompliance. There is always a positive reinforcement whenever the unit's compliance shows positive trend. Unit's monthly meeting held also include an open discussion on how to improve our compliance score.

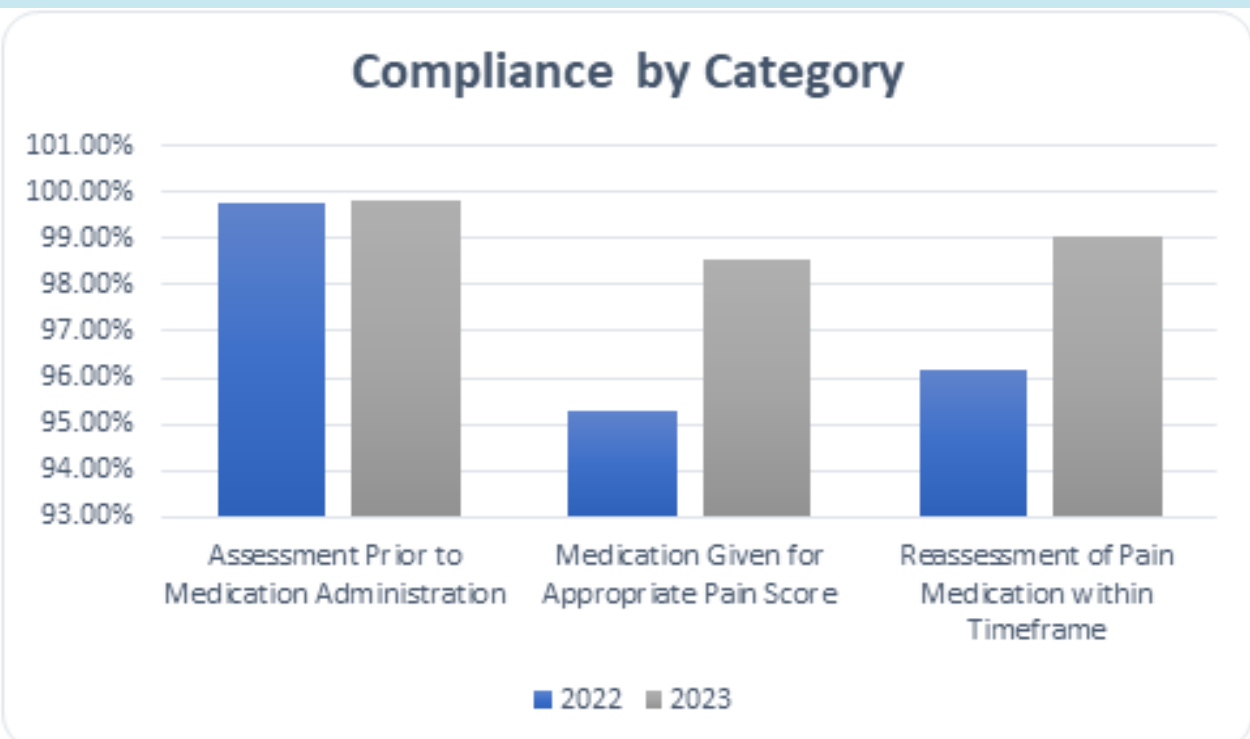
Visible reminders suggested by staff were considered and implemented such as laminated reminder regarding pain was posted on each nurses' computer, announcements posted on the white board outside the manager's office and documenting on the patient's white board in the room reminding the nurses what medications to be given and when to do the reassessment.

These strategies were implemented in January 2023 and the unit continue to apply this to their everyday workflow up to this date.

PRN	PRN
acetaminophen-hydrocodone (Norco 5 mg-325 mg oral tablet) 1 tab, tablet, PO, ONCE, PRN, see order comments, Routine, 03/07/24 6:51:00 EST, 03/07/24 6:51:00 EST Mild (1-3) pain in PACU acetaminophen-hydrocodone Pain scale used primary Pain Score	
fentanyl 25 mcg, injection, IV Push, ONCE, PRN, see order comments, Routine, 03/07/24 6:59:00 EST, 03/07/24 6:59:00 EST Moderate (4-6) pain in PACU fentanyl Observed Consciousness Level Pain scale used primary Pain Score	
fentanyl 50 mcg, injection, IV Push, q5min, PRN, see order comments, Routine, 03/07/24 6:59:00 EST, 4 doses/times, Limited # of times, Max dose 200 mcg, 03/07/24 6:59:00 EST Severe (7-10) pain in PACU, limited # of times, Max dose 200 mcg	

Results

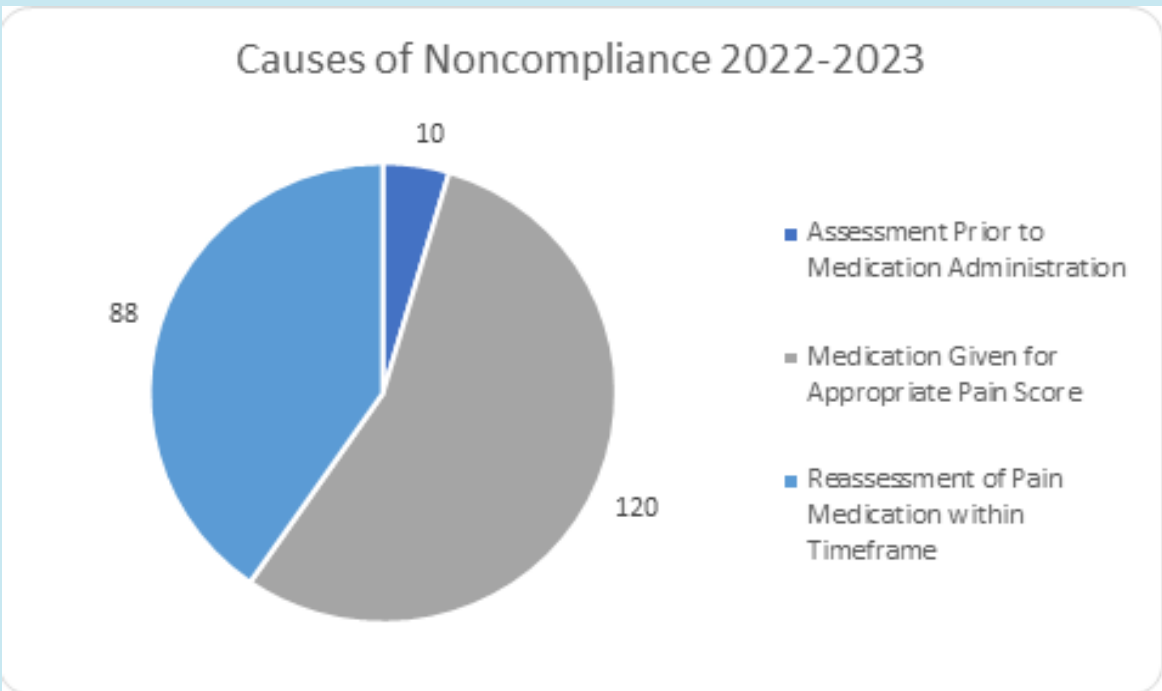
The unit's pain audit compliance on January 1, 2022- December 31, 2022, was 92% (n=1427). The biggest cause of noncompliance were medication not given for appropriate pain (67/1427), followed by reassessment of pain not done within timeframe (54/1427), and assessment prior to medication administration 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).



acetaminophen-oxycodone (Percocet 5/325) 1 tab, tablet, PO, q4h, PRN, pain - moderate (4-6), Routine, 03/07/24 9:39:00 EST, 7 day, 03/14/24 9:38:00 EDT, 03/07/24 9:39:00 EST May administer less potent prescribed medication based on patient request per the organization's medication management policy.	PRN
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Discussion

Comparing our data, there is a big improvement so far. The unit celebrates this success, and although we are aware that we have not reach the 100% compliance, the staff and leadership are optimistic that we will continue to succeed on this endeavor. Looking at the causes of noncompliance from year 2022 to year 2023, we are able to focus more on how to improve our score. Weekly pain compliance audit was consistently done and respective staff were made aware of the reasons of non-compliance. Considering that medication given for appropriate pain score is the biggest cause of noncompliance, leadership reviewed the Anesthesia pain medications order set with the staff.



Discussion

As Peri anesthesia nurses, we are constantly aware that dealing with patient pain is part of our everyday nursing workflow and we must address this concern to the best of our ability. Understanding the different interventions to manage pain and at the same time, complying with the standards set by the Nursing governing bodies, we can assure that we will be providing the best quality care for our post operative patients. Collaboration and open communication are also the keys on achieving our goal to improve our practice every day.



Conclusions

Through collaborative effort of the staff and unit leadership, different strategies were implemented with the goal of eventually achieving 100% compliance. Managing pain and at the same time, complying with the standards, we will be providing the best quality care for our postoperative patients.

References

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