

Improving Pain Assessment / Reassessment Documentation and Patient Satisfaction: A Quality Improvement Project

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Introduction

Joint Commission (JC) standards identify that documentation of Pain Assessment and Reassessment must be addressed.

Patient satisfaction with pain management is increasingly important to consumer reports and reimbursement by the Center for Medicare and Medicaid (CMS) program.

Gap in Practice

During past surveys, pain documentation was inadequate and did not meet the JC standards nor the institutional policies & protocols.

Increased functionality in the electronic medical record (EMR) brought an opportunity to document pain assessment during medication administration (analgesics), in addition to, setting of a visual “alert” in the patient desktop (status board-pink alert) to remind nurses for timely pain reassessment.

Purpose

To improve consistency and quality of pain assessment and reassessment documentation using a Plan-Do-Check-Act method of quality improvement.

To compare overall trends of compliance with adult inpatient medical surgical pain satisfaction data (HCAHPS) scores.

Evidence Synthesis

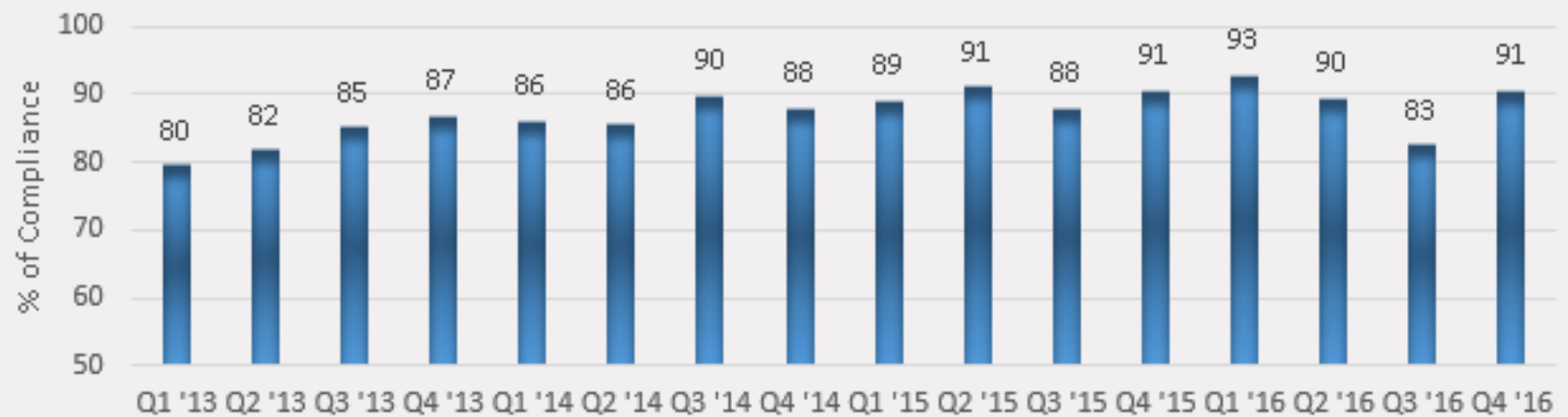
- * Pain is a common problem with hospitalized patients.
- * The goal of pain management is to provide effective and appropriate treatment of pain.
- * Best practice pain management is paramount for quality patient care.
- * Self-perception of pain treatment and relief of pain are key indicators used to measure quality of care and service performance.
- * Patient' reports of satisfaction are increasingly used in public reporting and pay-for-performance programs.
- * To obtain a maximum reimbursement from CMS, clinicians must make appropriate pain management a standard of quality care.

Methods

- * Data was collected using a Plan-Do-Check-Act methodology from 2013-2016.
- * Electronic medical record upgrades and changes to the pharmacy dictionary allowed for consistent electronic medication administration documentation (eMAR).
- * Implementation of the Pasero Opioid Sedation Scale (POSS) score with Opioid administration-included in assessment/reassessment.
- * Concentrated nurse education occurred by Healthstream module, unit posters, handouts, articles in Nursing News and 1:1 remediation.
- * Pain assessment & reassessment documentation was obtained by retrospective chart review of four (4) adult medical surgical units (2North, 2Center, 5North, and 5South).
- * Using a consistent data tool, 20 charts were reviewed per unit by trained clinical nurses on each unit.
- * All data was collated on an Excel spreadsheet for analysis.
- * Overall trends of compliance to the pain management protocol was compared with inpatient satisfaction data (HCAHPS) scores.

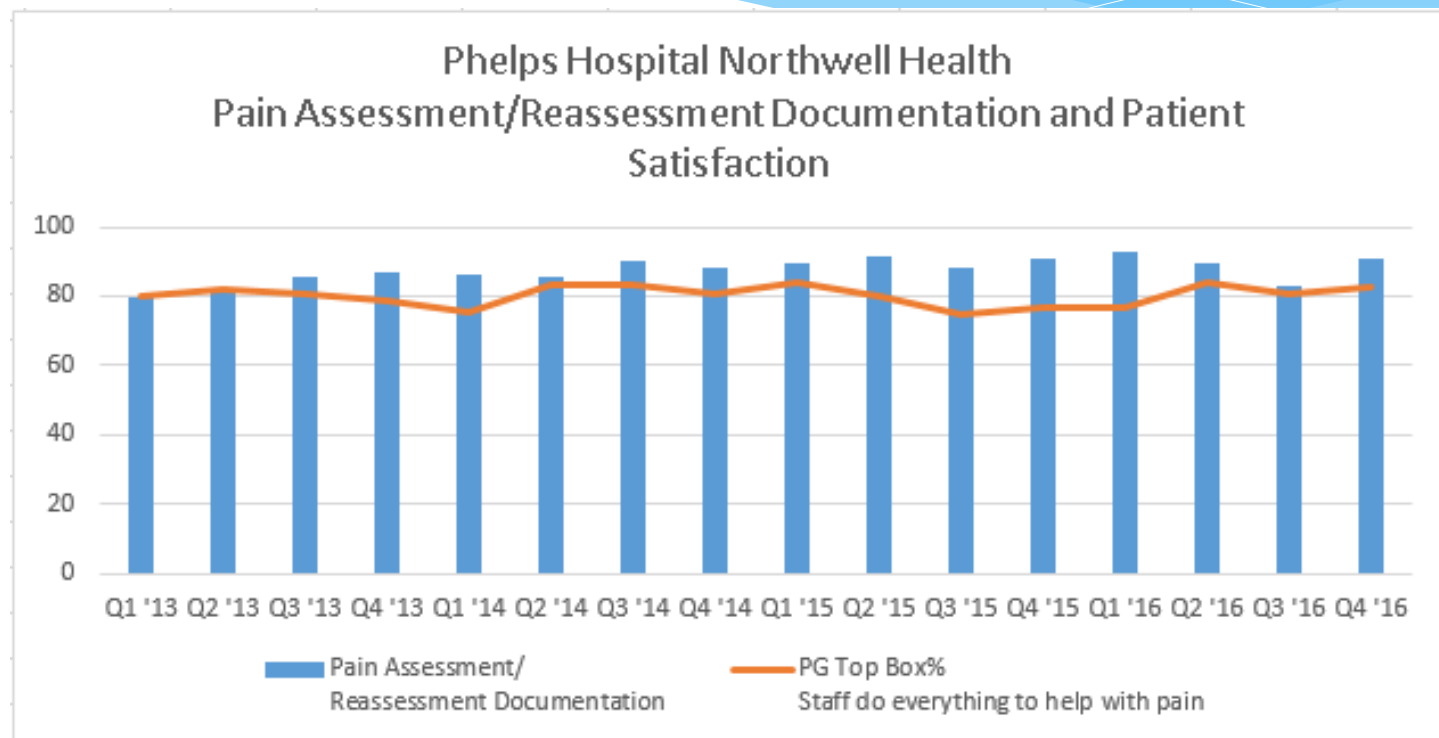
Results

Phelps Hospital Northwell Health
Pain Assessment/
Reassessment Documentation Compliance



2013 - 2016

Results



Conclusion

- * Pain Assessment and Reassessment was performed consistently with analgesic administration (eMAR).
- * Reassessment **time interval** between assessment and reassessment was the most common deficiency.
- * There was **no correlation found** with the data results between complete pain documentation compliance and HCAHPS score for “Staff do everything to help with pain”.

Significance to Practice

- * **eMAR documentation has enhanced documentation and retrieval of patient pain assessments.**
 - * All documentation was performed by Registered Nurses
 - * Pain intensity scores (numbers) were documented on **99%** of patient charts
 - * Offers clear look at **reason for and effectiveness** of analgesic administration
 - * Enhances consistency & reassessment **between** unit transfers
PACU → 2C/2N; ICU → 5S or other area; ED → inpatient unit
- * **Patient Satisfaction results (HCAHPS) may be influenced by other variables: census, RN hours, patient diagnosis, or overall patient satisfaction.**

Other Factors

- * Earlier bedside patient “reassessment” as nurses take action if patient is still uncomfortable in 45 or 90 minutes.
- * Increased utilization of alternative interventions, e.g., **ice/heat, repositioning, elevation, and distraction with TV/music** (added bedside relaxation music & videos).
- * Increased pre-medication MD orders to facilitate a less painful therapy session or procedure (**Physical Therapy/Wound Care**).
- * **Increased patient participation in their pain management plan** (“Wake me up when I am due for medication during the night” or implementing ATC schedule) and utilizing **Words That Work**.

Patient Satisfaction

- * **Journey Towards Excellence Recommendations**

- * 2018 New HCAHPS Pain Questions

- * Continue to monitor HCAHPS Pain Scores

- * “Staff **talk** to you about **how much pain you had?**”

- * “Staff **talk** to you about **how to treat your pain?**”

- * **Using Words-That-Work**—When the patient request’s pain medication that is not yet due:

- * Instead of: “*Sorry, you are not due for pain medication yet*”

- * Say: “**I can give you more pain medication in _____ minutes but let me see what else I can do for you right now to make you more comfortable. My goal is to give you excellent care.**”

2018 Future Directions

- * Implementation of the Northwell System
PAIN MANAGEMENT POLICY
- * Update Pain Assessments/Reassessments
to include
FUNCTIONAL GOALS

THANK YOU

* RN Data Collectors

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References

- * The Joint Commission.
http://www.jointcommission.org/standards_information/npsgs.aspx.
- * Pasero, C. and McCaffery, M. 2011. *Pain Assessment and Pharmacologic Management*. Mosby. St. Louis:MO.
- * Phelps Hospital. Pain Management Protocol. 2015.

Questions?





eMAR

Medication Administration Print Screens

Reassessment

04/02 1400 Pain Assessment Document Not Done

View eMAR Pain Assessment

REASON FOR MEDICATION			
Medication for:	<input type="checkbox"/> Pain <input type="checkbox"/> Scheduled	<input type="checkbox"/> Fever <input type="checkbox"/> Therapy	<input type="checkbox"/> Blood administration <input type="checkbox"/> Other (add details below)
Comment:	Document Pain LOCATION here. If "Other" reason above, specify reason for medication here.		
PAIN & SEDATION SCORES			
Pain Intensity	(0 - 10)		
Pain Scale Used:	<input type="radio"/> Numeric <input type="radio"/> Adult Non-Verbal <input type="radio"/> Faces <input type="radio"/> FLACC (Nursery/Peds)		
Pasero OPIOID-induced Sedation Scale (POSS)	<input type="radio"/> Sleeping/easy to rouse <input type="radio"/> Awake and alert <input type="radio"/> Sl. drowsy/easy to rouse <input type="radio"/> Fr. drowsy/rouse/drift off <input type="radio"/> Somnolent/min-no response **If last 2 responses chosen, SEDATION is UNACCEPTABLE- Action and Nsg Note required!		
Critical Care ONLY** Modified Ramsey Sedation Scale	<input type="radio"/> Anxious/agitated/restless <input type="radio"/> Cooperative/oriented <input type="radio"/> Responds to commands only <input type="radio"/> Brisk resp/loud noise <input type="radio"/> Sluggish resp/loud noise <input type="radio"/> No resp/pain/loud noise **Use for patients on continuous IV sedation.		
Additional Interventions/Actions	<input type="checkbox"/> None required <input type="checkbox"/> Ice <input type="checkbox"/> Position Change <input type="checkbox"/> Heat <input type="checkbox"/> Elevation <input type="checkbox"/> Rest <input type="checkbox"/> Distraction <input type="checkbox"/> Relaxation Techniques <input type="checkbox"/> Splinting <input type="checkbox"/> Additional Medication <input type="checkbox"/> Notify MD/NP/CMW		
SITE			
Injection Site	<input type="radio"/> Right Deltoid <input type="radio"/> Left Deltoid <input type="radio"/> Right Thigh <input type="radio"/> Left Thigh <input type="radio"/> Right Ventrogluteal <input type="radio"/> Left Ventrogluteal <input type="radio"/> Right Upper Abdomen <input type="radio"/> Left Upper Abdomen <input type="radio"/> Right Lower Abdomen <input type="radio"/> Left Lower Abdomen		

Reassessment

04/02 1400 Pain Assessment Document Not Done

View eMAR Pain Reassessment

PAIN REASSESSMENT	
Pain Intensity	(0 - 10)
Pain Scale Used:	<input type="radio"/> Numeric <input type="radio"/> Adult Non-Verbal <input type="radio"/> Faces <input type="radio"/> FLACC (Nursery/Peds)
Medication effective?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Sleeping
Medication effectiveness - additional information	
Respiratory Rate	(10 - 20 bpm) For OPIOID SLEEPING patient, record Respiratory Rate. **For RR<10, awaken pt and reassess for Respiratory Depression. (rate, depth, regularity, noisiness), change in LOC, and use of opioids or sedatives. Action and NURSING NOTE required!
Pasero OPIOID-induced Sedation Scale (POSS)	<input type="radio"/> Sleeping/easy to rouse <input type="radio"/> Awake and alert <input type="radio"/> Sl. drowsy/easy to rouse <input type="radio"/> Fr. drowsy/rouse/drift off <input type="radio"/> Somnolent/min-no response **If last 2 responses chosen, SEDATION is UNACCEPTABLE- Action and Nsg Note required!
Critical Care ONLY** Modified Ramsey Sedation Scale	<input type="radio"/> Anxious/agitated/restless <input type="radio"/> Cooperative/oriented <input type="radio"/> Responds to commands only <input type="radio"/> Brisk resp/loud noise <input type="radio"/> Sluggish resp/loud noise <input type="radio"/> No resp/pain/loud noise **Use for patients on continuous IV sedation.
Side effects:	<input type="checkbox"/> None <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Itching <input type="checkbox"/> Constipation <input type="checkbox"/> Urinary retention <input type="checkbox"/> Dizziness <input type="checkbox"/> Tinnitus

Not Done Reason

*DOWNTIME: PAPER DOCUMENTATION
BLOOD ADMINISTRATION
FEVER
OFF UNIT
REASSESSMENT NOT REQUIRED

Pain Management Protocol

- * Pain will be assessed in the eMAR, during analgesic administration.
- * Pain will be reassessed in the eMAR, within these time frames:
 - * Parenteral (IV/IM/SC) – reassess within **45 minutes** after receiving a pain medication
 - * Oral/Rectal – reassess within **90 minutes** after receiving a pain medication
- * For **OPIOID** analgesics, **Sedation** will be assessed and reassessed using the POSS scale.

Best Practice

- * Raised the Bar
 - * Reassessment time frames
 - * Sedation assessment with OPIOID administration (POSS)
 - * Implementation of the Dementia Pain Scale by RN's [PainAD]
- * Moved nurses to the bedside
 - * Assessment/Reassessment intervals are better aligned with real-life practice
 - * Patients are engaged in pain management plan
 - * Improved patient satisfaction