Pain Reassessment and Documentation in the ED

Diane K Scott BSN, RN

Grand Valley State University Kirkhof College of Nursing

Clinical Problem

- In a trauma ED in a Midwest hospital, improvement in pain reassessment was identified as an area for improvement by the department and the organization.

Literature Review

- The PICO question is: "In adult patients (>18 years) presenting to the ED with acute pain, how is pain management impacted by pain reassessment practices?"
- Pain is the chief complaint in 70-80% of patients presenting to the ED
- Oligoanalgesia, which is defined as "inadequate analgesia for patients in pain" (Duignan and Dunn, 2008, p. 23) is a significant problem in the ED
- Effective pain management must include reassessment in addition to initial assessment and interventions (Samuels & Kritter, 2011)
- Pain reassessment is crucial to patient safety (Gordon et al.,2008)
- The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) identified pain as an undertreated problem, establishing standards for documentation (Gordon et al., 2008)
- Lack of reassessment has been found in 30% of ED patients (Eder et al., 2003)
- Inadequate management of pain can cause significant physical and psychological effects (Rupp & Delaney, 2004).
- Ineffective pain management can delay patient recovery and increase length of stay(Shaban et al., 2012).
- Patients and organizations can experience increased costs (Grinstein-Cohen et al.,2008)
- Despite the standards from JCAHO as many as 74% of patients leave the ED with moderate to severe pain (Todd et al., 2006)

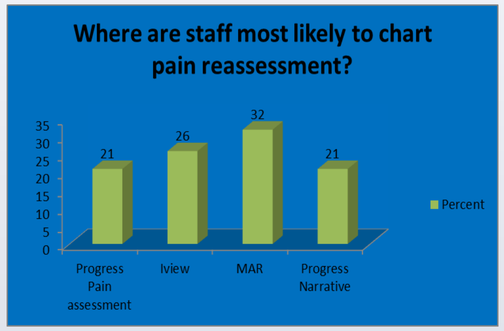
Microsystem Assessment

- ED departmental guidelines state that pain reassessment is to be done 30 minutes after intervention, hourly and at discharge
- Current reassessment rates identified on pain audits completed in 2012-2013 indicate room for improvement
- Patient satisfaction scores regarding pain management indicate room for improvement

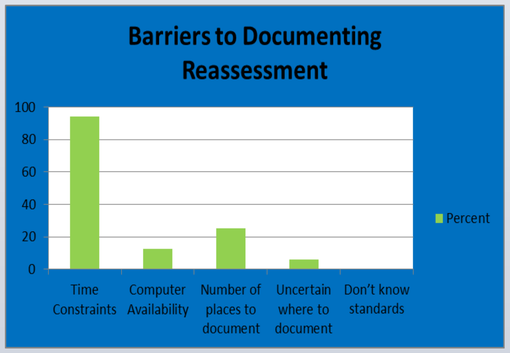
SWOT Analysis:

- Strengths include :
  - Current tracking system for documentation
  - Adequate computers available for documentation
  - Leadership support strong
  - Staff retention positive
  - Staff recognize the importance of timely pain reassessment
- Weaknesses include:
  - Computer battery life is 4 hours
  - 60% of staff perceive they are documenting pain reassessments
  - Busy environment
  - High demands on staff time impact timely documentation
  - Frequent boarding in the ED
- Opportunities include:
  - Climate of self- reporting is present with HCAPS
  - JACHO mandates in place
  - State licensing requires pain education
  - Reimbursement available from regulatory bodies
- Threats include:
  - Patient expectations regarding pain management
  - Competition with other health care providers in the area
  - Pay -for-performance can be lost

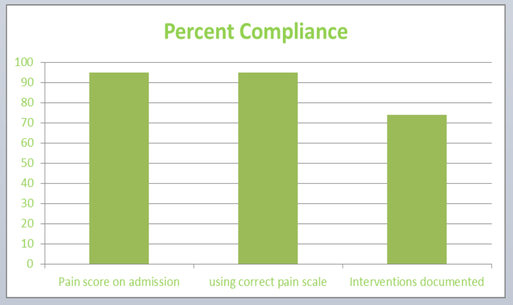
Unit Assessment Data



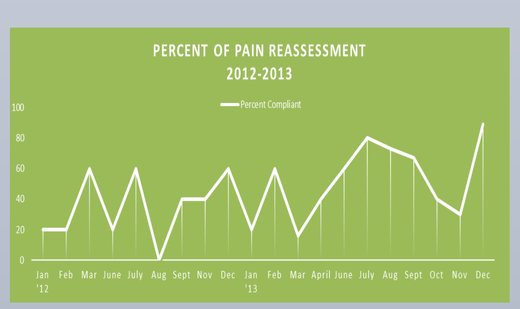
This graph depicts the variation in charting of pain reassessment, indicating an area that could benefit from clarification and standardization.



Time constraints were identified most often as a barrier to reassessment, followed by too many places required for documentation.



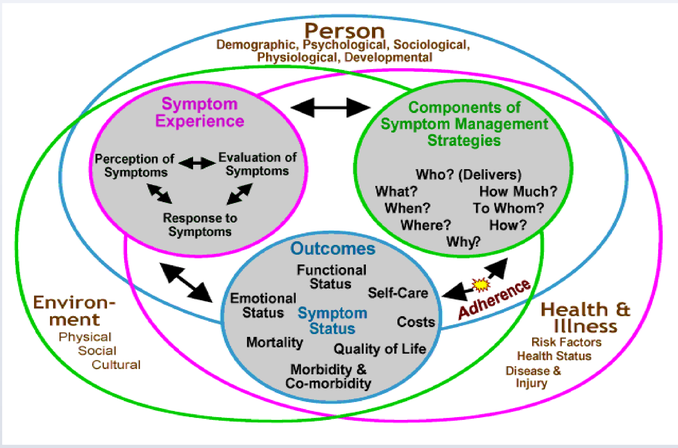
Staff are consistent in documenting pain scores on admission and using the correct pain scale. There is room for improvement in documenting interventions.



Pain reassessment rates are variable and demonstrate room for improvement.

Theoretical Framework

Symptom Management Model



Nurse Factors

- Knowledge
- Attitudes towards pain management
- Workloads
- Personal beliefs

Management Strategies

- Pain education
- Timely assessment
- Pharmacological interventions
- Non-pharmacological interventions
- Reassessment /Re-intervention
- Nurse- initiated pain protocols

Environment

- Staffing mix
- Boarding patients
- ED flow
- Documentation systems
- Interdisciplinary relationships

Recommendations

1. Identify and clarify discrepancies in documentation policy and guidelines
   a) Assess current documentation practices
   b) Create interdisciplinary team, including staff members, clinical educator and clinical nurse leader (CNL)to update policy
   c) Obtain staff feedback/questions regarding changes and address concerns
   d) Develop laminated tool stating policy and changes that will be available on all computer workstations, and as a pocket reference for staff

2. Educate staff regarding the documentation standards
   a) Presentation of problem identification, need for reassessment and revised guidelines at department staff meetings
   b) Email sent to all RN's regarding documentation
   c) One-on-one coaching regarding guidelines by CNL and MSN student for staff who have not attended the staff meeting

3. Provide feedback to staff regarding adherence to pain reassessment documentation following the implementation of the revised guidelines
   a) Continue chart audits by pain work group and MSN student, on pain reassessment documentation and increase from 10 per month to 50 per month (10 done by each auditor)
   b) Post audit results bi-weekly on quality process board in the ED tracking pain reassessment rates
   c) Reminders in daily staff huddle for staff to continue to document pain reassessments
   d) One-on one staff feedback given for staff by pain work force on daily rounds in the department

Implementation/Evaluation

This protocol was implemented August 1. 2014, and is currently being monitored and evaluated by the pain work force group. Feedback is being given to staff, and chart audits are being done monthly.