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Improving Pain Reassessment and Documentation Through Nurse Education

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Clinical Leadership Theme

The American Association of Colleges of Nursing's (2016) Clinical Leadership essentials focuses on roles for a Clinical Nurse Leader (CNL) to assume. Essential 2 focuses on Organizational and System leadership and explains that a CNL shall "assume a leadership role in effectively implementing patient safety and quality improvement initiatives within the context of the interprofessional team using effective communication (scholarly writing, speaking, and group interaction) skills." The overarching goal of this project is to increase patient safety and satisfaction, improving the quality of their stay and the quality of work that is done by nurses. By utilizing evidence based practices, this project aims to utilize group interactions such as staff meetings or huddles to provide essential education and training for staff members, and additionally uses other forms of communication through visual reminders. Documentation is another form of communication to allow nurses to understand and address patient's pain.

This project aims to improve pain management following intervention. This process begins with education for nursing staff regarding the importance of pain reassessment following intervention and consistency of documentation protocol. The process ends with nurse reassessment of patient pain following intervention and documenting pain reassessment in the Electronic Medical System (EMS) known as EPIC. By working on this process, we expect to see improved documentation rate for nurses, rising from baseline to 75% by June of 2017. It is important to work on this now because patient's pain is a vital aspect of patient health and patient satisfaction. By working to reassess patient's pain following intervention, pain can be better managed and addressed. Documentation of this process improves the consistency of care that is provided by all nurses and ensure that patients have their pain reassessed after the appropriate amount of time following their specific intervention. With pain better managed,

patient satisfaction will be higher, leading to higher scores for the hospital from Consumer Assessment of Healthcare Providers and Systems (CAHPS) and thus increased reimbursement. In addition to patient satisfaction, improved pain management leads to a reduced length of stay. Patients with unmanaged pain may have issues with mobility, and are therefore at risk for complications and may have prolonged length of stay. In addition, pain that has been left unmanaged can lead to chronic issues that can have a severe impact on a patient's quality of life (Lin, et. al., 2014). Pain reassessment is a vital aspect of pain management. With appropriate pain reassessment and documentation, this project looks to see an improved quality in care provided.

Statement of the Problem

The current problem in the acute care surgical inpatient unit is lack of consistent and documented pain reassessment following intervention. Baseline data of June 2016 - August 2016 reveals an average of 45.77% compliance for this unit. Consumer Assessment of Healthcare Providers and Systems (CAHPS) data for June 2016 - August 2016 also places the patient satisfaction rate for pain management at 70.5%. The enterprise goal of the hospital is for all campuses to reach 80% pain medication follow up documentation.

The subject of this project is a California Bay Area community hospital's surgical orthopedic unit. Patients within this unit are all surgical patients and primarily orthopedic patients. The unit has a 38-bed capacity which is typically filled. To support these patients, the staff consists of three shifts covered by 47 RNs and 4 LVNs.

The unit uses electronic medical records (EMR) to record patient information and support handoffs. The hospital had recently made the switch to EPIC which came live in November of 2015. Staff had begun training in September of 2015, however, there were many issues that were

continuing to come up following the implementation of EPIC. Since the current EMR system is new, staff began to have trouble finding equivalent places to continue their day to day documentation and tasks. EPIC provides a number of different routes to the same location for documentation. Some staff have explained that this has created a confusion on where to put information and whether or not they are doing their documentation correctly, despite having already done the pain reassessment. Another roadblock is that EPIC is unable to do reminders for when documentation is necessary, leaving that to staff.

Since the EPIC system is a proprietary software that is not designed and owned by the hospital, we are not able to implement the changes that we want to see immediately. Therefore, we are looking to implement changes that can help us support our hospital's needs. While the hospital is looking to make changes to EPIC in the long term, we are looking to make current improvements to pain reassessment documentation.

Over 90% of the 47 RNs and 4 LVNs were surveyed anonymously for this project to help understand the individual needs of the unit. Of the surveyed nurses, over 90% reported that they were doing pain reassessment following initial intervention, however only 50% of nurses reported that they were documenting their pain reassessment. The numbers are consistent with the documentation compliance rate of the unit. Based on feedback from nurses, it is stated that follow up reassessment of pain may be done but not documented. This makes it difficult for nurses to communicate with one another which patients have been reassessed or the needs of each patient. More importantly, without reassessing pain, there is no way to know if the intervention is effective for the patient.

In order to remedy this, my project plan is to create and implement a staff education plan regarding the importance of pain reassessment to proper pain management and to design visual

reminders to ensure consistent documentation. Nurses have indicated that part of the trouble for documentation lies in the use of EPIC, as the system leaves a number of places where it is possible to put documentation, but nurses are unsure of which to use. By providing a consistent plan for documentation, the project aims to put all nurses on the same page in regards to pain reassessment documentation, allowing them to record vital information in regards to a patient's pain. Staff education will also encourage the use of staff huddles and handoffs as a time to discuss patient pain management, reinforcing the importance of discussing and aiding to manage patient's pain. While documentation is one of the portions of my project, Purser, Warfield, & Richardson (2014) have found that improving pain reassessment documentation has been shown to improve pain management.

Nurses had expressed that documentation is one of the many tasks that they must complete, but there was often not enough time to document each time that pain reassessment was done. Purser, Warfield, & Richardson (2014) tackled this issue in their study and found that educating and reintroducing pain as the "fifth vital" saw an increase in documentation and pain management by nurses. In addition to clarifying when and where to do documentation, changing nurse perspective on pain reassessment can lead to nurses more easily accepting this process and making pain reassessment and documentation a sustainable practice.

With increased staff training, education, and documentation, the hospital has set a goal to increase the documentation compliance for pain reassessment to at least 75% by June of 2017.

By increasing compliance in documentation of pain reassessment on a surgical unit from baseline to greater than 75%, will there be an increase in patient satisfaction? After education regarding pain reassessment documentation, will there be a statistically significant increase in compliance with pain reassessment documentation?

Project Overview

In the acute care surgical unit, there are currently very few nurses that are consistently documenting follow-up pain reassessment. Without proper documentation, it also becomes very difficult to know how often patient pain is reassessed and how satisfied patients are with their pain management. The proposed quality improvement project I am providing for nurses states that pain reassessment after intervention should vary depending on the type of intervention that is provided. If oral pain medication is administered, then pain should be reassessed 45-60 minutes following administration of oral pain medication. For IV pain medication, pain should be reassessed 15-30 minutes after. The education plan of this project discusses the appropriate time for pain reassessment, streamlining the process of pain reassessment and improving the quality of pain management.. In reassessing following this period of time, nurses will be able to discuss the efficacy of the intervention, as well as any patient concerns or questions regarding their pain management. Eriksson et.al., (2014) explain that through forming a relationship of trust and confidence encourages patients to become active participants in pain management. This communication leads to a higher quality of care through the improved relationship and interactions between staff and patients, and can improve the quality of pain management itself.

The hospital has set the goal to increase the documentation compliance for nurses in this unit to increase from the baseline of 45.77% on average to at minimum 75%. This goal will be recorded and documented on EPIC and data will be gathered following the initial education and training of nurses. Patient satisfaction rate in regards for pain management scores came to a 70.5% satisfaction rating. Patients were given a survey by CAHPS to discuss how satisfied they felt about their pain, whether they felt the nurses were doing everything to help their pain, whether they felt their pain was managed. The scores from these surveys ranked from Never,

Sometimes, Usually, and Always and were totaled up to reflect their general satisfaction with pain management. By raising the patient satisfaction rate from baseline to 75%, the project aims to bring the hospital to a higher percentile amongst hospitals. Currently, 30% of the reimbursement from CAHPS comes from patient satisfaction, with pain management being one of the sections of patient satisfaction where the unit is looking to improve (Schroeder et.al., 2016).

This project aims to improve the quality of documentation and reassessment of pain following intervention in order to achieve effective pain management and increased quality of care to patients. Pain reassessment allows for patients to communicate with staff members about the efficacy of their pain intervention and can not only improve the quality of communication within the unit, but can allow for interventions to be adjusted according to patient need. Following expected increase of documentation and patient satisfaction rates, the increase in effective pain management will foster early mobility and recovery, lowered risk of complication and reduced hospital stays (Sanguineti, Wild, and Fain, 2014).

Rationale

In the acute care surgical unit, pain management has always been an important topic to discuss and consider. It is always our goal to improve the quality of care we provide for our patients and we look to evidence based practices to guide the changes that we bring to our microsystem. Beginning this project, I looked largely at the numbers from chart audits and from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) to see the documentation compliance rate and the patient satisfaction rates. The CAHPS data for June 2016 - August 2016 in this unit shows that 70.5% of patients chose the “Always” option to reflect the management of their pain, placing the unit in the 91st percentile. Baseline data of June 2016 -

August 2016 regarding nurse compliance with pain documentation reveals an average of 45.77% compliance for this unit. The compliance rates reflect a need to address documentation and pain management.

However, in order to address the needs of the unit rather than attempting to boost numbers, I conducted several surveys with nursing staff to discuss the root causes of low rates of documentation or lowered patient satisfaction rates. I found that many nurses discussed the many responsibilities of their daily tasks to be a large influence on when they reassessed and documented. Many staff members stated that there were other tasks that were of a higher priority and that documentation was one that low in priority. In addition, staff members stated that they were unsure of how to properly document pain reassessment following initial intervention as there was no clear place for this in the EPIC system that had only been recently implemented. Due to the confusion, many staff members had documented in a variety of places, including on paper or whiteboards to have as reminders to themselves. Some staff members mentioned unclarity as to whether pain reassessment had already been done by nurses from other shifts and a lack of consistency between team members. In creating my education plan, I utilized these concerns to address the causes inhibiting documentation and reassessment. By tackling these topics, I hope to help pain reassessment and documentation to become second nature to staff members, and in doing so improve the quality of patient satisfaction as well, helping them to fully address and manage their pain.

Gordon et.al.(2008) explains that “high-quality pain management is a complex process that goes beyond appropriate screening, assessment, and reassessment to include interdisciplinary, collaborative care planning that includes patient input.” It is clear that pain management is not limited to an initial assessment and intervention, but rather must involve

many team members, evidence based practice, and careful care planning involving the patient. I would like to involve all these aspects in a pain reassessment plan to ensure that patients have better managed pain and that they feel their needs are heard and cared for. By involving an interdisciplinary team, I hope to have better insight into the specific needs of the patient and different interventions that may better help them manage their pain, whether it be a different prescription or a non-pharmaceutical approach. In addition to the increased rates of documentation and pain reassessment, we will be looking to see increases in patient satisfaction not only regarding their pain management, but in the ways that nurses have communicated with them regarding their needs.

Methodology

This project looks to create small but meaningful changes in the surgical unit. The objective of this project is ultimately to create a sustainable system for the unit which can be utilized to improve not only the documentation and utilization of pain reassessment, but ultimately to improve the relationship and communication between staff and patients and to improve the quality of patient stays and satisfaction. Kotter's Eight Step Model of Change can be utilized to guide this process.

As a Magnet hospital, we are constantly looking to present evidence based changes to improve the quality of care we provide for our patients. Challenges and changes are an integral part of the healthcare field and essential in what we do. Kotter's Eight Step Method of Change is relevant here because change is such a large constant in our field and it is imperative that we not only look to bring change, but look to do so in a thought out, evidence based, and responsive way. Kotter's method relies on the leadership brought by a CNL to inspire and motivate staff to make changes for the right reason. This is very different than a management type plan of

implementing new protocol and requirements without reflecting the needs and concerns of the individual members of the unit. Kotter's method allows individuals to make informed choices about the changes they will be making together to bring improvements to their own environment. Change that is brought about through individuals who are inspired and motivated can bring more sustainable and flexible change reflective of the individual microsystem.

Kotter's first step is to create urgency. In order to do this, I will address the lack of consistent and documented pain reassessment within the unit. By providing an educational training for nurses, I aim to motivate staff members to recognize the need for change and therefore bring motivation to follow through with this practice. In bringing vital information regarding patient pain management, satisfaction rates, and length of stay, I hope to encourage nurses to follow through with these practices.

The second step of the change model is to form a powerful coalition. In addition to collaborating with my own preceptor for this project, I have also reached out to the Unit Manager, Unit Educator, and the Pain Management Team at the hospital. This will ensure that everyone is on the same page in regards to the methods and the goals to this project.

Third, it is important to create a vision for change. After understanding the need, we also want to present a clear understanding of what it is that we need to change in order to address the urgent issue. In this case, the Unit Manager, Unit Educator, and Pain Management Team has been collaborating with me in order to create a consistent plan for the expectations of the unit. The vision is to create a quality improvement project that can make pain reassessment and documentation a seamless and second nature change in the unit.

The fourth step is to communicate the vision. This is vital so as to include all staff members in the vision, allowing them to become active participants in change. The idea will be

presented to unit staff at a staff meeting, allowing them to not only recognize the need, but also the vision for the planned change and its potential results.

Kotter's fifth step is to empower others to act on the vision. Rather than forcing documentation and auditing staff members, I hope to use the education opportunity as a time for staff to have an open discussion as to what their concerns are, and how they can be addressed to make documentation a natural part of their daily work. This will empower staff to feel that they are part of the change, and can help to reaffirm the importance of this project and how it will directly influence the satisfaction and health of their patients.

The sixth step of change is to create short term wins. The short term wins help to encourage staff to continue on their work and allow them to see the efficacy of the change. Positive feedback during this time is crucial, and I will be checking up on staff to provide them with support through this project, as well as regular feedback and praise for the work that they are doing to bring change to the unit. Documentation numbers can be easily taken at any time and can be a great reflection of the big impact of the little changes we are making.

Next, we will consolidate improvements and produce more change. This portion will be very important for the project as the ultimate goal is to create a sustainable protocol that can become second nature to staff. Planning for sustainability is vital and monitoring and review systems will be placed to ensure that these improvements continue and we can see more change.

Kotter's eighth and last step to change is to institutionalize new changes. As the change in protocol and documentation becomes a part of daily work within the unit, the changes and results seen will work as inspiration and a model for other units to inspire change. If this project proves to be effective, the hospital's pain management team will be looking to spread these

practices to other units to help reinvigorate the pain reassessment and documentation of other units.

For the education portion of my project, I hope to address several issues that will work to increase staff motivation for documentation compliance. By stressing the importance of pain reassessment and documentation, I hope to prioritize this task. I will begin with discussing the Joint Commission's (2016) standard for pain management and the requirement of appropriate pain reassessment as part of effective pain management in hospital settings. Then, the teaching will stress the benefits of pain management for patients, that effective pain management can lead to a decrease risk for complication, decreased length of stay, and higher patient satisfaction. I will then lead to the importance of pain reassessment documentation, introducing documentation as a way for nurses to communicate with each other. A clear, concise, and timely communication about pain is vital to patient's comfort and determining the effectiveness of treatment plan. Documentation provides a way that patient needs can be heard and also passed on to other healthcare providers. By reassessing pain after intervention and documenting the process, we can have a better understanding of how we can help patients to manage their pain and we can better suit their needs. In addition to providing teaching for staff, it will be important for me to add encouragement for staff members to "Be the change" and be a part of improving the quality of care provided by our unit. My education and teachings will also stress on the importance and value of teamwork and what we can accomplish, and how much more efficient we can be working together.

Following this, I will be ensuring that reminders are in place around the unit, including large visual reminders near the break and meeting rooms, educational pamphlets/brochure, and small reminders at each nurse computer. I plan to place posters in the break and meeting rooms

to ensure they will be in highly visible and trafficked areas. Inservice with the staff during huddle will also continue throughout the project to ensure regular reminders. I will be working to answer any questions that staff may still have as they begin regularly documenting and reassessing, and as a part of the unit, I will be able to implement this practice in my own work and speak directly with my patients about their pain management and satisfaction.

In order to check the efficacy of my project, I will be looking at the aggregate patient data from HCAHPS scores to gauge patient satisfaction levels regarding pain management. This will allow me to adjust future staff meetings or huddles accordingly if data shows that teaching reinforcement is necessary. I predict that documentation will increase very quickly in the beginning following documentation. As the project continues, I suspect that documentation rates may lower a bit as nurses find themselves busy or having to deal with other issues. I understand that with this project, it will take time to catch on and to become routine, so I will be prepared to continue to provide education and reinforcement for the unit. Hopefully, the scores will show a gradual improvement for patient satisfaction and we will see the satisfaction rate for both pain management and nurse communication rising. Ultimately, I predict that the rates will even out and I will be able to see these results.

Data Source

The focus of this study will come in many parts as each section of the project plan will address different issues. To begin with, anonymous nurse surveys will be completed and compiled from the unit to determine what the specific needs of the unit are and how the staff education session can most benefit them. Next, aggregate CAHPS data will be collected in order to understand and gather a baseline on where the unit lies in terms of pain reassessment and documentation compliance. CAHPS data collected will be reflective of patient satisfaction in

regards to pain management. By collecting data on nurse needs and patient satisfaction, the project will not only be looking at improving numbers for documentation and pain reassessment, but will be looking to improve the way that nurses look at pain management, how they can more effectively complete pain management duties, and ways to improve the ways that they can communicate with patients, thus bringing upon higher patient satisfaction in regards to pain management. In order to find evidence to drive my project, I utilized the University of San Francisco's library to access peer reviewed articles that reflected some of the topics that would be covered in my paper. These papers discussed numerous topics that helped to bring evidence to base my projects on.

My PICO search was:

Patient/Population/Problem: Surgical Nurses in Orthopedic Unit in Community Hospital

Intervention: Staff education about pain reassessment and documentation following intervention

Comparison: Current practice, inconsistent follow-up, lack of documentation despite follow-up, infrequent and inconsistent communication with patients following intervention

Outcome: Improve documentation compliance from baseline to 75% by June 2017.

Literature Review

One of the first sources I looked to was presented by the Joint Commission (2016) clarifying the pain assessment standards that they presented for Provision of Care, Treatment, and Services. This paper discusses the importance of understanding why reassessment should be done, and how integral assessing pain following intervention is. The Joint Commission standards were a large inspiration to my project and will be a large part of my teaching as I present to the nursing staff the importance of pain reassessment as a part of pain management. The Joint Commission also stressed the importance of recognizing that pain management did not mean a

removal of pain and discomfort, but rather reducing pain and aiding in pain management. This information was useful to place into my project to encourage nurses to address the problem, but not to feel helpless if pain was not immediately eradicated.

As I began working on creating my education plan, I searched for information to help reach the nursing staff in a way that would not pressure them to reach certain goals, but rather to inspire nurses to make changes in their own practices in order to be better nurses. Purser, Warfield, & Richardson (2014) focused a study on their own staff and the ways they responded to trainings regarding pain management. They found it incredibly effective to teach pain as the fifth vital sign, citing the importance of pain management as one that is essential to a patient's health. With this in mind, nurses were more likely to address a patient's pain and follow up with reassessments or documentation. This theory will be utilized in my education projects to help the change the perspectives of the unit to prioritize pain reassessment and documentation.

Nurse knowledge and attitude was a large part of my project. I understood that increasing pain reassessment and documentation would be helpful to managing pain, but I wanted a way to have pain reassessment and documentation become a sustainable practice rather than one that would fade as the project ended. Al-Shaer, Hill, & Anderson (2011) focused on how nurses felt about documentation and how they tackled some of the issues. Similarly, nurses in my unit understood that documentation was important, but placed it lower on the list of priority than many of their other tasks. Many nurses reported that they were too busy and were not staffed well enough to be able to document the pain of their patients. The study showed that knowledge did not go hand in hand with priority, and therefore strengthened my need to not only provide education, but a way to inspire nurses to make the change so that they themselves can make it a priority.

Wadensten, Fröjd, Swenne, Gordh, & Gunningberg (2011) studied the efficacy of pain programs amongst hospitals. Despite nursing interventions, many patients in this study experienced pain that led them to be dissatisfied with the way their pain was being managed. This study showed the importance not only of intervention and pain reassessment, but of communication between nurses and patients. The study found that patients who communicated with health care staff about their levels of pain felt more satisfied with their pain management, despite feeling the same amount of pain. This motivated me to utilize the opportunity for reassessment as a communication tool between nurses and patients, allowing patients to feel that their pain was being addressed and their needs were being met.

Patient pain perception was definitely one of my concerns with looking at patient satisfaction. Pain has always been a difficult study to broach and unfortunately, there are often many strings that come with assessing patients for pain. Some staff members may have prejudices and others may have different biases. Pain reassessment opens up nurses to another experience where they have to make the judgement call on how their patient is feeling. Eriksson, Wikström, Årestedt, Fridlund, & Broström (2014) discuss the use of numeric rating scales similar to those we use in our unit. They found that the use of numeric rating scales for patient pain was not wholly effective and patient pain was very hard to address utilizing only these numbers. However, coupled with creating and fostering a dialogue with patients, they found that patients not only reported to be in less pain, but nurses felt that they could better understand and care for their patients. This article helped to move my aim toward creating communication between staff and patients in order to build patient satisfaction.

In their case study, Hall and Gregory (2016) discussed the effects of assessment and management of pain in an orthopedic outpatient setting, one very similar to the one I was hoping

to conduct my project in. In their study, they found a number of things that would continue to influence my project. One of the important factors they found was that patient pain perception varied wildly, and that there were a number of aspects that would affect pain. Having nurses that were responsive and that would follow through with pain reassessment was something that helped patients feel that their pain was more managed. In addition, an interesting find was a change in the nurses and care teams following improved patient pain management. When patients reported that their pain was more managed and that they were more satisfied with their pain, nurses felt more confident and capable. This study showed me how important my project would be not only for the quality of care for patients, but how much it would unite my unit and bring them confidence in their capabilities.

Timeline

In order to implement this project, I will be looking to conduct my initial staff education following hospital approval. Prior to doing so, the project plan will be shared with the Unit Manager, Unit Educator, and Pain Management Team, as well as the Director of Medical and Surgical Services, Magnet Program Director, and the Director of Special Projects. Sharing of information will allow the unit and hospital to be on the same page for this plan and implementation can happen smoothly following approval. The staff education will become the initial catalyst for the changes that I am predicting will occur. Following the staff education, posters and other visual educational materials will be posted and provided to supplement the training. For those members that may not have been able to attend the meeting, there will be additional meetings provided to suit staff schedules and to ensure that staff members have received the same information. Audits for documentation will be compiled monthly and nurse

concerns and needs will be surveyed as well in order to understand roadblocks inhibiting appropriate documentation and pain reassessment.

Expected Result

The project is intended to be a long-term solution to help raise documentation compliance and improve the quality of pain management for patients. Results will be collected at monthly intervals through audits and surveys. Additional results for documentation compliance will be collected at regular intervals to ensure that nurses understand the protocol. Results will be kept confidential and utilized only by the hospital or for the purposes of University of San Francisco's Internship: Clinical Nurse Leader Course.

With increased staff training, education, and documentation, the hospital has set a goal to increase the documentation compliance for pain reassessment to at least 75% by June 2017. By educating staff members on the importance of pain reassessment as an integral part of effective pain management patient will receive safe and effective pain management tailored to their needs. In creating consistent methods and reminders for documentation, two of the main issues have been addressed and I expect to see that nurses will begin to reassess pain following intervention and document it within EPIC. A literature review of Camp and O'Sullivan's (1991) "Effects of Continuing Education: Pain Assessment and Documentation" notes that lack of knowledge about pain reassessment is one of the reasons for low documentation rates, but that "reassessment and subsequent documentation procedure will increase their participation in pain management."

I do expect that the nursing staff will be compliant with the documentation as many have already expressed understanding on the importance of pain reassessment and have primarily discussed trouble with documenting within the EMR. From this study, we will be able to see the

link between nurse education about the importance of pain reassessment for pain management and the compliance rates for documentation.

Nursing Relevance

This study will at least bring a sustainable source of change, rooted at a change in perspective for nursing staff members. By deepening staff understanding of the importance of pain reassessment as an integral part of pain management, staff are more likely to maintain the level of documentation that was expected of them at the start of the study. In utilizing Kotter's Steps to Change and inspiring staff to make changes to their own practice to bring a higher quality of care for their patients, we expect to see that nurses will be more compliant in their pain reassessment and more regular in their documentation. The study will look at the results of patient satisfaction following the implementation from CAHPS, reflecting their feelings on nurse communication regarding pain, the amount to which their pain was managed, as well as their overall satisfaction on their experience. This project will look not only at the compliance rates, but at changing the motivation for nursing staff, bringing to them an effective way to communicate with their patients, a consistent and simple place for them to log their documentation, and a highly effective way for them to better help their patients manage their pain.

Summary Report

The aim of this project remains to improve pain reassessment and documentation following initial intervention. In order to implement this project, I had created a plan to survey nurses and create an education plan that would be implemented to provide nurses with not only information on how to make changes and properly reassess and document pain, but also

continuous support and encouragement through the process. The setting I was looking to implement the project in is a community hospital within the California Bay Area. This is a surgical orthopedic unit which serves primarily orthopedic patients and are all surgical patients. The unit has a 38 bed capacity and is covered by 47 RNs and 4 LVNs.

Prior to the implementation of the project, it was necessary to collaborate with a number of people and committees of the hospital in order to be approved to implement. To begin with, my preceptor, Jackie Keane, and I met to discuss the needs of the unit and projects that would work to improve the quality of patient care and patient satisfaction. The need that was determined was for a way to make pain reassessment and documentation consistent within the unit. There were similar goals from other committees and groups in the hospital so I was able to set up meetings in order to determine the best way for me to go about implementing my project at the hospital.

My initial meeting with hospital members included the Director of Medical and Surgical Services, who is also the Magnet Program Director, the Manager of Special Projects, the Manager of Performance Improvement, and the Manager of Surgical and Pediatric Units, the unit in which I was looking to implement my project. During this meeting, we discussed the current status of the unit and the needs that were seen. The meeting was focused on my goals as a student attempting to implement a project in the hospital setting. I was asked about the data that would be collected during my project, and we were able to discuss the general policy regarding student projects. Aside from approval from Corporate Compliance, I was not given specific instructions on forms, applications, or approvals at this time. I continued to work on my project, without knowing that these approvals would cost valuable time for the implementation of my project.

Following this meeting, I met with the National Research Council during their monthly meeting at my hospital. At this time, I was introduced by the Manager of Special Projects to the members as a student doing a project. I was able to observe another student's project and had the opportunity to introduce some of the ideas of my own project. I also met with the hospital's A3 group and was introduced again as a student completing a project. I had the opportunity to explain the focus on my project. Meeting with the A3 was suggested by the Director of Medical and Surgical Services as a learning experience to pick up ideas on how to more effectively manage pain.

As I continued to create specific goals for my project, I understood that I would need to collect data from hospital sources. I was directed to the Palliative Care Manager and had a meeting to discuss what data I would need to be collecting and how I would be able to find the information that I needed.

After collecting data from nursing staff, I began drafting the education portion of my project. I knew that I wanted to be able to speak with nurses directly, but also provide them with reminders that would be visible throughout their day since EPIC was not able to give them reminders directly. As I worked on creating training and educational materials, I looked to schedule time to implement my project within the unit.

As I was looking to begin implementation, I was faced with new challenges. Although I had spoken to the Director of Special Projects on several occasions prior, I was not told that my project would need to be approved by the Institutional Review Board (IRB) and the Director of Corporate Compliance. When I received the information, I began working on completing the necessary paperwork, an IRB form and a Protocol Summary. I initially submitted my paperwork

to the Director of Special Projects, who aided in making changes to my forms so they would be ready for approval by the NRC, IRB, and Director of Corporate Compliance. There were initial concerns about the attainability of my goal, so together we collaborated and found a more realistic goal. However, there continued to be issues during this process. As I received each piece of feedback, I made attempts to change the selected portion according to the advice from the Director of Special Projects. I would then receive the paperwork back with a new comment on a different portion of the forms. This would continue for over a month, and unfortunately, my project is still in the process for approval.

In waiting for approval, I began to complete the training materials and prepared them for distribution to staff and for posting in the hospital. I completed several posters which can be posted in highly trafficked areas, and small brochures that include information on appropriate timing on pain reassessment, and notes on documentation. In addition, I had created small reminders for placement on nurse computers as regular reminders. Without hospital approval, I am unable even to post and provide my materials.

The approval process was certainly a challenge for me that I did not previously anticipate. I knew that finding time and approval for training time may have been challenging, but I certainly did not expect to be unable to implement my project before the submission of my paper. I worked to complete all the requirements set forth by the hospital, but was blindsided by the fact that there was additional paperwork that I did not know of until I was nearly ready for implementation. While I was initially very frustrated, I worked hard to make the recommended changes each time. Through this process, I began to learn some of the challenges of submitting projects for review and the depth in which the hospital looks into projects to protect patients and nurses. I was able to gain valuable experience about how project approval goes through a

hospital, and was able to write several other academic pieces in the format requested by the hospital to explain the goals and intentions of my project.

Ultimately, I do wish that I had known about the paperwork necessary for implementation earlier. I would have honed in and clarified my goals and methods immediately and submitted them for approval. I was largely focused on the expectations for the course, but was not prepared for the number of constraints that the hospital would require of me to implement a project.

Conclusion

This project was certainly a big learning experience for me. I went into the project ready to create goals and achieve them, without truly understanding all that needs to go on before projects like mine can be approved and implemented. Much of the forms and submissions included requesting that patient information was deidentified and ensured that patients would not be harmed in the process of the project. They also requested to know how the project was projected to make improvements and how they would affect patient safety and satisfaction. In doing all this, I gained a deeper understanding and appreciation for all the work that goes on in the background to make sure that we are all held to a high standard of quality care for patients and protection of their physical well-being and their private information.

I am truly thankful for all the hospital staff members that were able to work with me on completing this project. Without their guidance, I know that I would not have been able to come through with an attainable goal and sustainable methods. I have been fortunate enough to see that many others share my goal of improving quality of patient care and pain management, and I hope to be able to implement my project soon to see the results.

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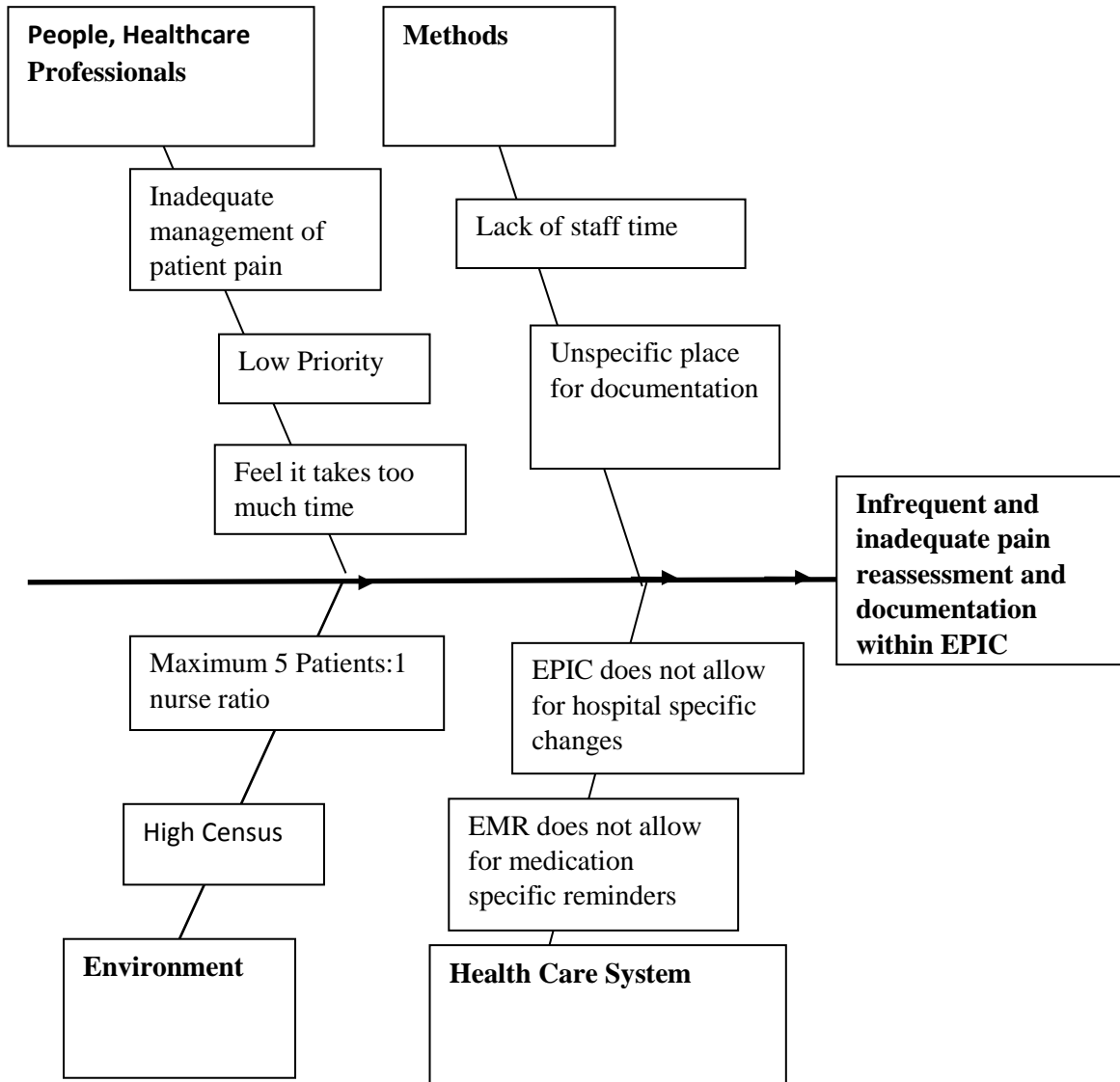
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Appendix A

Fishbone Diagram



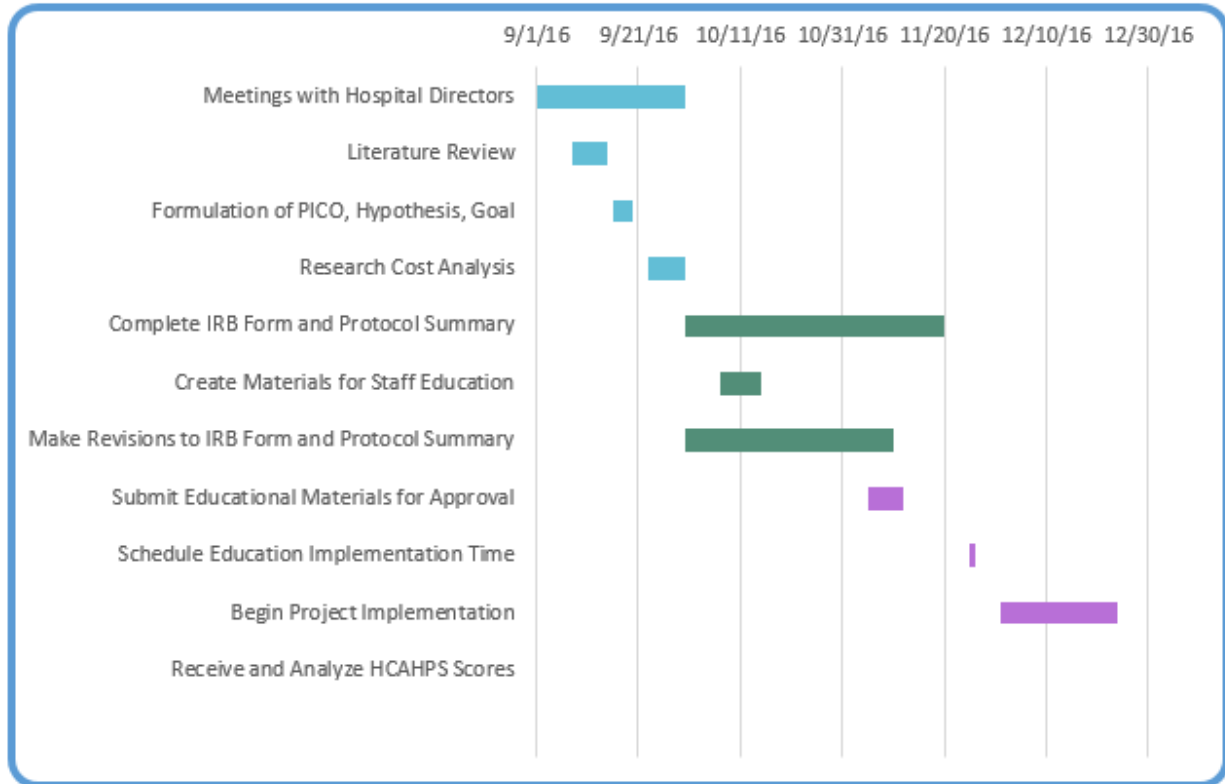
Appendix B

SWOT Analysis

Strengths	Weaknesses
<ul style="list-style-type: none"> • Realization of importance of pain reassessment • Support from hospital pain committees and other hospital staff • Current and ample computers and computer systems for documentation • Striving for high standards as Magnet hospital 	<ul style="list-style-type: none"> • Demand on nursing responsibility • EPIC does not facilitate reminders for pain reassessment with each pain medication administration • Lowest of staff priorities
Opportunities	Threats
<ul style="list-style-type: none"> • JAHCO initiative for pain • Performance improvement • Improved patient satisfaction • Increased Reimbursement 	<ul style="list-style-type: none"> • Requires ongoing commitment and work from management • Resistance to change by some staff • Lack of time to properly implement

Appendix C

Gantt Chart Timeline



Appendix D


Educational Materials (Poster)



Appendix E

Educational Materials (Handout)

EFFECTIVE PAIN MANAGEMENT STARTS WITH YOU



BE THE CHANGE

JCAHO Standard on Pain Management

(a) Reassessment is done after each intervention (medication, repositioning, ice, heat, etc.)

(b) Effects of intervention must be documented. **If it's not documented, it didn't happen.**

Reassess Pain & Document

15-30 for IV medication

Within 60 Minutes for oral pain medication

Pain Reassessment is part of effective pain Management

Sub-optimal pain management can lead to:

(a) Prolonged post-operative recovery

(b) Poor patient functionality and productivity

(c) Increased risk for complication

Lack of Team Communication/ Pain Reassessment documentation:


(a) Ineffective communication between clinicians were hindrances to effective pain management

(b) Clear, concise, and timely communication about pain is vital to patient's comfort

(c) Communication is vital in determining effectiveness of patient's treatment plan.

Financial implications for health care organizations

(a) CMS and HCAHPS scores publicly reported performance pain measures



Appendix F

Educational Materials (Post-it)

