

Strategic Utilization of Technology for Pain Management Process Improvement in a Pediatric Acute Care Facility

K. Klimpel, RN, CNS, MSN, D. Givens, MSN, RN, CFNP, and A. Marquette, MS

PURPOSE

The purpose of this quality initiative was to improve the rate of pain reassessments. Although routine pain assessment & appropriate interventions were documented consistently, pain reassessment rates were low and pain AIR cycle (assessment – intervention – reassessment) completeness was not consistently greater than 90%. Pain related documentation is completed in our electronic medical record (EMR) & so the EMR was utilized to improve our pain documentation compliance.

SIGNIFICANCE

Pain often accompanies patients with various illnesses. If not assessed and treated, pain can greatly impact the patient's care. Under-treated pain can:

- ✓ decrease function & delay rehabilitation
- ✓ cause sleep deprivation which decreases ability to cope & delays wound healing
- ✓ increases anxiety

EMR PAIN REPORT

SAMPLE DATA FOR PAIN REPORT

Unit	Patient Name	Room	Age	Sex	DOB	Admission Date	Admission Time	Admission Type	Admission Source	Admission Location	Admission Status	Admission Reason	Admission Location	Admission Status	Admission Reason
0101	0201	0401	0601	0801	1001	1201	1401	1601	1801	2001	2201	0000			

STRATEGY & IMPLEMENTATION

A multidisciplinary team was assembled to brainstorm action steps to increase pain reassessment documentation compliance.

1. Feb-Apr, 2009
 1. Auditing practices standardized to using AIR cycles
 2. Custom pain report was developed (EMR Pain Report)
 3. Unit specific improvement plans implemented
 4. Standardized spreadsheets utilized for data collection & to communicate data from the EMR to staff quickly
 5. 48 hours of documentation reviewed weekly via AIR cycle audits by the Quality Department to trend compliance
 6. Quality Dept. audit results provided to units weekly for quick follow-up and/or individual re-education
2. June, 2009 – Data reviewed & unit specific best practices identified. New action steps included:
 1. Report now run on every shift on every unit as tool to remind staff of missing documentation
 2. Documentation screens modified
 3. Continue to monitor compliance of individual staff as well as overall unit compliance
 4. Compliance to pain AIR cycle documentation standards incorporated into individual staff performance evaluation goals & unit leaders goals for their overall unit compliance

IMPLICATIONS FOR PRACTICE

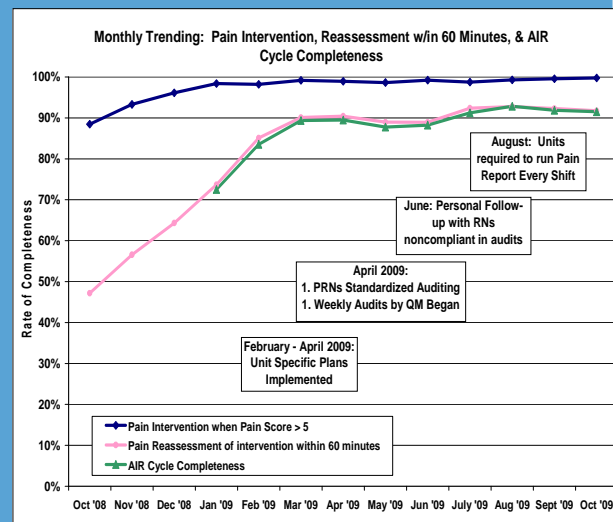
Utilizing the EMR Pain Report allows for easy, real-time standardized auditing that provides the ability for immediate staff feedback & education, dramatically increasing pain reassessment compliance & patient care. Along with standardization of practice, utilization of the EMR for data collection can be applied to other clinical goals to increase the frequency & ease of data collection and improve quality practices throughout the hospital.

Areas for improvement are still being identified. Even though compliance remains at >90% overall, the trend for most errors has been identified as occurring during the routine change of shift times. Unit based teams are continuing to work on enhancement in processes to improve hand-off communication to improve pain reassessment documentation during these times.

EVALUATION of OUTCOMES

Pain reassessment compliance rose from 56% in November, 2008 to 89% in June 2009 and now continues to stay greater than 90% since July, 2009. Overall Pain AIR cycles have remained above 88% since April, 2009 and greater than 90% since July, 2009.

Assessment: Inpatient Monthly Audits



REFERENCES

Please see accompanying handout.

Assessment: Inpatient Weekly Audits

