Pain Assessment/Intervention/ Reassessment (AIR) Cycle Indicator

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Purpose

The purpose of this project was to establish a reliable method for St. Francis Hospital & Health Centers to determine prevalence of completed pain assessment, intervention and reassessment cycles in the pediatric and neonatal patient population. The National Database of Nursing Quality Indicators (NDNQI) Pain Assessment/Intervention/Reassessment (AIR) Cycle Indicator was used in order to achieve our goal.

Significance

- Without a standardized method for collecting data related to pediatric and neonatal pain assessment, intervention and reassessment cycles, it was difficult to provide documentation that pain was being assessed and to determine if pain management strategies were being implemented and documented by the bedside registered nurse (RN).

- We had no method to compare our pediatric and neonatal pain data to national benchmarks.

Strategy and Implementation

- Through our staff nurse-driven Pain Management Council, we began submitting data to NDNQI for the Pediatric/Neonatal Pain Indicator. Responsibilities of the council include development of nursing process related to pain management (i.e., assessment, interventions and reassessment) as well as data collection and reporting outcomes associated with pain intervention.

- A subcouncil was formed with the co-chair, the pediatric nurse representative, the neonatal intensive care nurse representative and the clinical nurse specialist/nurse manager from the Pediatric Unit.

- February 2010: The first prevalence was conducted using the NDNQI Pain Assessment/Intervention/Reassessment (AIR) Cycle Report.

- March 2010: Education was completed on new pain scales consistent with pain scales listed on the NDNQI Pain AIR Cycle Report. The tools are the Neonatal Pain Agitation and Sedation Scale (N-PASS) and the Facial expression, Leg movement, Activity, Cry & Consolability Scale (FLACC).

- May 2010: The second-quarter prevalence was completed.

- September 2010: The third-quarter prevalence was completed.

Results

- Pediatric Unit: During the first-quarter, audits demonstrated 80% compliance with completed AIR cycles. During second-quarter, audits demonstrated 100% compliance.

- Neonatal Intensive Care Unit: During the first-quarter, audits demonstrated 50% compliance with completed AIR cycles. During the second-quarter, audits demonstrated 53% compliance.

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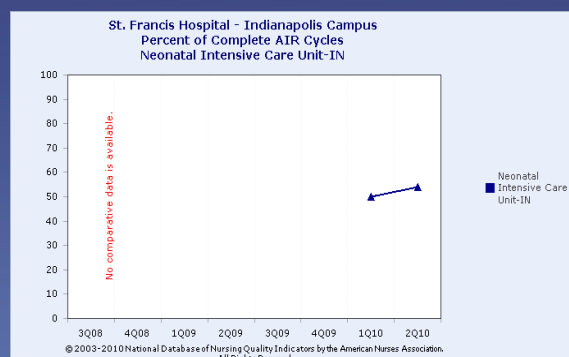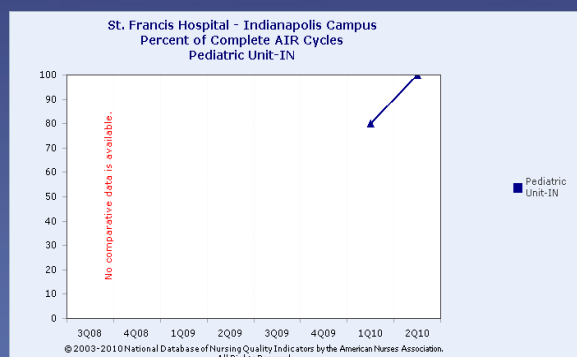
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Evaluation

• Results indicated that the strategy and implementation plan led to an increase in compliance by 20% in the Pediatric Unit. We will continue to follow audit trends to see if they are sustained.

• Results indicated only a slight increase in compliance in the Neonatal Intensive Care Unit. We will continue to follow the results in this unit, recognizing that additional interventions with staff will likely be necessary to increase compliance.

• AIRS prevalence data will be collected and submitted to NDNQI on a quarterly basis and will be reviewed by the Nursing Pain Management Council Members and unit managers from both the Pediatric and Neonatal Intensive Care units on an ongoing basis.

• Using the NDNQI AIR cycle indicator proved a useful tool for St. Francis Hospital & Health Centers to monitor compliance with pain assessment, intervention and reassessment in the Pediatric and Neonatal Intensive Care Units.

St. Francis Hospital - Indianapolis Campus
Percent of Complete AIR Cycles
Pediatric Unit-IN

No comparative data is available.

Pediatric Unit-IN

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St. Francis Hospital - Indianapolis Campus
Percent of Complete AIR Cycles
Neonatal Intensive Care Unit-IN

No comparative data is available.

Neonatal Intensive Care Unit-IN

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