



Improving Pain Assessment and Reassessment Documentation Compliance on a Medicine Oncology Unit

Jessica Estrada, BSN, RN, CMSRN

Burton 4, Medicine-Oncology, Johns Hopkins Bayview Medical Center, Baltimore MD

Background

A medicine oncology unit was below the benchmark of 80% compliance on pain assessment and reassessment documentation on monthly Joint Commission Audits. Nursing was not documenting pain assessments as clinically indicated or required. When these assessments were being documented, not all aspects were being included. With incomplete or missing pain documentation, adequate pain management can not be achieved. Adequate pain management can improve patient outcomes and well being while hospitalized as well as reduce length of stay.

Aim

In 3 months, the unit compliance of pain assessment and reassessment documentation will increase by 20% in 5 domains:

- a full pain assessment each shift
- full pain assessment prior to PRN pain medication administration
- pain reassessment within a reasonable time frame after pain medication
- POSS (Pasero Opioid-Induced Sedation Scale) assessment prior to opioid administration
- POSS reassessment after opioid administration

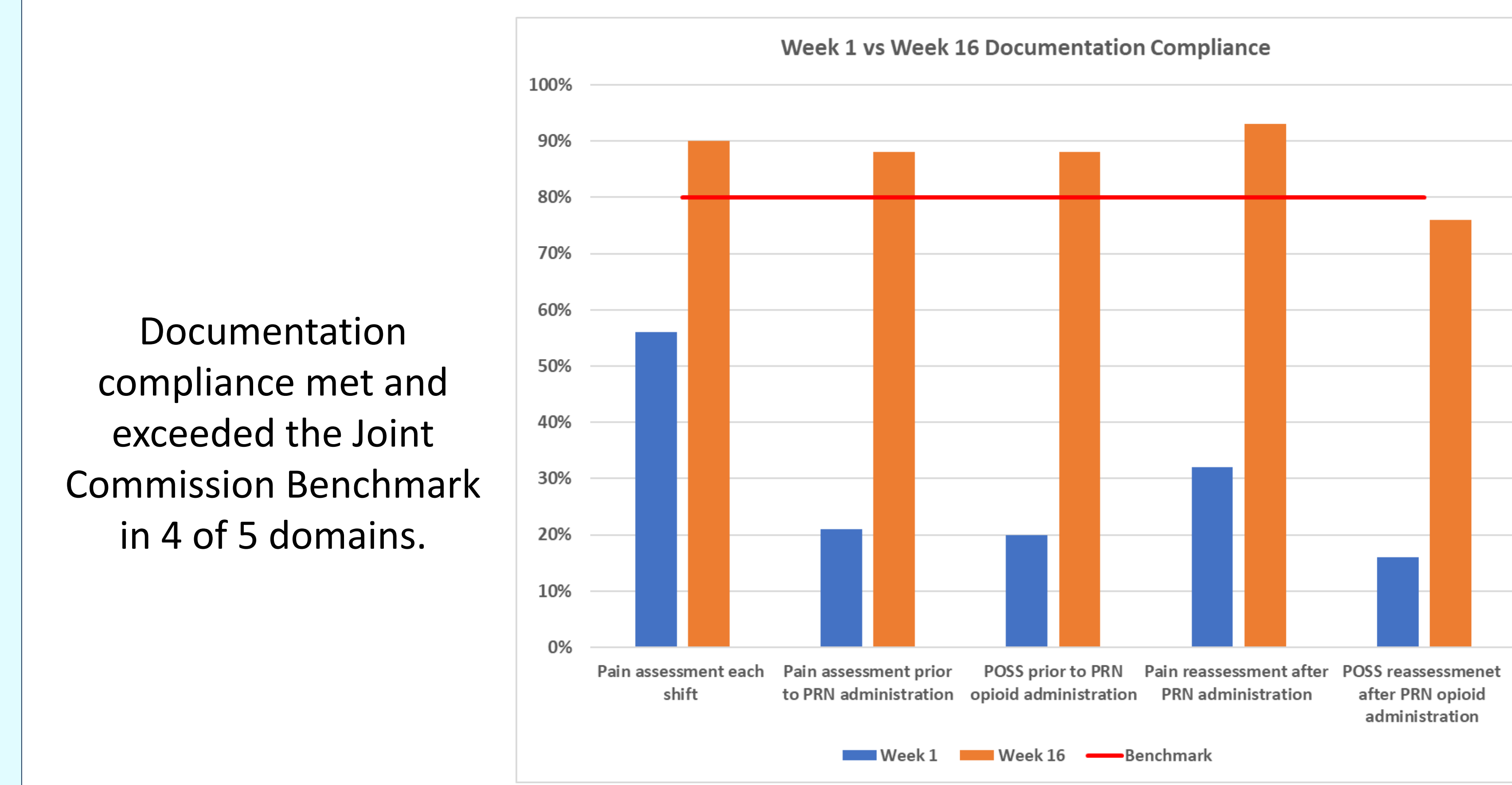
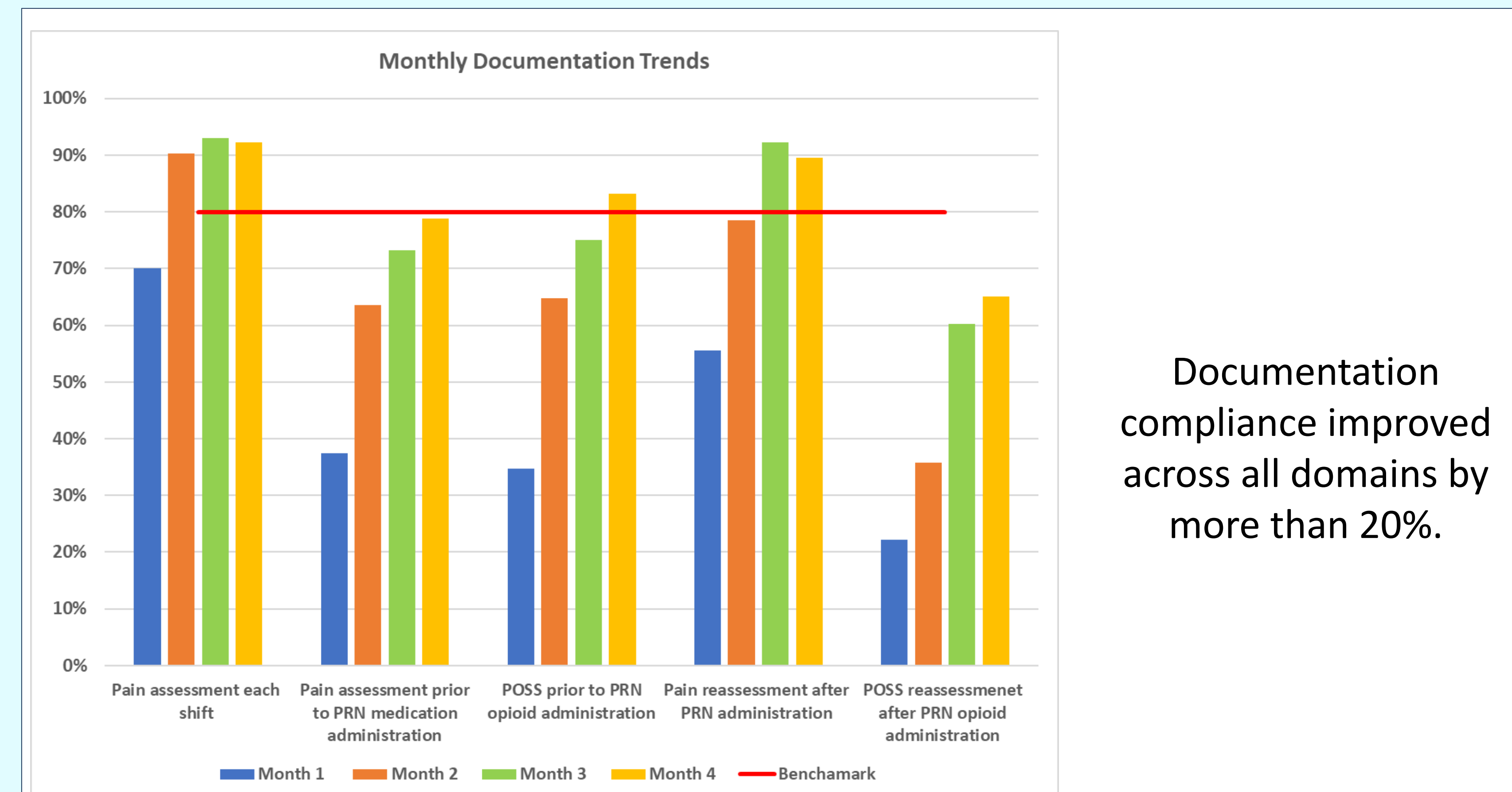
Intervention

1 month of chart audit data was collected while education was provided to unit nursing staff about the importance of pain documentation and documentation requirements. Over the next 3 months, audits were completed and real time feedback was provided to both unit and floated staff using email, EPIC chat, staff meetings and weekly bulletins. For those below the compliance benchmark personalized opportunities for improvement were included in their feedback. Those above the benchmark were recognized in weekly bulletin announcements.

Data Collection and Analysis

Each week an audit of the previous 4 shift's pain assessment documentation was completed. Individual staff compliance in each of the 5 domains were assessed and then overall unit data was compiled. Full pain assessments documented at the appropriate intervals were given credit for completion while partial, incomplete, or incorrectly timed assessments were counted as a zero. Individual compliance scores were calculated by dividing the number of correctly documented components by the expected number of documented components.

Results



Implications for Practice

- Improving pain assessment and reassessment documentation will not only meet the compliance requirement for Joint Commission Audits, but will improve the overall well-being and experience for patients admitted to the hospital.
- Difficulties encountered during the planning of this project were designing an audit tool that captured both individual and unit documentation compliance, and impact of floated staff who were not provided with the documentation education on unit results.
- If starting this project again, EPIC secure chat would have been used sooner for feedback.

Project Resources

Bulletin



Email



Audit Tool



For further information please contact jferrig3@jhmi.edu

References

Melia, R., Morrell-Scott, N., & Maine, N. (2019). A review of compliance with pain assessments within a UK ICU. *British Journal of Nursing*, 28(6), 382–386. <https://doi.org/10.12968/bjon.2019.28.6.382>

Phillips, M. E., Gilmore, R. A., Sheffield, M. C., & Phan, S. V. (2018). Pain assessment documentation after opioid administration at a Community Teaching Hospital. *Journal of Pharmacy Practice*, 32(2), 179–185. <https://doi.org/10.1177/0897190017751207>

Wissman, K. M., Cassidy, E., D'Amico, F., Hoy, C., Vissari, T., & Baumgartner, M. (2020). Improving pain reassessment and documentation rates: A Quality Improvement Project in a teaching hospital's emergency department. *Journal of Emergency Nursing*, 46(4), 505–510. <https://doi.org/10.1016/j.jen.2019.12.008>