

# Improving Pain Documentation Through Education

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# Improving Pain Documentation Through Education

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## Project Purpose: Improve pain documentation compliance through education

### Background and Triggers

- A major component of satisfaction during hospital stay is pain control. Accurate documentation can facilitate better pain control by enhancing communication
- Data collected from July 2017 through November 2017 averaged 58.6% compliance in pain re-assessment documentation on 6T.
  - Joint Commission requirement is 90% compliance
- Additional required pain assessment categories lacking required documentation included:
  - Comfort/acceptable pain level
  - Effects on physical and social function
  - Aggravating factors
  - Appropriate medication administered according to the pain score



### PICO Question

In 6T nurses, does an educational presentation compared to no intervention affect appropriate pain assessment and documentation?

P- 6T RNs

I- Small group educational sessions

C- No intervention

O- Improved pain assessment and documentation

### Process and Implementation

- Data collection took place from August 2017 to May 2018, inclusive of both pre- and post- data. Chart audits were conducted monthly. For our research purposes, focus was placed on nurses' compliance with charting in EPIC.
- Education sessions were conducted in April 2018 at various times to accommodate day and night shift staff. Sessions were held in small groups, utilizing a PowerPoint presentation. Handouts were provided for later reference. 42% of RNs on 6T attended the educational sessions.
- Educational sessions stressed importance of pain re-assessment. Education focused on the following aspects of pain documentation as well:
  - Comprehensive pain assessments
  - Care plan documentation
  - Routine pain assessments
  - Pain medication administration
- Post-intervention data was collected through chart audits in May 2018.

### Limitations

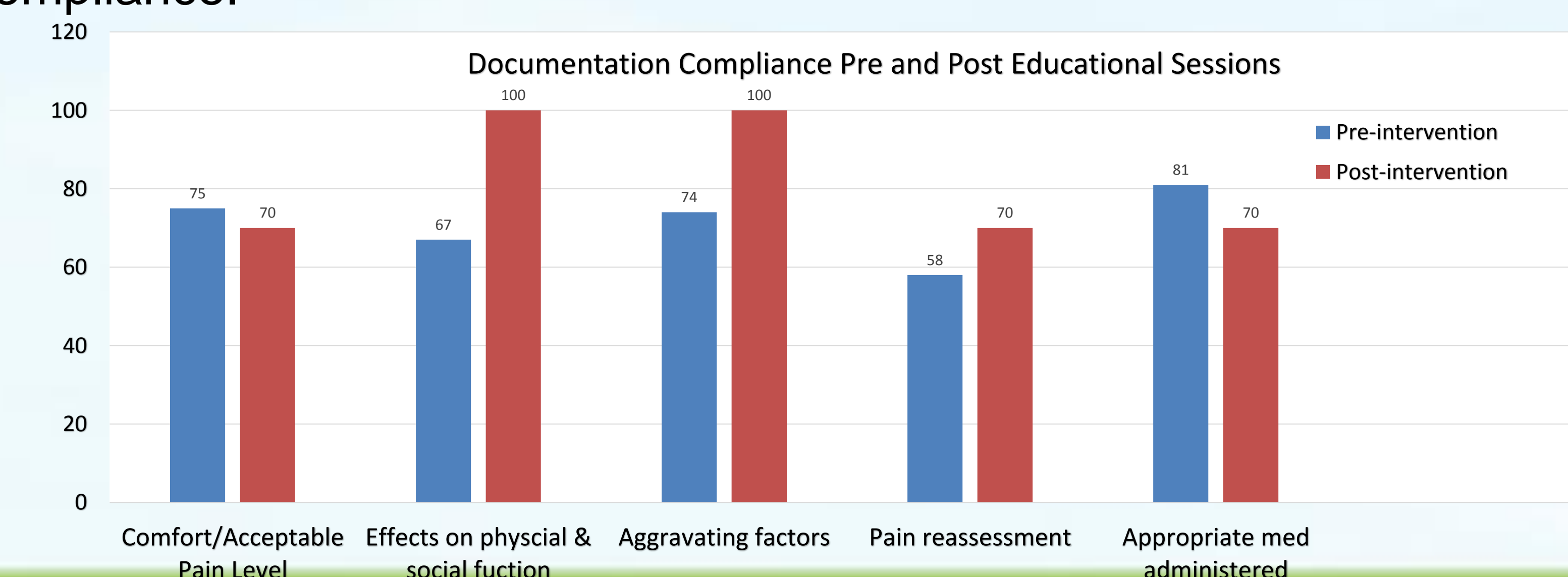
- Updates in EPIC took place during implementation, making some of the pain documentation both during admission and hospital stay "required documentation." Required documentation would display in yellow, reminding the RNs to document against each item. This affected the ability to identify our impact on results.
- Only 42% of registered nurses on 6T participated in the educational sessions, leaving the study with a smaller sample.

### Evidence

- Margonari, et. al (2017) found in person educational sessions were effective on improving pain assessment. Sessions were 30 minute, face to face, slide presentations. Results found a significant increase in pain knowledge attitudes and a 24.6% increase in accurate pain assessments.
- A five week educational program on pain assessment and knowledge was used by Zhang, et al. (2008) to identify the effectiveness on med-surg nurses. By utilizing a post-program questionnaire, researchers found that the experimental group had an average 19.47 point increase in scores compared to the control who's scores had decreased.
- Alvarez, et al. (2017) utilized an online educational program to educate nursing students on acute pain assessment. Researchers found that overall questionnaire scores increased. The study had positive feedback from participants, allowing reflection and learning to take place at their own pace.
- Latchman (2014) founded that better educating nurses does aid in optimal pain management practices. Topics such as pharmacology and pain physiology were discussed in education sessional. Following the sessions, nurses reported they felt better prepared to treat pain and patients felt their pain was better managed

### Results

Results were obtained by averaging the collected data from July through November 2017, the pre intervention data, and comparing it to the post intervention data collected in May 2018. Data was collected through 10 randomly selected chart audits. Of the 5 categories of required pain management documentation chosen for this study, scores were improved in 3. Required documentation of pain reassessment on 6T improved from 58% to 70%. Although still shy from Joint Commission's required 90%, educational sessions did aid in increased compliance.



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