

Effective Pain Management Promotes Positive Patient Outcome

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Problem: Pain is defined as subjective; there are no lab tests, x-rays, or scans to prove its existence or intensity. It is what the patient states. Pain is a common occurrence resulting in multiple physician visits; nevertheless, it remains under-assessed, under-documented, and under-treated. Ineffective pain management is a common cause for detrimental patient outcome. Failing to reassess patient's pain level one hour after a medical intervention is the number one cause of inadequate pain management. The goal for pain management is to promote increased patient satisfaction, decrease hospital length of stay, and increase overall patient outcome.

Evidence: Evidence used to address the problem was gathered by the Performance Improvement (PI) committee along with staff nurses who do weekly chart audits to determine pain reassessment and adherence to The Joint Commission's guidelines.

Strategy: Using a multi-system approach, a review of current evidence-based practice research articles outlining the effectiveness of pain reassessment, staff education, and weekly chart audits, to be applied to nursing practice.

Practice Change: PI weekly chart audits and interventions include that included: PI presence on floor to remind staff about reassessment for pain, staff education, patient education and participation in their outcome.

Evaluation: Active presence of PI in the work environment. Weekly data was collected by PI and their representatives on hourly pain reassessment after medical interventions.

Results: Weekly chart audits and PI presence promote nursing compliance for a hospital wide average of greater than 90% on hourly reassessment after medical intervention.

Recommendations: Educate and promote staff awareness of pain reassessment one hour after intervention in compliance with The Joint Commission. Continue trending nursing compliance through weekly PI chart audits.

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