

The PAIN Bundle: Improving Pain Reassessment Documentation Compliance Among Nurses Using a Bundled Approach

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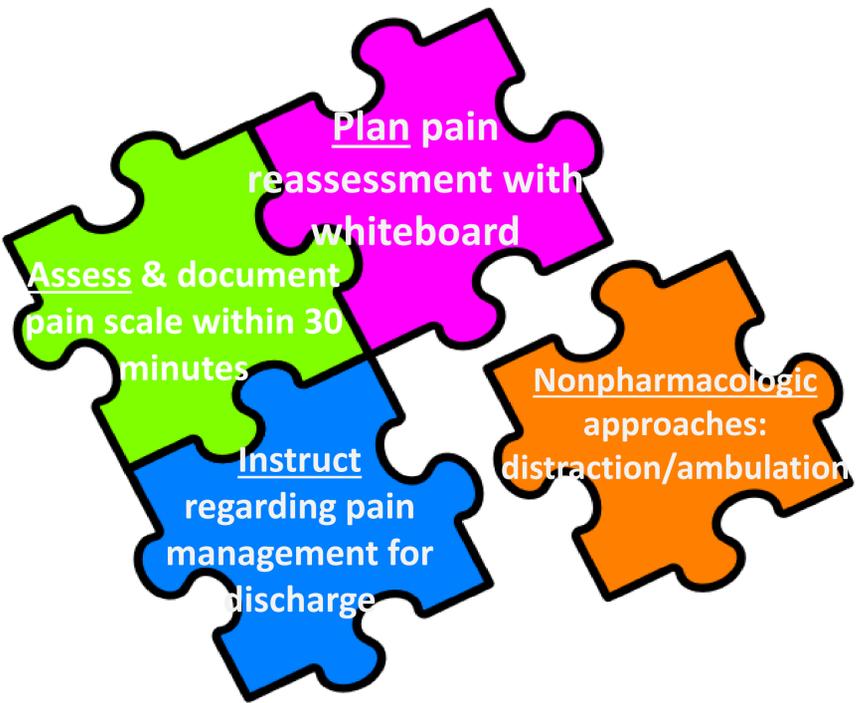
Background

Pain is a subjective experience in which each patient should be provided with equal treatment. Nurses are expected, and morally obligated, to ensure optimal healthcare delivery is provided to individuals experiencing pain regardless of personal beliefs (ANA Ethics, 2018). The American Nurses Association (ANA) Ethics Advisory Board (2018) has identified moral disengagement, knowledge deficits, and biases as common barriers for nurses providing optimal pain management.

Aim

Improve pain reassessment documentation compliance using a bundled approach focusing on education and organizational guidelines consequentially improving patient satisfaction scores.

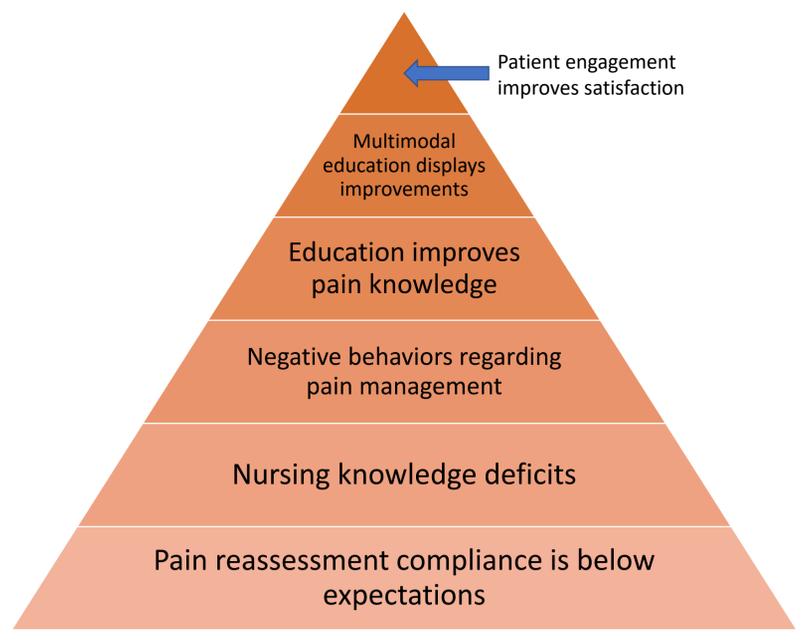
PICOT: In an acute care facility, how does a PAIN reassessment bundle compared with standard procedures improve pain reassessment documentation compliance over an 8-week period?



Method

Design: Quality Improvement Project
Setting: 3 medical surgical units in a 442-bed Magnet Recognized Acute Care Facility
Sample: Registered Nurses
Data: Pain Reassessment Documentation Compliance and Patient Satisfaction
Data Collection Plan: Pre-implementation data, weekly data for 8 weeks, post-implementation data

Themes Found in the Literature Synthesis



Intervention

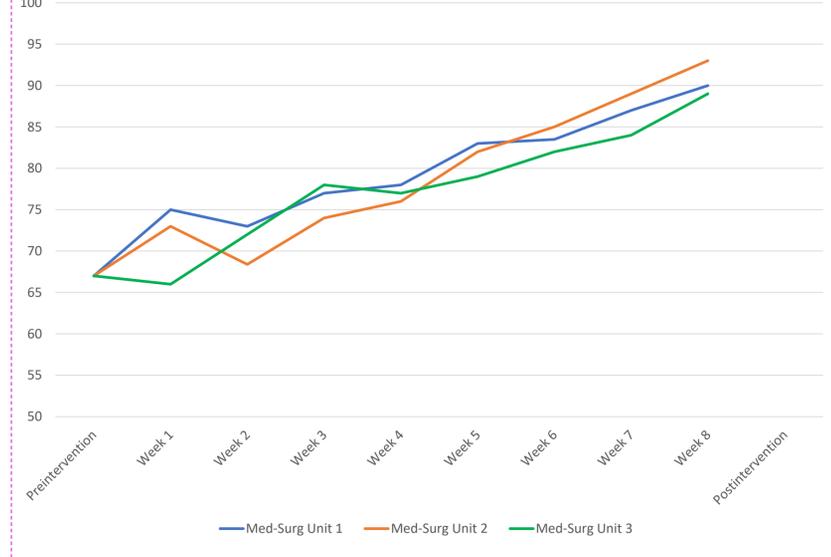
- Knowledge and Attitudes Survey Regarding Pain (KASRP) tool
- PAIN Bundle
 - **P** - plan pain reassessment with whiteboard
 - **A** - assess & document pain scale within 30 minutes
 - **I** - instruct regarding pain management for discharge
 - **N** - nonpharmacologic approaches: distraction/ambulation
- Weekly nurse rounding, weekly leadership rounding

References

ANA Ethics Advisory Board (2018). ANA Position Statement: The ethical responsibility to manage pain and the suffering it causes. *OJIN: The Online Journal of Issues in Nursing*, 24(1). <https://www.doi.org/10.3912/OJIN.Vol24No01PoSCol01>

The Joint Commission (2017). *Pain assessment and management standards for hospitals*. https://www.jointcommission.org/-/media/tjc/documents/standards/r3-reports/r3_report_issue_11_2_11_19_rev.pdf

Results of Pain Reassessment Documentation



Results of Patient Satisfaction from Press Ganey

Pre-Intervention	Week 4	Week 8
<ul style="list-style-type: none"> • 50% positive • 18.7% negative • 21.9% mixed • 9.4% neutral 	<ul style="list-style-type: none"> • 70% positive • 10% negative • 15% Mixed • 5% Neutral 	<ul style="list-style-type: none"> • 73% positive • 10% negative • 7% mixed • 10% neutral

Recommendations

- Nurse-driven quality initiatives to improve standards, best practices, and patient outcomes.
- Continuation of bundle to sustain outcomes
- Review of pain policy to include descriptions to maintain compliance.
- Adding pain management to patient whiteboards.

Limitations

- Joint Commission visit in the initial phases of implementation.
- Pain audits by nurse managers post Joint Commission visit may have skewed data.
- Pain self-learning module provided to staff may have skewed results from pain bundle.
- Randomized sample selection receiving education.