Improving Pain Assessment in the Oaknoll Health Center

Megan Riedesel BSN, RN, AGPCNP-DNP Student
Oaknoll Health Center, Iowa City, IA

Introduction

- Problem: inadequate pain assessment in nursing home patients
- Pain is present in up to 80% of this population, with it being primarily chronic in nature.1
- Consequences of inadequate pain assessment include increased psychiatric and behavioral disturbances, depression, helplessness, sleep disturbance, impaired functional ability and an increase in healthcare personnel utilization and healthcare dollars spent.2
- Residents in the Oaknoll Health Center require nursing home level of care and have varying levels of cognitive and physical function
- There is currently no formal policy on pain assessment method or frequency at the Oaknoll Health Center

Purpose

- The purpose of this project is to improve pain assessment practices in the Oaknoll Health Center.
- Objective 1: 3 months after project educational material is completed, Oaknoll Health Center nurses will show an increase in their knowledge by an average of 50% on a 10-point Likert scale in applying the Numeric Rating Scale and the PAINAD.
- Objective 2: 3 months after project educational material is completed, Oaknoll Health Center nurses will show an increase in their confidence by an average of 50% on a 10-point Likert scale in applying the Numeric Rating Scale and the PAINAD.
- Objective 3: At least 90% of Oaknoll Health Center residents will have a documented pain assessment completed each month during the last 3 months of the project.

Methods

- Project was not deemed human subjects research
- Setting: Oaknoll Health Center
- Population: Oaknoll Health Center residents

Outcomes 1 & 2

- Pre-education survey distribution
- Education tool created and provided to nurses electronically
- Pocket cards distributed
- Post-education survey distribution 3 months later

Outcome 3

- Numeric Rating Scale and PAINAD added into Oaknoll EHR
- Implement monthly pain assessments for each resident in Oaknoll EHR
- Chart audits for data collection

Evaluation

- 3 months post education, RN knowledge and confidence score averages increased for both pain assessment scales
- Average knowledge scores increased 1.3 points for the NRS (17% increase) and 2.6 points for the PAINAD (50% increase)
- Average confidence scores increased 1.6 points for the NRS (21% increase) and 2.8 points for the PAINAD (51% increase)
- Monthly documented pain assessments remained below goal, however, the last month of implementation showed a 9% increase compared to the first month of implementation
- Limitations of the project include the inability to perform any in-person training or education due to visitor restrictions during the COVID-19 pandemic
- Additional limitations include small sample size. Less nurses completed the post-education survey (N=9) than the pre-education survey (N=13)

Conclusions

- Improved pain assessment practices in the Oaknoll Health Center through implementation of evidence-based changes including education of direct care staff and utilization of appropriate standardized assessment tools on a more frequent basis
- Improvement of current pain assessment practice within the Oaknoll Health Center
- Education to Oaknoll Health Center nurses increased both knowledge and confidence levels in performing pain assessments and utilizing appropriate standardized assessment tools within a diverse resident population
- Increased knowledge and confidence in utilizing appropriate standardized assessment tools does not necessarily correlate to increased use
- Project served as an initial step towards further educating nurses at the Oaknoll Health Center on pain assessment and can be used at other long-term care facilities
- Sustainability will be maintained through reinforcement of scheduled monthly pain assessments and continued utilization of the developed educational materials for both newly onboarded nursing staff and as a continuing education opportunity
- Dissemination of results with Oaknoll staff in March 2021

References


Acknowledgements

I would like to acknowledge and thank Dr. Jane Stickney, project faculty, Dr. Larry Newman, project chair, Kim Bergen-Jackson RN, BSN, PhD, project mentor, Sara Ruhlmann, RN, DON, and the entire nursing staff at the Oaknoll Health Center.

There are no conflicts of interest for this project