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Increasing Compliance on Pain Reassessment at a Rural
Hospital Swing Bed Unit

A DNP Project Submitted to the
Graduate Faculty
of Jacksonville State University
in Partial Fulfillment of the
Requirements for the Degree of
Doctor of Nursing Practice

By

STEPHANIE ANN MELSON

Jacksonville, Alabama

June 2021

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ABSTRACT

The overarching goal of this project is to ensure patient pain reassessment is completed on all patients in accordance with the facility and The Joint Commission (TJC) standards after the intervention. The last four surveys of the rural critical access hospital yielded subpar results showing noncompliance with pain reassessment. Utilizing quality improvement measures such as staff education and charting reminders, gaps in practice were found and utilized to optimize the care to patients related to pain and reassessment. The study seeks to improve the pain reassessment skills and compliance of nursing staff at a rural critical access hospital. Initial non-compliance was well documented throughout TJC visit in 2018. Initiation of the project began with a baseline evaluation of staff knowledge related to pain, pain reassessment, documentation, and TJC criteria for pain reassessment. Education was developed and given to staff. All information was necessary to have complete and standardized charting regarding pain reassessment. After education, post-assessments were given to staff to evaluate knowledge of keeping pain reassessment a priority. Reminders were also given to staff to keep the idea of charting pain reassessment a priority. Compliance percentages were also examined in the Epic charting system for the unit. Pre-educational assessment scores revealed a score of 74% with 22 participants. The average score of the post- assessment was 87.2% with 15 participants. Results showed an increase in knowledge of the subject of pain reassessment and policy.

Every post -assessment survey did agree that the education was sufficient and there was a better understanding of the TJC standards for the unit percentage. Initiation of the project monitoring began in April with a compliance of 94%. May 2021 compliance was higher with 97% pain reassessment documentation being completed within the hour. The percentage increase should be attributed to increased education of staff.

Keywords: pain reassessment, The Joint Commission compliance, small rural critical access hospital

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Increasing Compliance on Pain Reassessment at a Rural Hospital Swing Bed Unit

Introduction

Pain assessment is an important part of thorough care for patients in a hospitalized setting. Interventions followed by pain assessment should be well documented, which includes the reassessment of pain. The study seeks to improve the pain reassessment skills and compliance of nursing staff at a rural critical access hospital. Initial non-compliance was well documented throughout The Joint Commission (TJC) visit in 2018. Education of staff proved to be a key component in having patients reassessed after pain intervention and complying with TJC Standards. Meeting the TJC standards ensures that accreditation standards are met, and quality care is given daily. Before the educational intervention, low compliance for pain reassessment was noted. After education and other quick reference methods, the staff could correctly address pain assessment, meeting the 100% compliance goal of this study. Using interventional surveys before and after education, it is known that staff did gain knowledge of pain reassessment and were able to apply the new knowledge correctly.

The Centers for Disease Control and Prevention (CDC) surveyed that 1 in 5 Americans suffer from chronic pain, and from those, 8% suffer pain that interferes with their daily lives (Dahlhamer, Lucas, & Zelaya, 2018). When patients with chronic pain come to the hospital, their pain must not be forgotten. Patients that do not have chronic pain may experience acute pain at some time in their life and may have to be hospitalized. No matter the type of pain or the origin, it must be addressed due to the health concerns for the patient. Pain assessment, intervention, and reassessment are part of quality care and must be documented strategically for patient safety.

Pain assessment and reassessment are an integral part of the treatment of hospitalized patients. The protocols that are put into place within a facility guide staff in meeting pain assessment recommendations and thereby, addressing the needs of patients. Standards of pain assessment are outlined by TJC for Critical Access Hospitals and address the complex pain needs of each patient. TJC requires that Critical Access Hospitals have defined criteria to screen, assess, and reassess pain that was consistent with the patient's age, condition, and ability to understand (TJC, 2018).

The current TJC standards provide a template for the hospital to follow to provide safe and effective healthcare while showing compliance with TJC standards of patient care. While pain screenings are standardized by TJC, the need for pain screening is important to individualized patient treatment. Though guidelines are set by TJC, it is the hospital that sets certain documentation standards such as frequency of pain assessment to align with the guidelines. At the project facility in rural Georgia, it is required that hourly rounds include pain assessment. Post-intervention assessment is also required within 1 hour after medication administration and documentation should include if the intervention successfully relieved the pain. Providing staff with tools and education on pain assessment led to exceptional care, pain reassessment, and essential documentation.

Background

The rural critical access hospital in Georgia has been subject to the TJC surveys for many years. The last four surveys have yielded some marginal results in pain reassessment. Noncompliance with pain reassessment within 1 hour of intervention has proven to be an area of educational need. Immediate compliance is needed before the next survey which is scheduled for 2021. Upon interaction with staff, lack of knowledge in reassessment requirements, time frames, and specific location of documentation in the electronic medical record (EMR) were among the leading reasons compliance is low.

The critical access hospital is composed of a swing bed unit that was composed of a general population of patients over 65 years of age, post-orthopedic procedure patients, and patients with general deconditioning. Pain medication administration is high and compliance with pain reassessment is low, which creates a large gap in properly documenting pain reassessment and meeting TJC standards. Multifaceted approaches could be utilized to increase compliance.

Problem Statement

Currently, the problem for the study can be isolated to the question: Do nurses on a swing bed unit, who receive multi-faceted education and feedback on pain reassessment, meet 100% of the standard and procedure for pain assessment in 6-week monitoring, as compared to nurses only utilizing EMR reminders of reassessment? After formal education and other sources of learning, the pain documentation compliance is predicted to be 100% for the unit and will meet TJC standards for pain reassessment at the facility.

Organizational Description of Project Site

The project site is at a critical access hospital in rural Georgia. The hospital is a 20-bed hospital with Emergency services, inpatient, outpatient, and physician offices. The medical – surgical unit is where the project will take place. Sub-acute patient population is the main group of study.

Review of the Literature

The first literature reviewed was “An Outpatient Performance Improvement Project: A Baseline Assessment of Adherence to Pain Reassessment Standards” (Ross, Feider, L., Nahm, & Staggers, 2017). This performance improvement (PI) project was conducted to recommend improvements for pain reassessment workflow and policies at a large military primary care clinic. TJC survey identified inconsistent pain reassessment practices at the facility in 2012. The survey was designed to assess pain reassessment compliance rates, associated documentation, clinic workflow, and identify opportunities for improvement standards (Ross, Feider, L., Nahm, & Staggers, 2017). The method in which pain reassessment was evaluated was by using an EMR query for patients treated between February 1 and May 30, 2013 (Ross, Feider, L., Nahm, & Staggers, 2017). Findings in the study showed that the EMR review revealed compliance rates greater than 90% for all pain reassessment requirements except for the maximum 30-minute interval between initial and follow-up pain assessment required by clinic policy, which had a compliance rate of 38%. Pain reassessments documentation occurred at a mean time of 48.25 minutes after the initial assessment. Pain reassessment documentation and workflow procedures were then evaluated using the Situation Awareness (SA) framework, which is an approach used to

evaluate operational implications of factors affecting staff decisions and performance (Ross, Feider, L., Nahm, & Staggers, 2017). During the study, it was found that none of the 12 patient encounters were fully compliant with clinic policies. An analysis of clinic workflow using the SA framework revealed that the SA of clinic staff was impacted by a lack of standardized procedures and heavy reliance on staff memory (Ross, Feider, L., Nahm, & Staggers, 2017). Though the study was based on outpatient groups, the relevance of TJC compliance and protocols set by the facility to reassess pain serves as a good source of information. The lack of standardized procedure and heavy staff memory reliance is seen in some of the compliance issues of the author's facility. The author's nursing staff observed are inpatient nurses who use pain medications frequently on a post-orthopedic unit versus the outpatient population with the use of non-narcotic Toradol in the study. This variance may show a difference in compliance with nursing staff pain reassessment. Also, the types of reminders in the different EMR systems may vary causing a skew in compliance across different systems. The small sample of 12 patients also increases the variability which may show some bias.

Another literature review, "Improving Pain Reassessment and Documentation Rates: A Quality Improvement Project in a Teaching Hospital's Emergency Department" was an 8-month, pre-postinterventional quality improvement project that took place in a community hospital's emergency department (Wissman et al., 2020). The emergency nurses participated in six focus groups, allowing for the creation of focus group-themed interventions at the request of the nursing staff with daily audits of pain reassessment and documentation rates for individual nurses. A weekly newsletter was created and reported the Emergency Department (ED) pain reassessment and documentation rates (Wissman et

al., 2020). Pain reassessment and documentation rates increased to 62.3% (confidence interval, 56.8%-67.6%) during the 3-month postintervention period of the study (Wissman et al., 2020). The study provided a pre-intervention, intervention, and post-intervention assessment much like the author used in the pain reassessment study. Though the study was specific to pain reassessment in extremity pain, the increase in the reassessment after intervention was of importance to the study, much like the author's study. The sample size was large enough and included six different focus groups. The study found that implementing daily audits and weekly newsletters created transparency of individual and group performances and increased pain score reassessment and documentation rates (Wissman et al., 2020).

Evidence-Based Practice: Verification of Chosen Option

Utilizing a pre-postinterventional quality improvement method to obtain the author's results was found to aid in the in evaluation of group performance as well as individual understanding. Pain reassessment compliance before and after education was evaluated as well as knowledge of the subject in those that participated.

Theoretical Framework/Evidence-Based Practice Model

Knowledge of the necessity for change is something that comes with experience over time. Kurt Lewin's three-stage model of change can be implemented in nursing to bring forth a needed reform in a specific area (Suc, Prokosch, Ganslandt, 2009). Unfreezing, changing, and refreezing are utilized in this study to create a change in the nurses' pain reassessment compliance on a swing bed unit at a local critical access hospital (see Appendix A). Currently, the hospital's protocols in place for pain reassessment within 1

hour of pain medication administration is not being documented consistently and not meeting TJC standards. Lack of compliance is a concern for accreditation and patient safety.

Using Lewin's change theory, nursing staff on the swing bed unit will first have to abandon the independently created current method of documenting pain assessment they have been doing on their shift. During unfreezing/abandonment, disequilibrium occurs and tests the resistance or conforming nature of the group (Butts & Rich, 2011). This allows for change to strengthen current reassessment methods and give new ways for nurses to assess pain. Once nurses have adapted to allow new information to guide them, change has been implemented. The nurses will receive instruction on the hourly pain assessment and 1- hour post- intervention reassessment plan. This will be instituted within the nursing staff and will be used for shift pain assessments. Education will be given on the importance of pain reassessment. Supporting staff such as nursing education and leadership will aid the nurses during the change. If one can understand the benefits of the change, one is more likely to aid in the change. Once the staff is on board and becomes part of the driving force, a dynamic balance can be obtained.

Lastly, the refreezing stage should bring the establishment of a new habit (Butts & Rich, 2011). The pain reassessment intervention will be used for nursing staff who manage swing bed patients and will become the standard for nursing reassessment of pain. This higher level of performance in documenting pain reassessment is now an expectation for the nursing staff to complete and its effects will be surveyed and monitored.

Goals, Objectives, and Expected Outcomes

The best and most accurate goal for the project is to deliver concise and accurate information to the staff nurses for them to be able to correctly document the pain reassessment. Beyond that, the staff must understand why the goal exists. TJC standards should be understood and meeting those expectations within a unit is of most importance to reach 100 % compliance with staff. Proper education and awareness should provide a pathway for staff to be able to meet the goal. The 1-hour time frame is allotted for the reassessment of pain. This standard is set within the facility and meets the goals of TJC. Documentation should be completed every time pain medication is given and reassessment is completed.

The objectives of the project are to achieve compliance for the upcoming TJC survey and deliver safer, more competent care to the patients at the facility. Analyzing data should provide documentation compliance information. Completing an initial survey on pain assessment will provide information on what the baseline knowledge of pain assessment is for the nursing staff. After obtaining baseline information, education will be provided. Documentation education and standards for documentation will provide nursing staff with proper information and guidance on how to correctly document after pain medication administration. After education, a post- intervention survey will be conducted, and a comparison will be done on how the education of the subject increased knowledge and influenced staff (Mamou, 2017). Statistical data will also be gathered on the pain reassessment compliance of the staff that is participating in the study.

Ultimately, expected outcomes should include increased compliance of nursing staff documentation to 100% which would thereby meet TJC and facility standards. Future surveys by TJC should reveal increased evidence of successful education and pain assessment compliance.

Project Design

This quantitative study will be implemented to improve documentation of pain reassessment on the medical floor of a critical access hospital. The goal of the project is aimed at improving patient safety and compliance with required pain assessment. The utilization of a quantitative study was conducted by executing a pre- and post-educational intervention survey (see Appendix B). Data collection from the educational surveys as well as from pain reassessment percentages from the staff were evaluated after 6 weeks post- education.

Project Site and Population

The medical floor is the only medical floor in the critical access hospital in a rural Georgia city of <10,000 people. The town is made up of only small primary care physicians and the hospital system which is part of a system hospital. The services provided includes same -day surgery, emergency department, radiology, lab services, inpatient services, and subacute beds. The facilitators and participants of the project will consist of the supervisors on the medical floor, bedside nurses, the unit manager, and the Director of Nursing (DON).

Setting Facilitators and Barriers

The resources that aided in the Doctor of Nursing Practice (DNP) project are related to the DON that was able to facilitate discussion of TJC surveys that showed the weakness in nurse documentation of pain reassessment. There were no obvious constraints during the project. Barriers that influenced the project's implementation were related to the time in which it took to receive consent and results from the pre/ post educational assessments. Staff lacked the time and effort to complete the tasks. Constant reminding of the project timeline and many trips to the facility were needed.

Education of staff took place before measuring the post- implementation reassessment numbers. The medical floor has many patients who require constant pain medications and require frequent follow -up pain assessments. Nursing staff included 26 active nurses that gave medications and monitored pain assessment. The nurse ages ranged from 24 years to 66 years and all with at least 3 years of nursing experience. Barriers to the education and post-implementation pain reassessment monitoring were limited to the nurse's desire to learn new information and be monitored on their compliance. Variables which influenced the results of the project were related to the motivation of the nurses to learn and utilize the new information to help chart pain reassessment within an hour. Also, it should be noted that high census with low staffing occurred before and during the project which have attributed to poor compliance.

Implementation Plan and Procedures

The implementation plan began with a pre-intervention survey to assess the knowledge of the staff nurses on pain and reassessment protocols within the system and TJC standards. Once baseline knowledge was established, education was given on pain, pain reassessment protocols, charting expectations, and TJC standards. The survey was expected to be completed by staff in 1 week. One week to educate all the staff was completed via video. Once the staff was educated, 6 weeks of charting was monitored for compliance of pain reassessment within 1 hour. Comparison was trended and measurements were conducted. Post-education data was predicted to improve the nurses' charting of pain reassessment to the goal of 100%.

Measurement Instruments

To measure the outcomes in the DNP project, pre-intervention data was obtained from the pre- intervention surveys. After the 6 weeks of utilization, a post-intervention survey was conducted and comparisons were made to determine the benefits, if any, were acquired from the education given to the nursing team. Tailoring the surveys to the medical floor's pain assessment and TJC standards was imperative for the survey (see Appendix B).

Data Collection Procedures

Pre-Intervention steps to the project began with approval for the DON in response to the need for a standardized pain reassessment time frame. Recruitment during the DNP project included the nursing staff, active participation by the unit manager and DON. Recruitment of staff was done by in- person explanation of project and optional

participation by consent signature. Surveys of the nurses will be conducted via an emailed survey using Google Forms. Collection of scores will be evaluated in Google Forms.

During the intervention phase, education was given via video and was emailed to nursing staff. Pamphlets of highlights and charting guidelines for TJC were on the unit for staff post- education to ensure the information is not forgotten. A 6-week monitoring period was utilized. This time ensured that all staff had a pain reassessment documentation charted and data available to extract.

Post-intervention included surveying the nursing staff. The questions are included in Appendix C. In this phase, the utilization review began, and its results were shared with the department manager and the DON. Survey results were recorded and a qualitative review began. Data extracted from nursing documentation in patients' EMR's were entered and evaluated.

Data Analysis

In October 2020, the rural critical access hospital saw a major need for pain reassessment compliance with nursing staff on the medical unit; as 86% of staff were complaint. Upon final review of the results, the pre-intervention survey yielded an average score of 74.09% on the assessment. The post education/interventional assessments yielded 87.2 % average score. This increase in score is consistent with an increase in knowledge about pain/reassessment of pain.

Results

The project was first implemented in April 2021. Results revealed 94% compliance with documentation of pain reassessment within 1 hour of intervention. May results were 97%. The analysis is qualitatively focused on the results obtained from the nursing surveys and the data extracted from charting pain reassessments. The pre- intervention survey results provided a baseline assessment of the knowledge of the nursing staff on pain and reassessment. After implanting the 6 weeks use of charting with an educational basis of knowledge, a post-intervention survey was given to evaluate the participants' professional opinion of the educational benefit and post-educational knowledge. A scale of disagree, somewhat disagree, somewhat agree, or agree was the basis of opinions. The new information from the survey determined whether the education was beneficial to the staff or does not show significant worth.

Interpretation/Discussion

The 3% increase of compliance over 1 month of intervention speaks to the education and willingness of staff to learn. All the participants agree that the education was sufficient and that TJC standards were echoed. Facility policy of pain reassessment was made clear and though 100 % compliance was not achieved; increased compliance was achieved. Administration was happy to have an improvement preceding the next scheduled TJC survey. Though the sample size was small, the compliance did improve. Satisfaction with staff and with administration was achieved. The project could have yielded more confident results over a longer period and with 100% participation of pre- and post- interventional surveys.

Cost/Benefit Analysis

The financial cost of the study was low due to the small group of participants and the use of electronic surveys and education. The time cost for the participants was low due to time expended during non -working hours and were completed during a working shift as directed by the floor manager. Printed pamphlets for the nursing staff were completed by the author and did not cost the facility. The cost for printed pamphlets was \$25.00. The nursing leadership involvement were on regular hours and did not exceed the cost of normal working hours for the pay period. The cost- efficiency of the surveys and education provided a general, cost- conscious study and proved to bring beneficial information.

Timeline

The timeline for proposed implementation and interpretation of the study estimated at 7 months. Eligible nursing staff was recruited over 4 weeks. Pre- implementation surveys were conducted for 3 weeks. Education was viewed by staff in 6 weeks. Implementation was in place 6 weeks on the unit for the nursing staff. Two weeks were used for post- implementation survey collection and 1 additional week was used to interpret the results of the study (see Appendix D, Table 1).

Ethical Considerations/ Protection of Human Subjects

The Jacksonville State University Institutional Review Board (IRB) approval was obtained before initiating the DNP project (see Appendix E). The institutional IRB reviewed the study and approved its implementation at the institution. The human subjects being surveyed are employees of rural critical access hospital and at no time will the study use actual patients of the hospital. Employees were educated on the option to not be involved in the study and were briefed on the importance of the study if they chose to participate. Initially, the consent form introduced the option to opt- out of the study. Those who chose to participate were anonymous. At no time were the surveys give open-ended question options that could identify participants.

Conclusion

The clinical problem began as a concern from administration of low compliance with pain reassessment in August 2020. Another TJC survey for the hospital is scheduled in Summer of 2021. Action must be taken to ensure that compliance with TJC standards were a priority for nursing staff on the medical unit. Failure of compliance in the last four surveys meant that an intervention was needed.

The pre-intervention assessments were given via Google forms, and results found that a standard deviation of 9.834 with a confidence interval of 92- 95%. The average test score was 74.09% with 22 participants. The participation of the staff was found hard to engage with a high census and understaffed unit. After the pre-intervention assessment were given, education in the form of a narrated power point video was sent to email of the staff.

The post-intervention survey had a lower involvement with only 15 participants and a standard deviation of 6.864 with a confidence level of 84-95%. The average score of the assessment was 87.2% This did show an increase in knowledge of the subject of pain reassessment and policy. Every post intervention survey did agree that the education was sufficient and there was a better understanding of the TJC standards for the unit.

Beginning in August 2020 when the first urgency was noticed by administration, the compliance of pain reassessment documentation was 86%. Completion of the project education ended in April 2021, which had a compliance of 94%. May 2021 compliance was higher with 97% pain reassessment documentation being completed within the hour. An increase in compliance of documentation occurred during the implementation phase of the project and should be attributed to education of staff. Current rates are the highest that compliance has been since August 2020. This increase has brought the facility closer to its goal of 100% charting compliance for pain reassessment.

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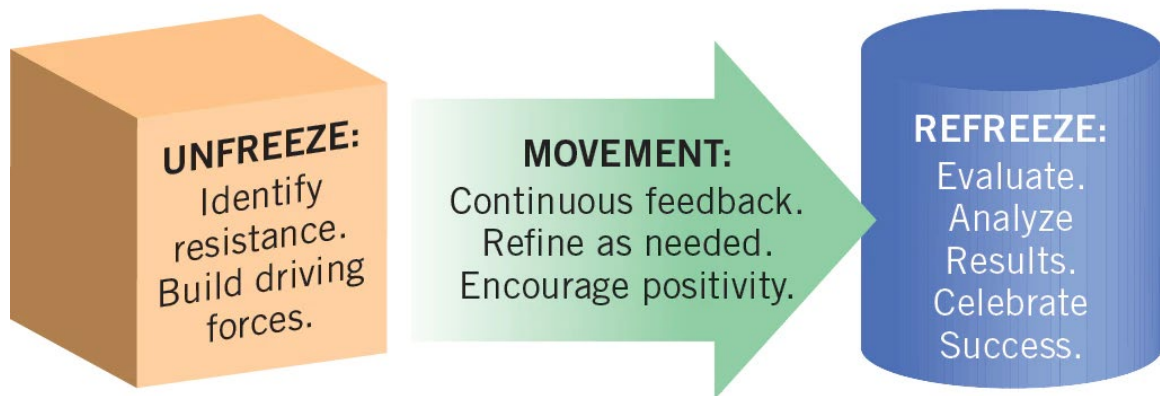
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APPENDIX A

Change Theory

Use of Lewin's theory with correlation of facility project development.

Figure 1. Lewin's Change Model



Tracy, J. A. (2020). Be a champion for change by using Lewin's 3-stage Model of Change. RDH, 40(2), 18–20. <http://lib-proxy.jsu.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=c cm&AN=141641934&site=ehost-live&scope=site>

APPENDIX B

Pre and Post Intervention Questions

1. Which of the statements below describes the International Association for the Study of Pain definition of pain?

A. Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage.

B. Pain is a subjective experience that is easily defined and quantified.

C. Pain is whatever the experiencing person says it is, existing whenever and wherever the person says it does.

D. Pain is a positive marker for disease and injury and an important diagnostic tool for providers.

2. A consistent finding for chronic pain is that:

A. It does not occur in children.

B. It occurs more frequently in men than in women.

C. It affects less than 50 million people in the USA.

D. It occurs more frequently in women than in men.

3. Chronic pain is defined as pain:

- A. lasting less than 3 months but more than 1 month
- B. Lasting longer than 3-6 months
- C. Due to superimposed disease
- D. Somatic pain

4. Which is not a sign of acute pain:

- A. Abrupt onset
- B. Warning of disease process of threat
- C. lasts shorter than 3 months.
- D. Lasts beyond the usual healing time.

5. Visceral pain is pain that:

- A. Mediated by stretch receptors.
- B. Shallow pain
- C. Acutely localized
- D. Is not a typical pain

6. Somatic pain:

- A. Injury to Viscera
- B. Injury to skin, joint, muscles and ligaments
- C. Is considered a psychological disorder.
- D. Manifests from already present mental disorders.

7. Social consequences of _____ may include isolation, inability, or reduced desire to go to work and an overall reduced quality of life.

- A. Unrelieved pain
- B. Acute pain
- C. Somatic pain
- D. Visceral pain

8. The biopsychosocial model of pain was a major advancement in pain management for which of the following reasons:

- A. It considered emotional, spiritual, and cultural issues unique to the patient.
- B. It saw pain as a subjective experience that the patient could describe in terms of severity.
- C. It defined pain as an experience that was physical in nature.
- D. It enabled clinicians to categorize pain and treated it appropriately.

9. A nurse asks if it is necessary to assess pain routinely in a long-term facility.

Your response:

- A. An assessment is only necessary if the patient complains of pain.
- B. In long-term care pain assessment is a nursing judgment.
- C. Pain assessment should be done at regular intervals regardless of the setting.
- D. Pain assessment in long-term care promotes patient dependence on medication.

10. During a presentation on pain management, you are asked about the need for a mental health evaluation. Your answer:

- A. mental health evaluation is rarely needed.
- B. Some pain medications can increase the risk for a mental health disorder.
- C. Severe acute pain can cause a mood disorder.
- D. Mental illness needs to be identified for chronic pain to be adequately managed.

11. A colleague asks, “why would the doctor prescribe Cymbalta for osteoarthritis?”

- A. Antidepressant medications are effective for multiple types of chronic pain.
- B. It maybe a new experimental use for the medication.
- C. The doctor may be concerned that the patient has underlying depression.
- D. The patient may have asked for this specific medication.

12. During an in-service on Alzheimer's disease you're asked if there's a decline in pain sensitivity with this condition?

- A. Patients with Alzheimer's disease have decreased awareness of pain.
- B. Patients with Alzheimer's disease have the same pain sensitivity as those without the condition.
- C. There may be a decline in pain sensitivity in advanced cases of Alzheimer's disease.
- D. Sensitivity to pain is lost early in the disease process.

13. The Joint Commission (JC) recognizes that pain control is important and is considered the fifth vital sign. Joint Commission does NOT believe that:

- A. Patients should be educated about pain.
- B. Providers must be competent in the assessment and treatment of pain.
- C. Pain should not interfere with function.
- D. Pain should include nursing interpretation.

14. Higgins Policy states that pain should be re-assessed after medication intervention:

- A. Within 2-hour time frame of intervention whether IV or PO
- B. Within an hour
- C. After an hour of PO medication
- D. Not documented if unable to assess pain.

15. Which statement about Joint Commission is not accurate:

A. They allow hospital to set protocol of pain reassessment.

B. They state all pain should be assessed every time a patient is moved to a new level of care.

C. Will not review pain reassessment upon survey of hospital.

D. Patient have the right to pain assessment and treatment.

16. Epic has reminders for everything but:

A. Safety Rounds

B. Vitals signs

C. Physical assessment

D. Feeding assessment

.

17. In pain assessment you must document everything except:

A. Pain level numerical number

B. Pain reassessment after medication

C. Acute or chronic

D. Whether patient is sleeping upon assessment.

18. Complete pain assessment includes everything except:

- A. Location
- B. Onset
- C. Aggravating factors
- D. Family history of pain

19. Critical access hospital has defined JC criteria to screen, assess, and reassess pain that are consistent with the:

- A. Patient's age, condition, and ability to understand.
- B. financial ability to receive care.
- C. provider preference.
- D. Facilities defined guidelines.

20. Which is not true to JC standards:

- A. The hospital is responsible for ensuring that appropriate screening and assessment tools are readily available and used appropriately.
- B. The tools required to adequately assess pain may differ depending on a patient's age, condition, ability to understand, and whether pain is acute or chronic.
- C. Critical access hospitals need to develop systems for pain screening and assessment to support appropriate individualized pain treatment and perioperative pain management.
- D. Critical access hospitals have no survey evaluation on pain assessment.

Mamou, Maryam. (2017). Pain Assessment and Management.

<https://ceufast.com/course/pain-assessment-and-management>. Accessed Feb.

2021.

Questions for Pre and Post -assessment adapted by author from CEU Fast.

APPENDIX C

Post -intervention added questions.

Two new questions added to post-intervention survey.

1. The education that was given is sufficient for the subject of pain reassessment within my institution. Somewhat agree, Agree, somewhat disagree, Disagree.
2. The education I received allowed me to improve my documentation and patient safety while able to follow standards of JC? Somewhat agree, Agree, somewhat disagree, Disagree.

APPENDIX D

Timeline

Table 1

Simplified Project Timeline

Task	November	December	January	February	March	April	May
Recruitment of eligible participants	X	X	X				
Pre-Intervention Survey				X	X		
Education					X	X	
Post-intervention Survey						X	X
Results analysis and charting data analyzed							X

APPENDIX E

JSU IRB Approval

USBOFFICE
JACKSONVILLE



OF THE VICE PROVOST
STATE UNIVERSITY

January 25, 2021

Dear Stephanie Melson:

Your proposal submitted for review by the Human Participants Review Protocol for the project titled: "Providing Multi-Faceted Education and Feedback to Nursing Staff to Increase Compliance with Pain Reassessment on a Hospital-Based Swing Bed Unit at a Rural Hospital", has been reviewed and approved as exempt. If the project is still in process one year from now, you are asked to provide the IRB with a renewal application and a report on the progress of the research project.

Sincerely,

A handwritten signature in blue ink, appearing to read "Joe Walsh".

Joe Walsh
Executive **Secretary**, IRB

JW/dh

APPENDIX F

Facility Approval Letter

Higgins General Hospital
TANNER Bremen, GA 301 10
Drive
770.824.2000 PHONE

200 Allen Memorial
770.824.2390 FAX
www.tanner.org

January 21, 2021

Jacksonville State University
Department of Nursing
700 Pellham Road North
Jacksonville, AL 36265

To Whom it May Concern:

Regarding: Stephanie Melson, RN, MSN
DNP Student

I am honored to write this letter of support acknowledging that Stephanie Melson has been given approval to complete her project at Higgins General Hospital in Bremen, Georgia.

Thank you,

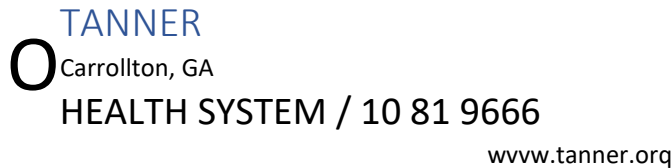


Kelley McPherson, RN, MSN
Director of Nursing
Tanner Health System/Higgins General

APPENDIX G

Facility IRB Approval

Tanner Medical Center/Carrollton



February 1, 2021

Stephanie Melson RN
225 Creek View Road
Bremen GA 30110

Dear Stephanie,

PLEASE READ THIS LETTER CAREFULLY IN ITS ENTIRETY. IT CONTAINS IMPORTANT INFORMATION ABOUT YOUR RESEARCH/TRAINING PROPOSAL AND YOUR RESPONSIBILITIES AS AN INVESTIGATOR. THE IRB IS REQUIRED BY FEDERAL LAW TO REPORT ALL SERIOUS OR CONTINUING NONCOMPLIANCE WITH THESE REQUIREMENTS TO FEDERAL AGENCIES.

Your research/training plan has been approved until 01/31/2022. At that point all research/training must be ceased (including activities such as enrollment, data collection, data analysis etc.) and a closure (final) report submitted to the IRB. If you close this research/training activity earlier, please notify the IRB within 30 days of ceasing research/training activity.

This approval includes and IS LIMITED to the following project: Providing Multi-faceted Education and Feedback to Nursing Staff to Increase Compliance with Pain Reassessment on a Hospital-Based Swing Bed Unit at a Rural Hospital

Requesting Additional Time: If you need additional time to complete your research/training, you can apply for a continuing review. To apply for a continuing review, you must have all elements required in a continuing review report into this Medical Staff/IRB office no later than 01/31/2022. As the Principal Investigator, it is your responsibility to assure that your continuing review request is submitted no later than that date, otherwise your research/training approval will expire. Although a continuing review request may have been submitted, you still must cease all research/training activity by the above expiration date until you have received written confirmation that your expiration date has been extended.

Requesting Changes To Your Research Plan: If you wish to modify an ongoing research study/training, you must submit a request to the IRB and receive IRB approval in writing before implementing the proposed modification, unless the change is designed to eliminate an apparent immediate hazard to subjects. If you change the research/training in order to eliminate apparent immediate hazards to subjects without prior IRB approval, you must report those changes to the IRB within 5 days.

Unanticipated Problems /Adverse Event Reporting: Please be reminded that you need to promptly (within 5 days of your becoming aware) report to this IRB any unanticipated problems (which include but are not limited to adverse events) that are directly or probably related to the research/training and suggests that the research/training places subjects or others at a greater risk of harm (including physical, psychological, economic, or social harm) than was previously known or recognized. Note that this report to the IRB does not substitute for any other reporting obligations (i.e. to the sponsor or other institution committee/official). Failure to report these unanticipated problems is a serious violation of IRB requirements and possibly reportable to federal authorities.

Please don't hesitate to contact me or Lori Goodine in the Medical Staff Office with any questions or concerns you may have regarding the approval at lgoodine@tanner.org or (770) 812-5973. The Medical Staff Office fax number is (770) 838-8889.

Thank you for using the Tanner Health System IRB where our #1 goal is protecting the rights and welfare of human research subjects.

A handwritten signature in black ink, appearing to read 'Brad Larson', with a long horizontal flourish extending to the right.

Brad Larson, MD
Tanner IRB Chairman

APPENDIX H

Facility Resource Approval

Facility Resource
TANNER200 Allen Memorial
Bremen, GA 30110
HEALTH
PHONE

Approval Higgins General Hospital
Drive
SYSTEM 770.824.2000
770.824.2390 FAX
www.tanner.org

January 21, 2021

Jacksonville State University
Department of Nursing
700 Pellham Road North
Jacksonville, AL 36265

To Whom it May Concern:

Regarding: Stephanie Melson, RN, MSN
DNP Student

I am writing to acknowledge that Stephanie Melson has been granted approval to complete her project at Higgins General Hospital in Bremen, Georgia. Throughout the course of her project she will have access to and be able to use necessary supplies and resources that are available in the hospital for her project without any charges being incurred. This would include, but is not limited to: routine office supplies, paper, and printing services.

Thank you,



Kelley McPherson, RN, MSN
Director of Nursing
Tanner/Higgins General Hospital

APPENDIX I

Participant Consent

**SIGNATURE PAGE OF CONSENT FORM
FOR RESEARCH INVOLVING ADULTS**
Permission Form for
Research on

Providing Multi-faceted Education and Feedback to Nursing Staff to Increase Compliance with
Pain Reassessment on a Hospital-Based Swing Bed Unit at a Rural Hospital

I have read a description of the research project/study, and I understand the procedure described on the attached pages. I also have received a copy of the description. If I choose to leave the study, I will let the author know and my results will not be used in the study. I understand that I will not be penalized in any way for participating or not participating in the study. I understand that the results will reflect overall compliance on the unit and will not show individual benchmarks.

I _____ agree to participate
in the study.

Complete Name _____

Signature _____