Announcement of Scholarly Presentation

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<tr>
<th>Candidate:</th>
<th>Angela M. Ross MSN, MPH, PMP, PHCNS-BC</th>
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<tr>
<td>Scholarly Project Title:</td>
<td>An Outpatient Performance Improvement Project: Identifying a Baseline for Adherence to Pain Reassessment Standards and Protocols</td>
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<td>Scholarly Project Abstract:</td>
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**Background**

Pain management literature focuses on inpatient pain assessment but is limited about outpatient pain reassessment (Porché, 2010). The Joint Commission (TJC) provides standards on reassessment leaving the ultimate responsibility to the organization to develop pain management guidelines. In 2013, following a TJC survey, inconsistency in pain management practice was identified in a military treatment facility in the southern United States. The leadership requested a performance improvement (PI) project to evaluate pain reassessment practices in a primary care clinic in accordance with hospital policy and TJC guidelines.

**Procedures**

A PI project evaluated the current state of pain reassessment in Primary Care. The project included a review hospital and clinic policy, an assessment of pain reassessment electronic medical record (EMR) documentation, prospective observations utilizing TJC Tracer Methodology (Mock Tracer), workflow analysis, and situation awareness (SA) framework to assess the current state.

**Findings**

The clinic policy outlined a 30-minute reassessment time requirement, documentation of the location of pain, reported side effects, and patient education. Pain is being assessed, but not within the 30 minute time requirement. The results of the EMR analysis from February 1 to May 30, 2013, 91% (n = 137) of the records showed a documented reassessment, but only 41% (n = 57) of the reassessments met the required 30-minute interval. From October 1 to November 30, 2013, a total of 88% (n = 14) of the observed patients were reassessed, although only 40% (n = 6) were within the required 30-minute interval. Three distinct workflow processes emerged: the exam room, the treatment room, and the exam room to treatment room. The present workflow requires multiple steps and reliance on memory increase nurses’ cognitive load, especially if they are caring for patients in both the treatment room and the exam rooms. Low overall compliance rates are likely due to the EMR and workflow design.

**Discussion**

Leadership support and an inter-professional project team were essential to the project. The team’s recommendations included updating the clinic policy, standardizing pain management education and documentation, streamlining workflows activities, and developing an admission and discharge process for the treatment room, including display of a manual dashboard to support SA by decreasing the nurse’s mental load and provide visual feedback.
Scholarly Chair: Nancy Staggers, PhD, RN, FAAN
Professor, School of Nursing

Scholarly Advisory Committee Members:

- Eun-Shim Nahm, PhD, RN, FAAN
  Professor, School of Nursing
- COL Laura Feider, PhD, RN
  Regional Chief, Center for Nursing Science and Clinical Inquiry
  Southern Region Medical Command
  Nursing Research Consultant, Brooke Army Medical Center

The open presentation is open to the University community and invitees of the candidate. Any member of the graduate faculty may observe the scholarly presentation. Only committee members may vote.