

Alignment of Pain Reassessment Practices and National Comprehensive Cancer Network Guidelines

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This article has been chosen as particularly suitable for reading and discussion in a Journal Club format. The following questions are posed to stimulate thoughtful critique and exchange of opinions, possibly leading to changes on your unit. Formulate your answers as you read the article. Photocopying of this article for group discussion purposes is permitted.

1. To what extent are we aware of the National Comprehensive Cancer Network clinical practice guidelines for pain management? Are they (or some alternate set of official guidelines) available on our unit?
2. Do we have written procedures to follow regarding pain management practices? To what extent do we follow the guidelines?
3. What portion of our patients experiences mild, moderate, or severe pain?
4. Is pain assessed in our patients systematically (i.e., as a fifth vital sign)?
5. What would a survey of our reassessment practices or documentation likely demonstrate?
6. What short-term strategies can we employ to improve our pain management techniques?
7. What long-term, more permanent goals for improved pain management can we consider, and how might we achieve those goals?

At the end of the session, take time to recap the discussion and make plans to follow through with suggested strategies.

Purpose/Objectives: To improve nursing pain reassessment practices using a research utilization model and advanced practice nurses (APNs).

Design: A pre- and postintervention one-group design.

Setting: A cancer hospital located in the western United States.

Sample: 42 oncology RNs from the inpatient staff of medical or surgical oncology units working at least 24 hours per week.

Methods: National Comprehensive Cancer Network clinical practice guidelines were adopted. Interventions included one-on-one feedback regarding reassessment practices and nursing pain rounds. Instruments used were Nurses' Knowledge and Attitudes Survey Regarding Pain (NKASRP), Pain Reassessment Data Tool, and Pain Competency Evaluation (PCE).

Main Research Variables: Independent variables were pain rounds and one-on-one feedback. Dependent variables were PCE scores, percentage of pain reassessment documentation, and NKASRP test scores.

Findings: Changing staff pain practices requires more than education. Barriers may be overcome through careful planning, using a systematic change process such as a research utilization approach. NKASRP and PCE scores and a percentage of reassessment documentation reached statistically significant increases postintervention.

Conclusions: Adapting research recommendations allowed staff to create unit-specific solutions, evaluate practice changes, establish research partnerships, and use research in bedside care. Staff increased their proficiency in pain reassessment practices after the intervention.

Implications for Nursing: Research utilization models bring about desired practice changes under APN leadership. Aligning pain reassessment practices with clinical pain guideline recommendations promotes improved pain management through better reassessment documentation.

Key Points . . .

- Ineffective pain management persists despite numerous clinical practice guidelines for pain.
- Research demonstrates that poor staff reassessment practices and lack of documentation impede pain relief for patients.
- Advanced practice nurses may bridge the gap between application of clinical practice pain guideline recommendations (e.g., frequency of reassessment) and clinicians by diffusing innovations and interventions depicted in the guidelines.
- Research utilization models incorporating organizational change strategies may be used to align staff practice with clinical practice guidelines.

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