

Improving Pain Reassessment to Reduce Patient Satisfaction Fallout

Neha Varghese^{1,3}, Riaellen Tatlonghari MSN, RN, RNC-OB²

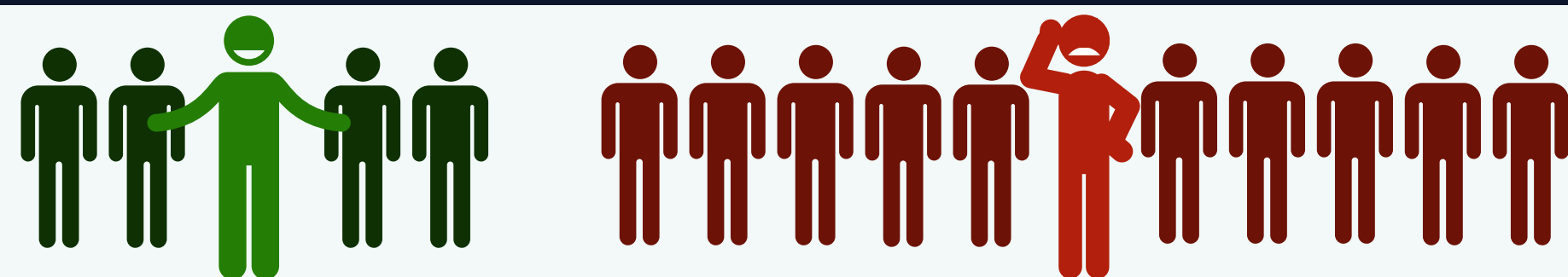
Lawrence E. Elkins High School, Sugar Land, TX¹

Houston Methodist Sugar Land Obstetrics and Gynecology Associates, Sugar Land, TX²

Gifted and Talented Mentorship Program, Fort Bend ISD, TX³



INTRODUCTION



While satisfied patients may share their experience with a handful of others, dissatisfied patients often share theirs with many, magnifying the impact of each interaction. Recognizing the significance of patient satisfaction, Houston Methodist is committed to meeting its goals by prioritizing attention to detail and dedication to patient care, as well as highlighting its I CARE values: integrity, compassion, accountability, respect, and excellence. Methodist evaluates performance using the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) which is a standardized national survey that gathers feedback from hospital patients.

Communication between healthcare providers and pregnant women in the Department of Obstetrics and Gynecology is vital as it directly influences maternal satisfaction and health outcomes. The Mother and Baby (Postpartum), Labor and Delivery, and Antepartum Units at Houston Methodist Sugar Land identifies gaps and improves care based on HCAHPS data.

A major concern identified was inadequate pain reassessment. Pain is often normalized in OB/GYN care due to its frequent association with labor, childbirth, and menstrual conditions, but effective pain management is essential for patient comfort and satisfaction. Across these units, most patients require pain reassessment one hour after intervention. If pain is resolved, further reassessment is not needed in the shift unless new pain arises. If pain persists, hourly reassessment and additional interventions are required.

OBJECTIVE

This study aims to investigate the underlying causes of inadequate pain reassessment and identify potential solutions to address this issue effectively to improve reassessment rates and ultimately support better care for mothers.

METHODOLOGY

This study focuses on Methodist OB/GYN patients and hospital staff, providing an in-depth analysis of challenges associated with routine pain reassessment. Research was conducted through a descriptive survey distributed to Methodist OB/GYN hospital staff via QR codes and word-of-mouth, along with an analysis of previously collected data from the HCAHPS survey administered to mothers after their discharge from Methodist.

At the beginning of the survey, participants were informed of its purpose, estimated completion time, and confidentiality assurances. The survey included both qualitative and quantitative questions. It assessed medical staff's general pain reassessment practices, communication during shift changes, documentation and patient compliance, training and support, and suggestions for improvement. This data was cross-referenced with patient pain reassessment experiences gathered from the HCAHPS survey.

RESULTS

Figure 1:

	2024									2025		
	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March
Post-partum	72.2%	84.5%	64.3%	58.3%	62.5%	54.8%	63.2%	25.0%	100.0%	57.1%	84.4%	64.3%
Labor & Delivery	83.3%		25.0%		100.0%					50.0%	100.0%	
Ante-partum			100.0%		100.0%							

Percentage of Pain Reassessment HCAHPS Satisfaction

Figure 2:

In your experience, what are the most common reasons pain reassessments are delayed or missed?

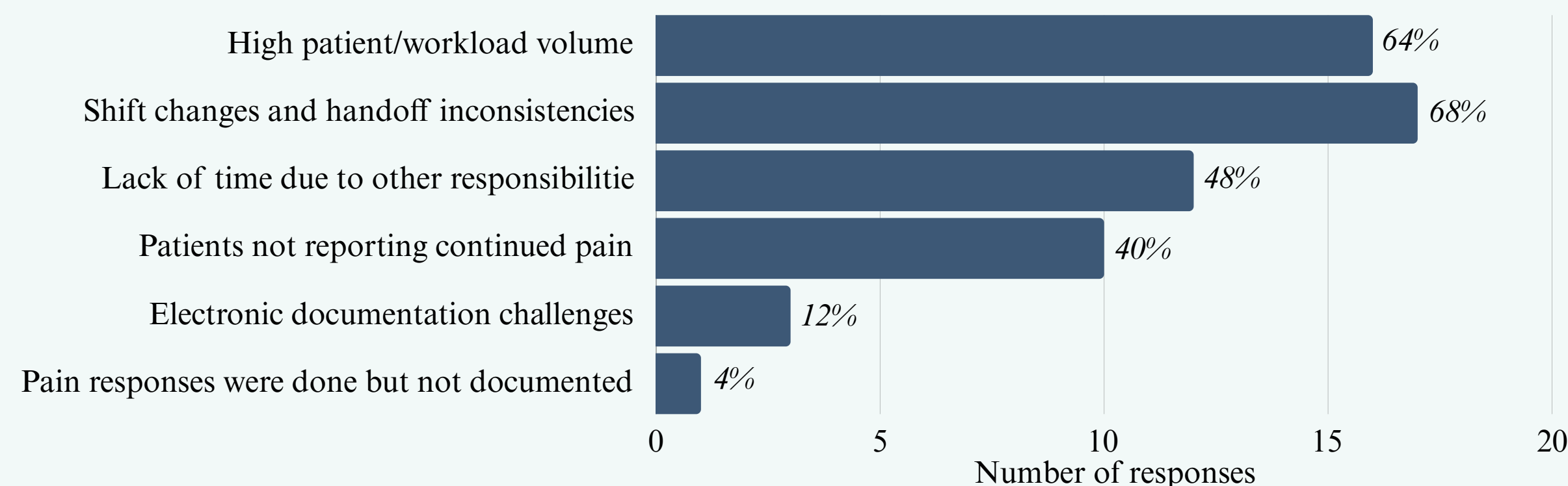


Figure 3:

What are the biggest barriers to properly documenting pain reassessments?

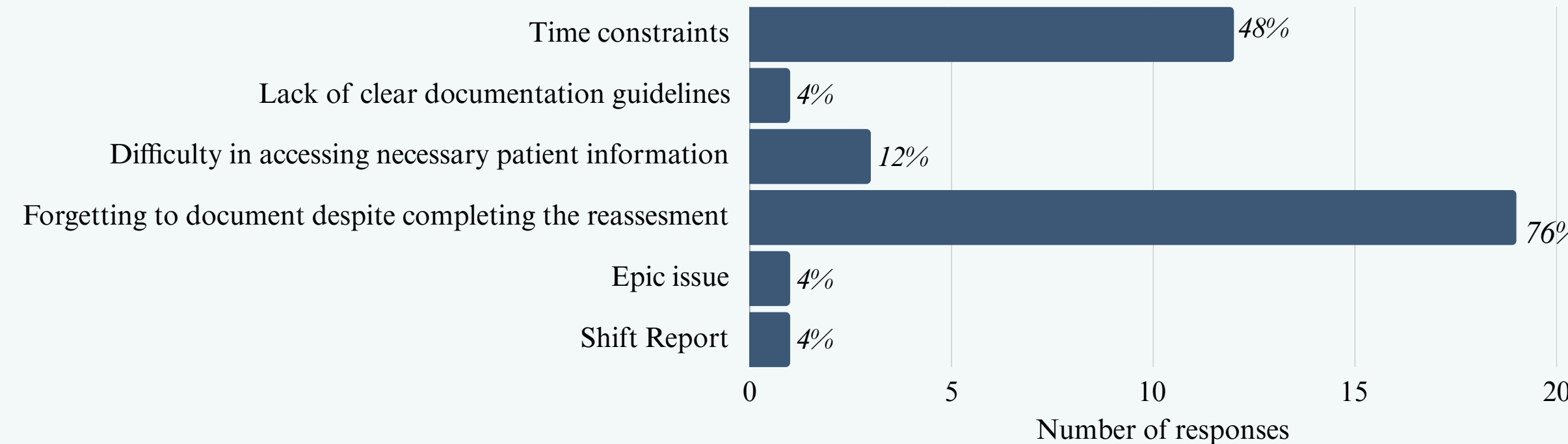
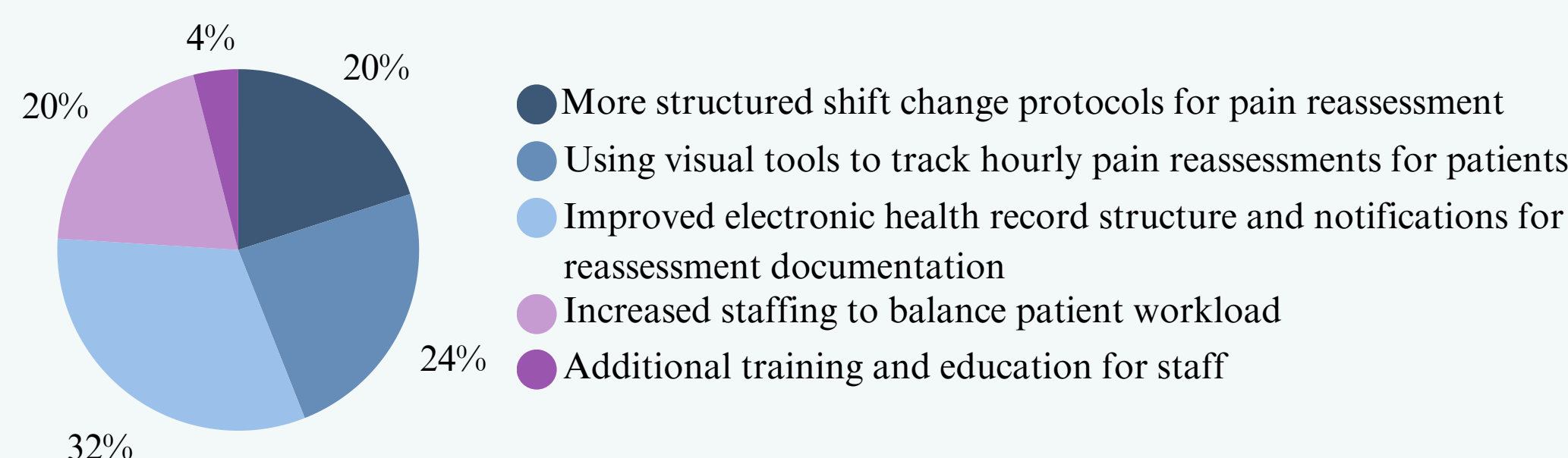


Figure 4:

What interventions would help improve pain reassessment compliance and effectiveness?



FINDINGS

The HCAHPS survey data in Figure 1 suggest that the pain reassessment fallout primarily occurs in the postpartum unit, which is also known as the Mother and Baby unit. These percentages help narrow down which unit pain reassessment rates need to be focused on improving.

Based on the data of 25 responses from health professionals at Methodist, the data collected in Figure 2 shows that the most prominent issue causing the pain reassessment fallout is due to shift changes. Shift handoff inconsistencies leading to this fallout indicate that communication during the transfer of care needs to be optimized to maintain timely pain reassessments as per protocol. Figure 2 and 3 also demonstrates that high patient/workload volume and other competing responsibilities contributed to this fallout. This emphasizes the importance of hospital administration considering sufficient staffing to alleviate the excessive responsibilities placed on healthcare professionals. Additionally, while all respondents stated they had received adequate training, only 40% said they were very confident that pain reassessments are consistently documented. This suggests that the real issue lies in forgetfulness and time constraints which are problems that training alone cannot resolve.

To improve this deficiency, most respondents, as seen in Figure 4, agreed that enhancing the Epic system to provide timely notifications or pop-ups would significantly improve pain reassessment documentation by addressing forgetfulness due to competing responsibilities. Additionally, pairing these systems with visual tools, such as a whiteboard or chart divided on an hourly basis, may help nurses recognize when pain reassessments are not being completed in a timely fashion and take corrective action.

An equal number of respondents suggested more structured shift change protocols for pain reassessments and increased staffing. However, since systems are already in place for care transitions, combining this communication with a visual tool may optimize the effectiveness of this solution. Furthermore, increasing staffing is not an easy task, as it depends on multiple factors such as budget constraints and may be difficult due to the ongoing nursing shortage in the U.S.

SOLUTIONS & CONCLUSION

The most reasonable solution to improve pain reassessment is to configure Epic to provide timed pop-up reminders after medication administration. Additionally, pairing this update with visual pain reassessment reminders during team huddles at patient handoff between shifts can further optimize pain reassessment rates. These methods directly address forgetfulness and help build confidence in the timely documentation of pain reassessments.

This study concludes that the main underlying causes behind the pain reassessment fallout is rooted in forgetfulness, lack of emphasis on pain reassessment in shift handoff communication and competing responsibilities preventing timely documentation. After evaluating healthcare professionals' personal preferences and analyzing the feasibility of varying solutions, the best solutions to address this fallout would be a combination of electronic health record notifications and visual pain assessment reminders integrated into shift handoff communication practices.