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Nursing Quality Improvement Sample

Improving Chronic Pain Management Outcomes Through a Quality Improvement Initiative

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Subject: Nursing / Healthcare | Assignment type: Quality improvement paper | Citation style: APA 7 | Academic level: Undergraduate / Graduate-ready

Sample purpose:

This downloadable sample demonstrates how a nursing quality improvement paper can organize a clinical problem statement, patient-centered care discussion, evidence base, interprofessional collaboration plan, evaluation measures, sustainability logic, conclusion, and APA-style references.

Important use notice:

Public sample - for structure, tone, citation awareness, and quality review only. Not for submission.

What this sample demonstrates:

- Complete nursing quality improvement structure
- Clear clinical problem framing
- Patient-centered nursing rationale
- Evidence integration with recent scholarly sources
- Interprofessional collaboration planning
- Evaluation and sustainability measures
- APA-style reference handling

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Improving Chronic Pain Management Outcomes Through a Power over Pain Quality Improvement Initiative

Introduction/Problem Statement

The collection of social history should not just check a box that a patient has chronic pain upon intake. Chronic pain diagnosis reflects suffering related to the biopsychosocial factors of decreased function, sleep disturbance, negative mood, inability to work or participate in family life, and loss of trust in health care providers’ ability to help manage pain without ongoing harm. This Quality Improvement (QI) aims to improve patient-centered chronic pain management outcomes for adults enrolled in clinic-based Power over Pain (POP) sessions by introducing a standardized multimodal pain assessment and follow-up protocol. The QI issue is that although POP participants receive caring support for their pain concerns, patients are discharged from the program with weak clinical outcomes if pain assessment tools, goal-directed functional planning, patient education about pain, and review of medication safety are not consistently standardized across providers. Thus, the POP project’s aim is that within 12 weeks, ≥ 90% of patients enrolled in POP will have documentation of an individualized pain plan, functional pain goal, teach-back education, and documented follow-up reassessment.

Chronic pain management is a safety concern because care can go wrong in two directions: failure to relieve pain or medication harm. The current Centers for Disease Control and Prevention (CDC) guideline states that chronic pain is a condition influenced by biological, psychological, and social factors and directs care teams to improve pain, physical function, and quality of life while reducing risks of opioid misuse or overdose (Dowell et al., 2022). Barriers contributing to the problem include limited appointment time, inconsistent use of assessment tools, poor access to behavioral health or physical therapy, cost concerns, inadequate health literacy, and lack of standardized follow-up. Pain improvement requires navigating ethical and political concerns as well. Nurses must consider principles of beneficence, nonmaleficence, autonomy, and justice while opioid policies, facility protocols, and payer restrictions cause fear among clinicians and patients for treating pain.

Patient-Centered Care

Patient-centered care in POP should start by recognizing the patient as the expert on how pain is experienced in their life. Person-centered chronic pain treatment should consider goals, abilities, daily living tasks, self-management resources, and sense of self rather than focusing on achieving a numeric rating of pain reduction (Themelis & Tang, 2023). The standardized protocol will pair pain rating with functional status using the PEG scale, which considers pain intensity rating, interference with enjoyment of life, and interference with general activity. Every visit, the nurse will ask patients what they want pain control to achieve, such as walking longer distances, sleeping through the night, returning to modified work, participating in church activities, or feeling less fearful of moving. Setting goals that matter to patients reframes pain control into an observable outcome that they own.

Culture matters in pain management because patients express pain, concern about medications, spiritual beliefs about coping, use of home remedies, substance misuse risks, and willingness to join group psychoeducation differently based on cultural background and previous experiences with health care. The CDC also warns providers that racial, ethnic, socioeconomic, and geographic disparities influence pain treatment and that careful consideration is needed when applying rigid pain care standards to each patient’s unique situation (Dowell et al., 2022). To provide culturally competent pain care, the POP protocol will standardize plain-language teaching with provision of interpreter services when needed, use the teach-back method, and respectfully ask about patient beliefs and coping practices. Responsiveness to culture does not mean bypassing unsafe beliefs; it means revising the care plan until the patient understands, trusts the providers, and can follow the plan safely.

Evidence to Address the Problem

Academic evidence supports this multimodal approach to QI. Chronic pain management recommendations include person-centered pain assessment, joint creation of a care plan, and consideration of nonpharmacologic pain treatment such as exercise, psychological therapy, acupuncture, and other modalities (Zambelli et al., 2022). This research supports the POP focus on function, health education, and self-management, rather than medication. Hestmann et al. (2023) found that primary-care chronic pain self-management interventions helped patients understand their pain, learn from peers, engage in adaptive physical activity, and approach daily life differently. These study results specifically support POP group sessions that teach patients about pacing, movement, relaxation techniques, anticipation of pain flares, and problem-solving skills.

Evidence from other health care disciplines also supports the POP protocol. Connell et al. (2022) concluded that interdisciplinary chronic pain treatment programs in primary care help patients reach better pain-related outcomes than usual care when team members intentionally design their roles and workflows to collaborate. Chronic pain impacts patients beyond what one clinician can address in a limited appointment. A nurse can assess pain function and provide education, the prescribing provider can confirm or revise the diagnosis and medication plan, a pharmacist can assess risk of interactions, opioid harm, and need for naloxone prescription, behavioral health providers can support patients with pain coping, anxiety, depression, or trauma, and physical therapy can recommend individualized, graded movement. Finally, Yoder-Wise

(2023) describes the goal of QI as maintaining momentum in improving care processes, reducing preventable errors, and investing in staff members' skills and motivation to continue making clinical care better. Nurses have a special opportunity in this project because they can optimize each patient interaction.

Teamwork/Interprofessional Collaboration

A planning statement for carrying out the implementation plan includes the following rapid-cycle improvement logic: define, measure, analyze, improve, and control. First, the clinic will define the current performance gap by sampling 20-30 POP medical records to assess baseline charting of pain score, functional goal, pain education, medication safety review, and follow-up plan. Second, the team will measure baseline pain-related outcomes by giving all POP patients the PEG scale and one item about satisfaction with provider communication about pain. Third, the team will analyze common barriers in the office workflow, such as missing template forms, unclear role ownership for pain care, or time constraints. Fourth, the practice will improve care by introducing a combined page POP pain-management checklist that pops up in the workflow of each visit. Lastly, the clinic will control future gains by conducting monthly medical chart audits, team POP huddles, and public reporting of results.

Responsibility for nursing interventions should be clear at intake and POP follow-up visits. Upon intake into the program, nurses will obtain pain rating using the PEG scale, ask about pain history and current coping methods, document patients' desired functional goal, complete medication reconciliation, and provide education about the biopsychosocial aspects of pain. The nurse will then use the teach-back method to ask the patient to repeat back in their own words what they learned about pain management, one strategy to manage pain flares, and when to notify the clinic if pain does not improve. At follow-up visit, the nurse will reassess the PEG score and goal progress, review new and existing medications for effectiveness and safety, ask about barriers to self-management, and evaluate any referrals needed. Should the practice use group POP sessions to deliver these topics, nursing modules could include education about pacing strategy, sleep hygiene, relaxation breathing exercises, safe ways to move, and communication tips for sharing pain goals with family.

Structuring communication makes a team more than a group of people who share space. A team of clinicians should meet for 15 minutes each week to review new POP enrollees that week, highlight any high-risk patients, track delayed follow-ups, and coordinate referrals. One team member, likely the nurse or care coordinator, will manage the registry of patients and ensure they receive a follow-up phone call; providers will verify pain diagnosis and appropriateness of treatment; the pharmacist will highlight risky medications; behavioral health will indicate which patients need coping support for mental health issues; and physical therapy will guide exercise recommendations for patients. As nursing leaders know, quality improvement does not happen without defined roles, mutual buy-in from team members, resources dedicated to making change, and data to guide change (Yoder-Wise, 2023).

Evaluation/Sustainability

Evaluation will consist of outcome, process, and balancing measures. Outcome measures will include average change in PEG score, proportion of patients reporting attainment of their functional goal, and pain communication satisfaction. Process measures will include the proportion of POP patients with a complete checklist form, functional goal, teach-back documentation, medication review, and follow-up visit within the target timeline. Finally, balancing measures will include office visit duration, no-show rate, calls to the clinic regarding pain concerns, and patient report felt the pain plan was dismissive of concerns or too difficult to accomplish. As much as clinics love a new QI project, these measures help ensure we do not fool ourselves that a QI initiative is working on charts when it is causing patients harm or diminishing the quality of care they receive.

Because every patient in POP will receive standardized pain treatment interventions, there should be a clear escalation of concern process if patients exhibit specific adverse symptoms or behaviors. NEW Patients with new weakness, change in bowel or bladder function, uncontrolled depression or suicidal thoughts, suspected medication misuse, early refill requests, or pain that quickly gets worse will need more than what the POP program offers. The nurse will inform the provider the same day, document the concern in the medical record, and help activate referral to an appropriate clinical, behavioral health, emergency, or substance-use resource. Having this process escalates the safety of the program by preventing it from becoming a generic group education intervention when a patient needs more intensive clinical care. Additionally, it reinforces the idea that patient-centered care is not inherently permissive (let patients do whatever) or restrictive (block everything they want) in pain treatment. Instead, it allows nurses to respond to changing levels of pain and function safely.

A quality improvement project can become routine only if leadership integrates it into the workflow. The practice should build the checklist into the EHR, assign someone to own the registry and follow-up on patients, review dashboard data as a team each month, and celebrate improvements that are meaningful to patients. Patients may not experience a decrease in pain scores but may still benefit from improved function, increased confidence in managing pain during flares, better sleep, or medication safety; therefore, teams should avoid defining success as completely eliminating pain. Nurses know the more defensible QI outcome is harm reduction.

Safer, more consistent, more equitable, and more patient-powered chronic pain management is achievable by introducing a standardized multimodal POP assessment and follow-up protocol.

References

Connell, N., Pallavi Prathivadi, Lorenz, K. A., Zupanc, S. N., Singer, S. J., Krebs, E. E., Yano, E. M., Wong Connie C, & Giannitrapani, K. F. (2022). Teaming in Interdisciplinary Chronic Pain Management Interventions in Primary Care: a Systematic Review of Randomized Controlled Trials. *Journal of General Internal Medicine*, *37*(6), 1501–1512. https://doi.org/10.1007/s11606-021-07255-w

Dowell, D., Ragan, K., Jones, C., Baldwin, G., & Chou, R. (2022). CDC Clinical Practice Guideline for Prescribing Opioids for Pain. *MMWR. Recommendations and Reports*, *71*(3), 1–95. https://doi.org/10.15585/mmwr.rr7103a1

Hestmann, R., Bratås, O., & Grønning, K. (2023). Chronic pain self-management interventions in primary care – does it make any difference? A qualitative study. *BMC Health Services Research*, *23*(1). https://doi.org/10.1186/s12913-023-09548-8

Themelis, K., & Tang, N. K. Y. (2023). The Management of Chronic Pain: Re-Centring Person-Centred Care. *Journal of Clinical Medicine*, *12*(22), 6957. https://doi.org/10.3390/jcm12226957

Yoder-Wise, P. S., & Sportsman, S. (2023). *Leading and Managing in Nursing* (8th ed.). Mosby.

Zambelli, Z., Halstead, E. J., Iles, R., Fidalgo, A. R., & Dimitriou, D. (2022). The 2021 NICE Guidelines for Assessment and Management of Chronic Pain: a cross-sectional Study Mapping against a Sample of 1,000* in the Community. *British Journal of Pain*, *16*(4), 204946372210838. https://doi.org/10.1177/20494637221083837