PROBLEM: Staff nurses observed that upon arrival to the unit, patients who underwent Uterine Artery Embolization (UAE) were experiencing excruciating pain. A nurse-led team investigated why UAE patients were experiencing uncontrolled pain.

EVIDENCE: Lewin’s change theory1 has three components: unfreezing, changing and refreezing. Unfreezing was the inadequate pain management identified by staff nurses. Changing included both system and practice changes. Refreezing was the integration of new changes into practice. The Plan-Do-Study-Act (PDSA) rapid-cycle methodology2 is a scientific method to change and measure outcomes. Integration of Lewin’s change theory1, using the PDSA rapid-cycle change methodology2, enabled the dissolution of interdepartmental silos that served as barriers to alleviating patients’ pain and answering nurses’ “burning question.”

STRATEGY: Staff nurses used the PDSA methodology to initiate study of the problem: 1) Assembled an interprofessional team to review literature on pain management post-UAE. 2) Developed a data collection tool to validate nurses’ assumptions and observations. 3) Collected 12 months of retrospective data on patients who underwent UAEs. 4) Aggregated the data and reviewed it with team. 5) Enlarged the size of the interprofessional team. 6) Implemented interdisciplinary process changes.

PRACTICE CHANGES: 1) Pre-procedure nurse will send PCA pump with patient to radiology. 2) Pharmacy will change patient admitting status allowing access to post-procedure pain medication. 3) Radiology nurses will be educated to use PCA pump. 4) Radiology nurses will initiate PCA pump pre-procedure.

EVALUATION: Prospective data collection post-implementation demonstrated a reduction in time for PCA pump initiation from 2.07 hours to 0.0 hours.

RESULTS: Patients and families experienced less pain and anxiety, nurses and physicians expressed improved satisfaction with management of patients’ post-procedure pain.

RECOMMENDATIONS: Using the PDSA model as the vehicle to employ change theory enabled nurses to use available evidence to improve outcomes.

BIBLIOGRAPHY: