

Improving Breakthrough Pain Assessment in a Residential Hospice



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Pain

- An unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such such damage.
- Pain is whatever the experiencing says it is, existing whenever he says it does.



(IASP 2011 and Pasero & McCaffery 2011)

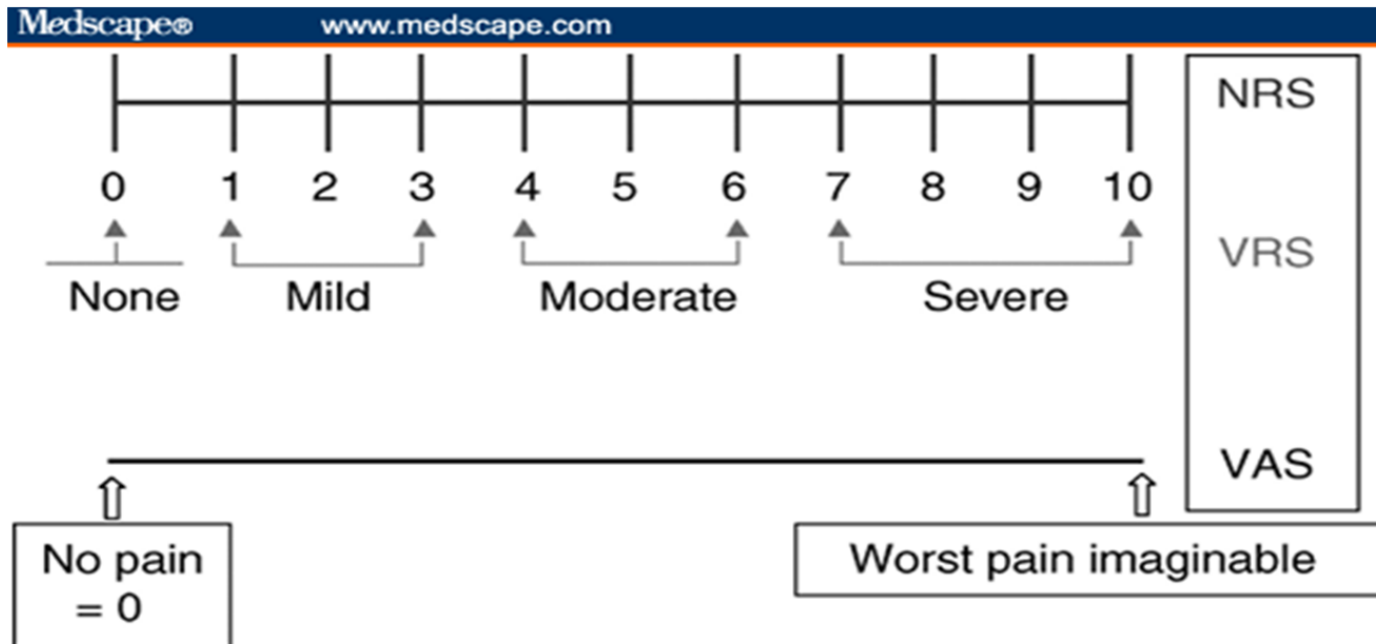
PAIN ASSESSMENT TOOLS



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NRS: Numerical Rating Scale

VRS: Verbal Rating Scale



Introduction

Pain is highly prevalent in palliative care. It was reported that prevalence of pain ranges from 50%-90% in patients with advanced disease. Pain management is the cornerstone of palliative care. Poor pain assessment is a barrier to effective pain management.





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Audit on Breakthrough Pain Assessment

- Only 26% pain episodes were adequately documented prior to administration of breakthrough analgesia.
- Only 2% pain episodes were reassessed after administration of breakthrough analgesia.

AIM



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To improve the nursing compliance to breakthrough pain assessment in Dover Park Hospice from 26% to 100% within 8 months.



Method

A Plan-Do-Study-Act (PDSA) methodology was employed.



Form project team



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Team members: SN Lee Jing Ru

Dr Karen Liaw

Ms Chin Soh Mun

Dr Wu Huei Yaw

Dr Angel Lee

Nursing clinical champions: SN Lucy Chin

SN May Moe Tun



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Setting standard

Nurses are expected to assess and reassess pain pre- and post-breakthrough using numerical rating scale (NRS), verbal rating scale (VRS) or by monitoring patient's pain-related behaviors.



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- Monthly audits in the form of retrospective case-notes review of the first 20 admissions of each month were conducted between March 2014 and October 2014.



Inclusion Criteria: The presence of documented pain assessment for the first 10 breakthrough medications of every admission were recorded.

Exclusion Criteria: The absence of breakthrough medication given.

PAIN ASSESSMENT AUDIT PROFORMA



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UIN : _____

Excluded Reason : no breakthrough medication needed
 others : _____

Episode Number : _____

Pain assessment : yes no

Type of assessment : NRS VRS staff-rated VRS others : _____

Other documentation : site type of pain others : _____

Action taken : breakthrough medication given
 doctor informed
 others : _____

Pain re-assessed : yes no

Action taken : breakthrough medication given
 doctor informed
 others : _____

Notes : _____



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- Make predictions of problems that might arise and think of some possible solutions to tackle them.
- Presenting proposal to top management for approval

Auditing Case Sheets



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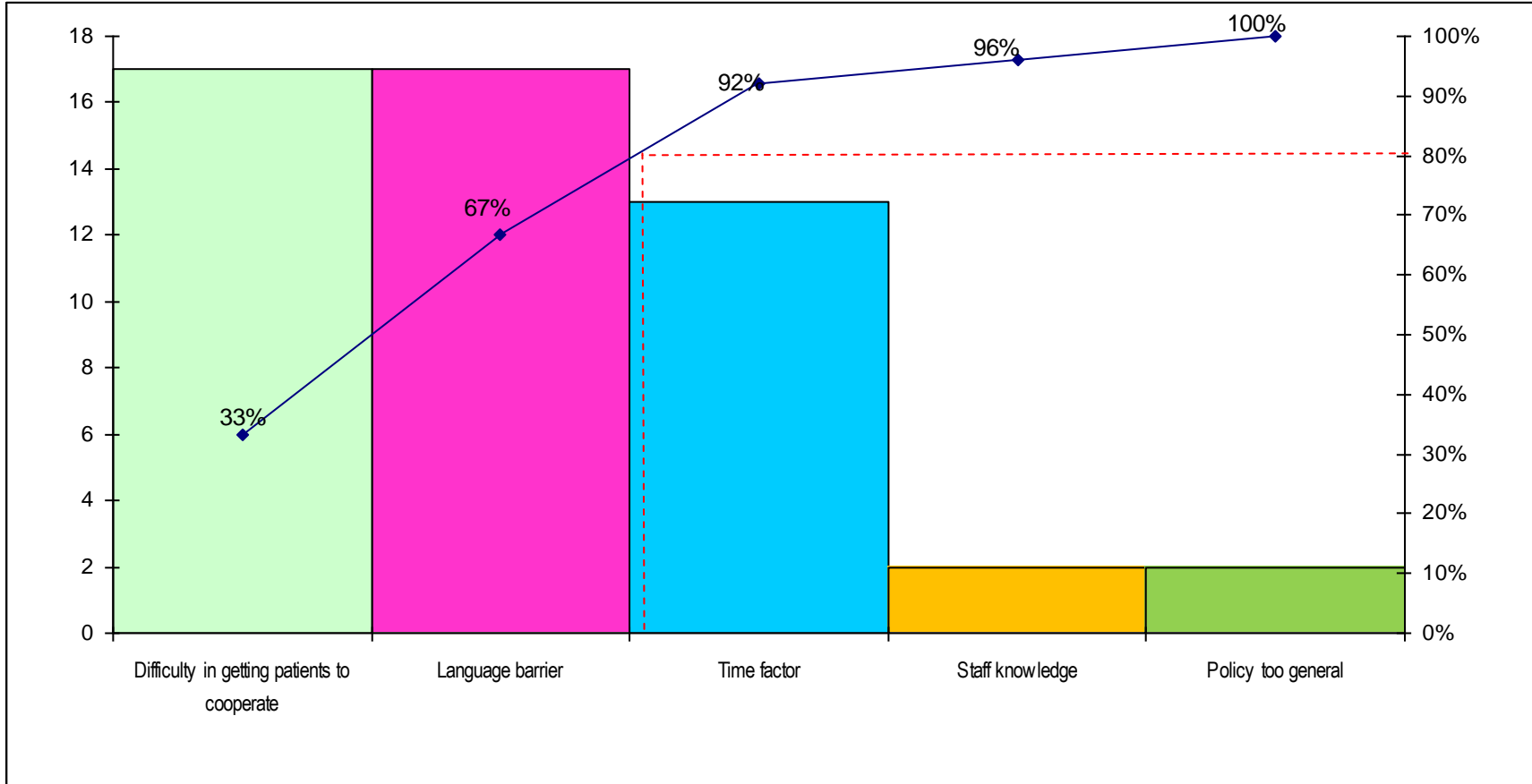


- A focus group discussion was held with the nurses to identify the barriers to pain assessment.
- Voting was then carried out within the group to identify the most likely barriers (see Pareto Chart).
- Appropriate interventions to overcome the top 3 challenges were proposed and implemented.



Pareto Chart

Allows the team to prioritise and direct improvement efforts. A focus group discussion was done with the nurses and the following factors were identified to be the barrier to doing pain assessment.



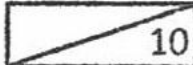



Challenges	Interventions
Language barrier	<ul style="list-style-type: none">• In-service language lessons• Nursing Pain Assessment Training
Heavy Workload for Staff Nurses	<ul style="list-style-type: none">• Empower Enrolled Nurses and Nursing Aides to carry out pain assessment• Standardised Documentation (Pain Stamp)
Difficulty in getting patients to co-operation	<ul style="list-style-type: none">• Pocket-sized pain rulers



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Pain Stamp

Breakthrough Pain & Re-assessment			
Date:		Time:	
Site:		Type:	
<input type="checkbox"/> NRS	Score:		
<input type="checkbox"/> VRS	Mild	Moderate	Severe
Breakthrough _____ given at _____ Hours			
Re-assessment time _____ Hours			
NRS	Score :		
VRS	Mild	Moderate	Severe



Pain Stamp

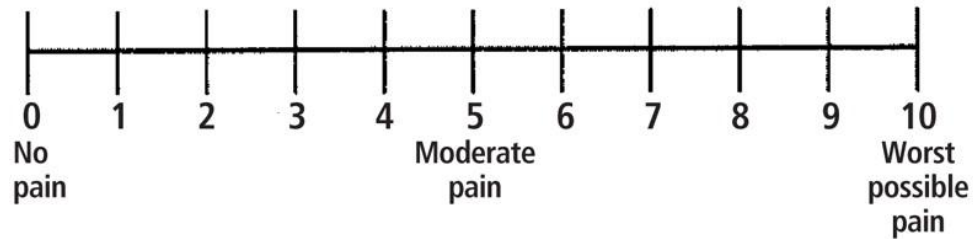
Breakthrough Pain & Re-assessment					
Date: 1/10/15	Time: 1730hr				
Site: (R) Leg	Type: Neuropathic				
<input checked="" type="checkbox"/> NRS	Score:	<table border="1"><tr><td>8</td><td>10</td></tr></table>	8	10	
8	10				
<input type="checkbox"/> VRS	Mild	Moderate	Severe		
Breakthrough <u>PO mist morphine 5mg</u> given at <u>1730</u> Hours					
Re-assessment time	<u>1800</u> Hours				
<input checked="" type="checkbox"/> NRS	Score :	<table border="1"><tr><td>0</td><td>10</td></tr></table>	0	10	
0	10				
VRS	Mild	Moderate	Severe		

Pain ruler



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Numeric Pain Rating Scale



Wong-Baker FACES Pain Rating Scale





- Study the trend of results after various interventions have been implemented in different phases.
- Collect data for evaluation
 - Quantitative : Pain assessment staff survey
(staff satisfaction)



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- Results will be analysed and presented to nurses during nursing meeting.
- Team will constantly obtain verbal feedback from staff and top management.



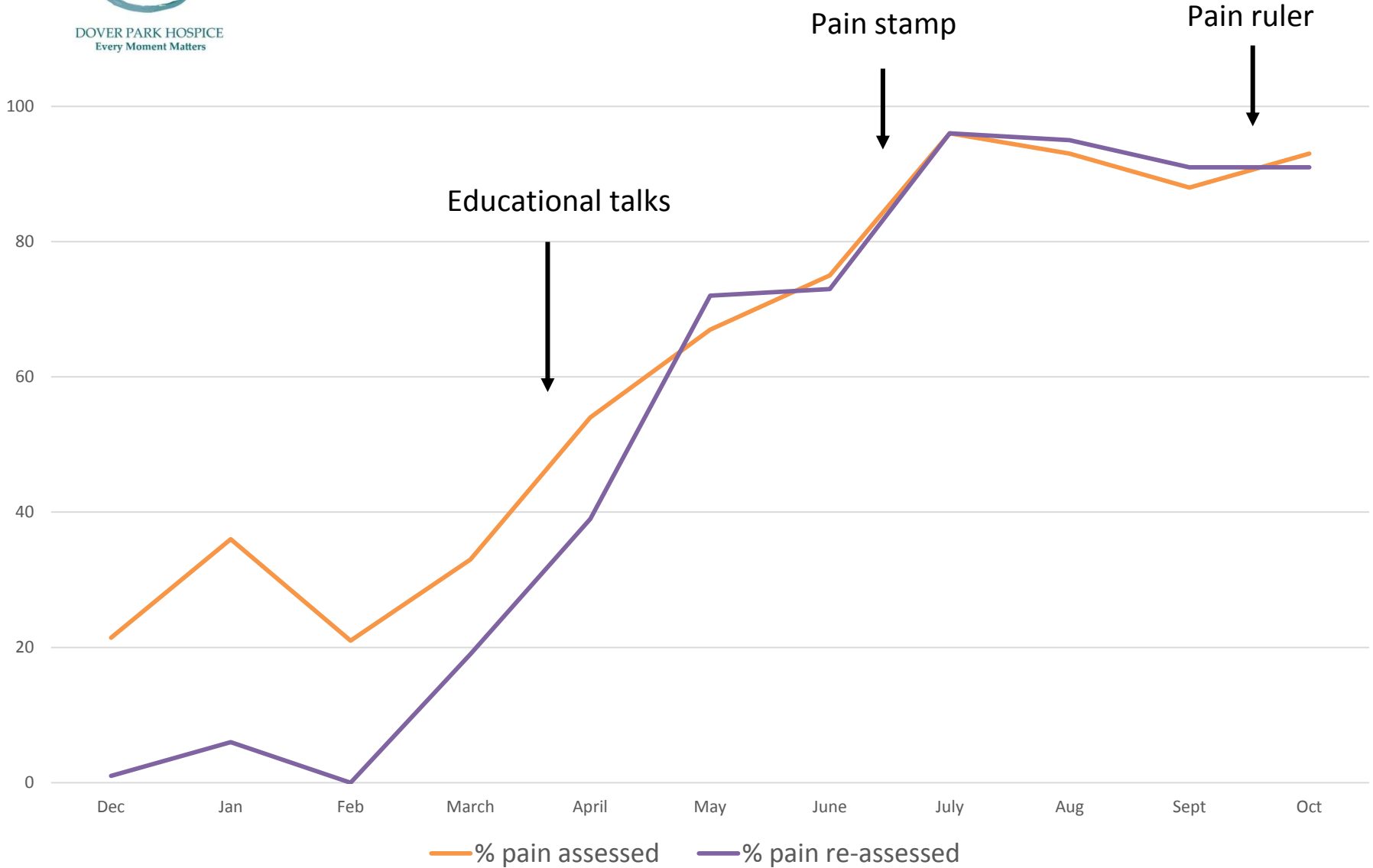
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Results



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Pain Assessment Trend





Results

- Pain assessment prior to breakthrough medication improved to a high of 96%.
- Reassessment post breakthrough medication also improved to a new mean of 92% of pain episodes.



Results

- To ensure that the improvement was sustained, monthly audits were extended beyond the project timeline to May 2015.
- The results were very encouraging, showing a sustained improvement of pain assessment and reassessment with numbers consistently above 90% each month.

Project Impact

- Nurses feel more empowered in the management of patients with pain.
- There is motivation to improve the pain assessment to 100%.



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Sustainability

- Mandatory in-service training in pain assessment and proper documentation will be included as part of the nursing orientation programme.
- Regular audits and feedback to staff to ensure discipline and continual improvement

Challenges and strategies to overcome challenges in the uptake of project



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Challenges	Strategies
Staff resistance	<ul style="list-style-type: none">• Empowering staff through educational talks.• Adopting a bottom up approach through observations and getting regular feedbacks.
Lack of resources	<ul style="list-style-type: none">• Management support• Adequate planning
Ensuring sustainability of results	<ul style="list-style-type: none">• Regular audits and reinforcing staff

Recommendations for future studies



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- Work on implementing tools to assess for pain in non-communicative patients.
- Educating staff on usage of the tool.
- Getting feedback from patients.



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Conclusion

With the appropriate interventions, the pre- and post- assessment for breakthrough pain improved dramatically and these results were sustained.

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