



WELCOME

“Pain as usual but forgotten”

Team

Vanathy David (vani)

Lina Madathikudiyil

Olga Thomas

Supervisors

Prof Val Wilson

Prof Victoria Traynor

Background

ACUTE PAIN

- Pain was common in people with dementia admitted to the acute hospital and associated with behavioural and psychiatric symptoms.
- Improved pain management may reduce distressing behaviours and improve the quality of hospital care for people with dementia (Sampson et al 2015)

PERSISTENT NON-MALIGNANT PAIN

Individuals with neurological disorders such as dementia are susceptible patient groups in which pain is frequently under-recognised, underestimated, and undertreated (Hadjistavropoulos et al 2014).

There is a tendency to stop or not administer analgesia in acute care!



- ❖ **A lack of knowledge on pain assessment and the management of pain** are significant themes in the literature.
- ❖ There are various barriers identified in literature for lack of pain assessment. A significant barrier is heavy reliance on nurse's own subjective judgements (Al-Shaer et al., 2011).
- ❖ Gold Standard in pain assessment and management – self report
- ❖ Communication difficulties and cognitive impairment are barriers to reliable self reporting of pain

What is the best practice?

Dementia - calls for the patient's pain to be measured:

1. Regularly
2. **Using an appropriate tool**
3. Multidisciplinary approach
4. Necessary to continue to **validate scales**, rather than develop of more assessment tools

What is the best tool?

- Meta analysis revealed NO GOLD STANDARD
- Although there are many different pain tools available, no single behavioural pain assessment tool could be identified as superior to any other (Lichtner et al. 2014)

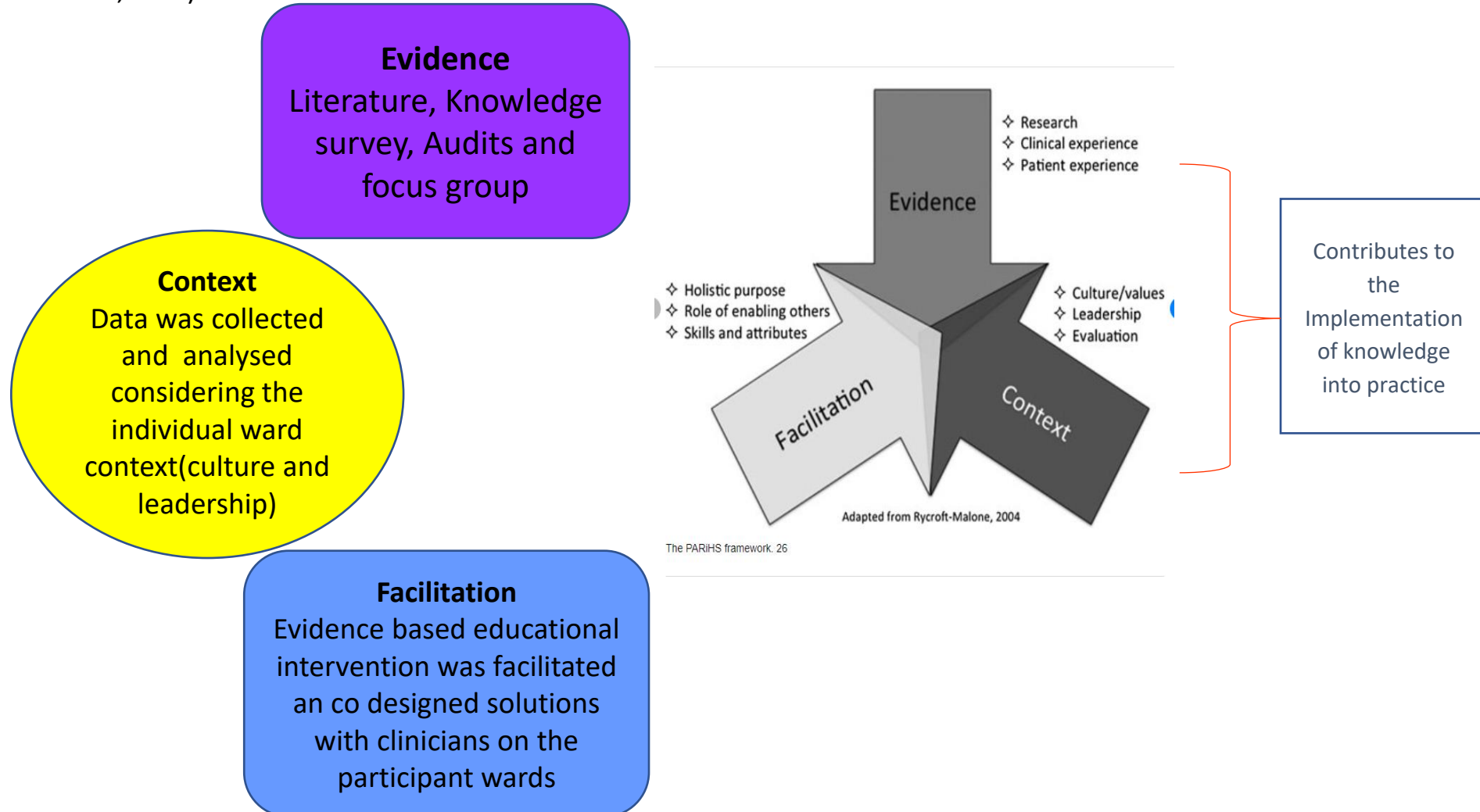


Abbey's pain scale
Pain Assessment In Advanced Dementia (PAINAD)

- **Validated tools**
- **Easy accessible (EMR)**
- **Familiarity among nurses in our district**

Our Study

- This is a mixed method study combining **quantitative and qualitative research processes** using the **Promoting Action on Research Implementation in Health Services (PARIHS)** framework.
- The PARIHS framework contains three key interacting elements; **evidence, context and facilitation** which provides a broad basis for the research being conducted in healthcare (Kitson, A; Harvey,G; & McCormack B,1998)





Focus Groups



Objectives

- Explore the views of nursing staff towards pain assessment and management in people with cognitive impairment in acute care setting.
- Explore how nurses currently perform a pain assessment
- Explore the enablers and barriers when performing a pain assessment
- What resources are needed to improve pain management in elderly with cognitive impairment



Themes



Inconsistencies in pain assessment:

Patient related factors and staff needs



Enablers and barriers for

decision making



Attitudes and believes:

Assumptions and factors influencing
the clinical judgement



Educations needs were

identified

What did the team do?

To improve the assessment of pain



- From the focus groups (Qualitative data), Knowledge survey and audits (Quantitative data), we have identified a need for Education.
- Education package was facilitated focussing on increasing the awareness around assessment of pain

To improve the management of pain



- Action research group was established within the wards
- Codesigned the solutions with the staff to improve the management of pain.
- The solutions were implemented based on the context of the ward

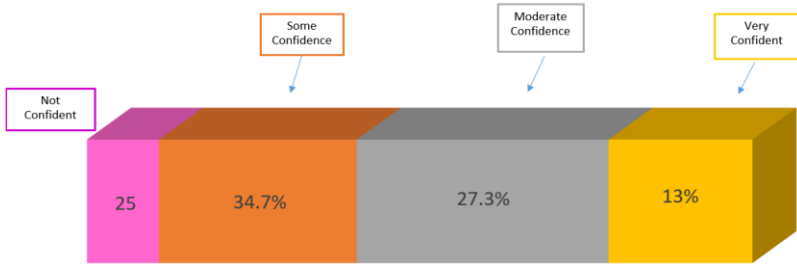
Strategies implemented by the action research team with ward clinicians(one ward)

- Mandatory pain assessment prior to regular analgesics and post pain assessment
- More education like SMITS
- More frequent auditing
- Individual discussions with staffs
- Reinforcement in huddle especially for casual staffs at the beginning of the shift.
- Documentation: Add actions, effects to pain
- Pain Champion of the month awards
- Elderly Pain management week celebrations
- Watch Pain scoring video and get signed off by the staffs.
- Posters to perform pain Ax in toilets and in front of S8 Cupboard
- Prompt in eMR
- Prepare ‘ Have you done your PAIN Ax’ posters
- Prepare a display board for pain in the ward

Knowledge survey

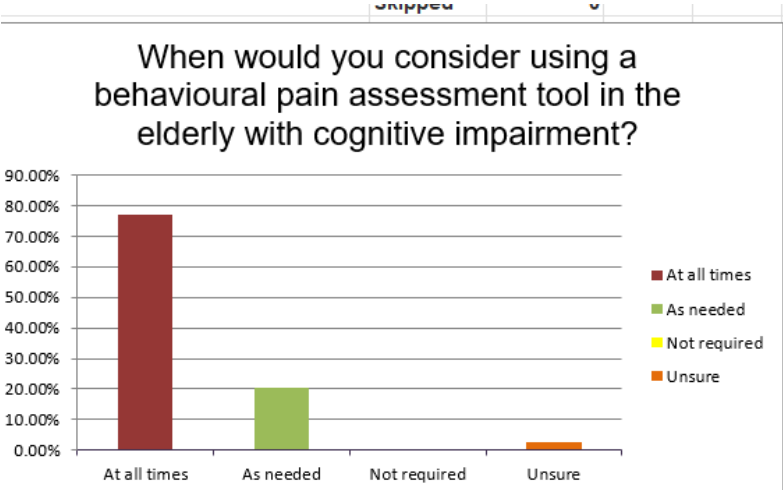
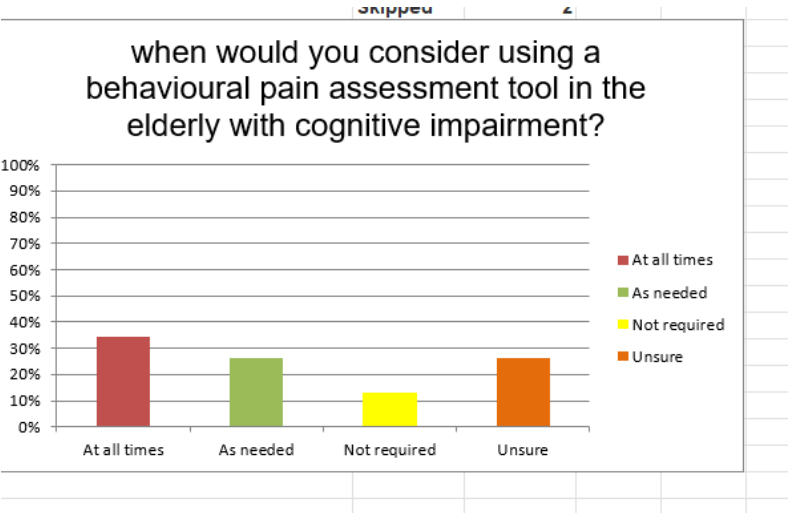
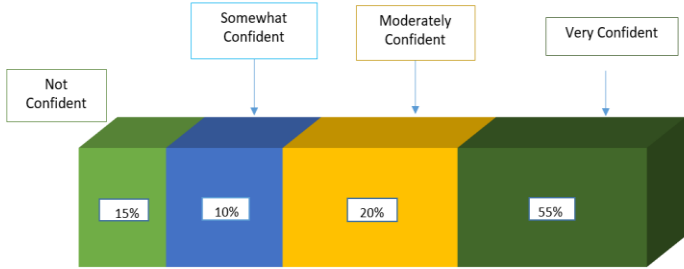
Pre intervention

How confident are you in assessing pain in patients with cognitive impairment?



Post intervention

How confident are you in assessing pain in patients with cognitive impairment?

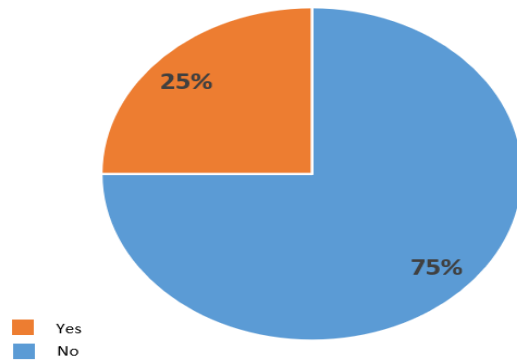


How Often was PAINAD tool used

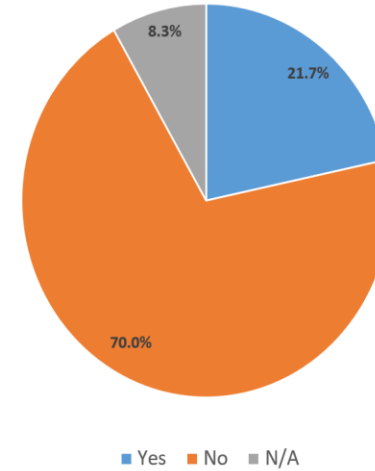
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Is Pain Assessment Documented %



Pain assessed after analgesia given

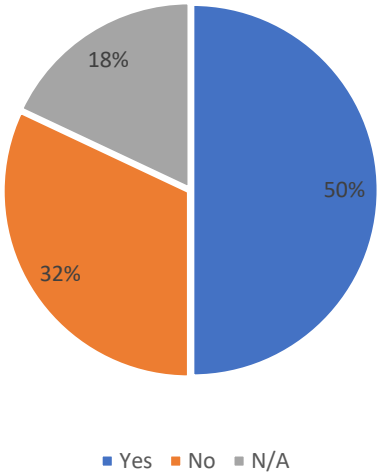


Post audit

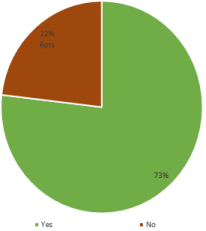
How Often was PAINAD tool used

100%

Analgesia given post pain assessment

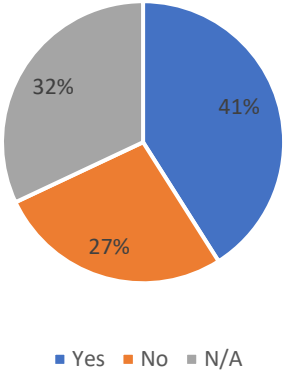


IS PAIN ASSESSMENT DOCUMENTED
% (n= 22)



How Often Is Pain Assessed and documented

Is Pain assessed after analgesia has been given
(n=22)



Future Implications

- No local current policy specific to Pain assessment in people with cognitive impairment.
- Aim to develop a policy/procedure document to assist with pain assessment and management and highlight the importance.
- The current strategies are transferable to other wards.
- Publication of results to disseminate findings.



