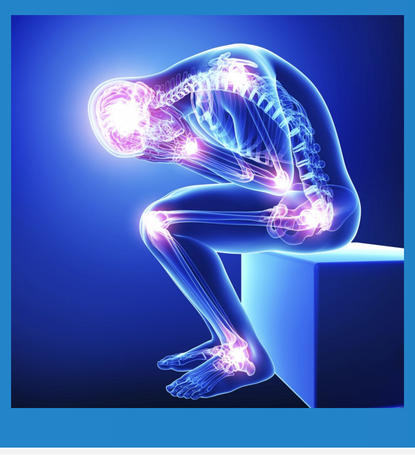
Gloucestershire Safety & Quality Improvement Academy

Gloucestershire Hospitals NHS
NHS Foundation Trust



Improving Pain Management in the Emergency Department

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…The Status Quo

Following a review in March 2015 from the Care Quality Commission it was found that management of pain in the emergency departments was an area requiring improvement. Their report commented '..in the emergency departments.. not all patients had a pain score recorded and patients did not consistently receive prompt pain relief..' and that the trust must take action to '…ensure that patients within the emergency department have an assessment of their pain and prompt pain relief administered where necessary..'. Suggested national standards for ED pain relief have been set by the Royal College of Emergency Medicine and suggest the following targets:

1. Patients in severe pain (pain score 7 to 10) or moderate pain (pain score 4 to 6) receive appropriate analgesia
   a. 75% within 30min of arrival
   b. 100% within 60min of arrival
2. PGDs in place for nurse prescribing on arrival
3. Patients with severe pain or moderate pain – 90% should have documented evidence of re-evaluation and action within 120 minutes of the first dose of analgesic
4. If analgesia is not prescribed and the patient has moderate or severe pain the reason should be documented in the notes.

These correlate well with the expectations of the CQC and it was felt that aiming for these standards would satisfy both the CQC requirements and improve quality of patient care. The initial aim was for 75% of patients within these standards by August 2016.

An initial audit of the baseline performance showed:

57% mod-sev pain received analgesia, of that 35% within 30mins, 63% within 60mins

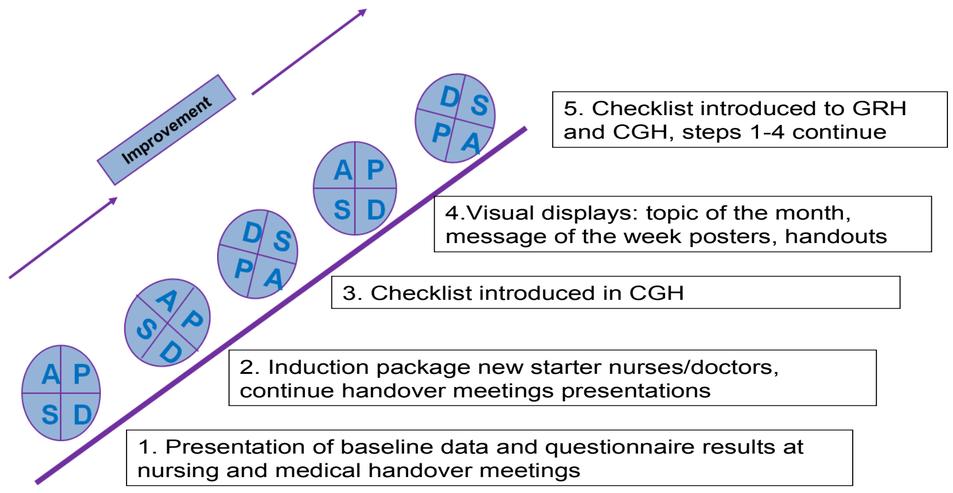
27% had pain reassessed at all

Therefore a dire need for a quality improvement project was identified!!!

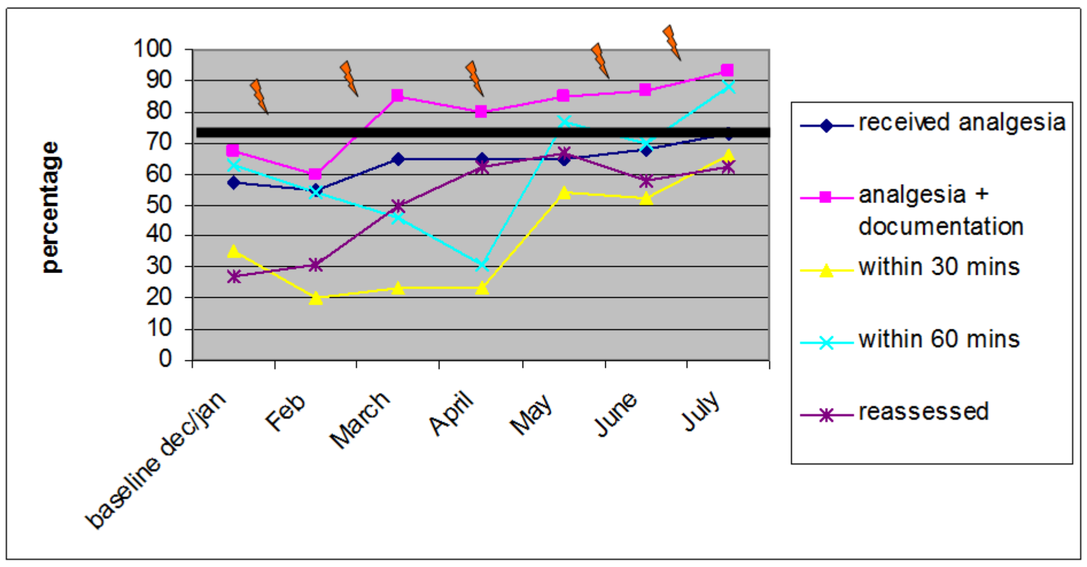
Areas for change

Through a staff questionnaire and background research it became clear that the main areas for change revolved around education of ED staff to the importance of and techniques of pain management, improving documentation especially in reassessment, and establishing both of the above into the ED culture. Changes were introduced in a stepwise manner and evaluated after each introduction.

PDSA cycles:



Run Chart:



With the ↯ representing the initiation of each new change the run chart shows that the initial education alone did not cause much improvement. The continued education with the induction package started an upward trend towards improvement of documentation. The initiation of the checklist improved continued this improvement and also – likely as it has specific time goals – it appears to have aided an improvement in the time to analgesia.

This is further supported by the second spike after introduction of the checklist in both sites. The solid black line represents the 75% target range for this project, happily we were on target for the majority with solid improvements seen in reassessment and analgesia within 30 mins even if not quite reaching the target set.

Results:

Directly comparing the baseline results to the final july/august audit shows:

Percentage of patients in mod-sev pain receiving analgesia went from 57% to 73.2%

Percentage of patients receiving analgesia + appropriate documentation as to why not went from 67.3% to 93%

Percentage of patients receiving analgesia within 30mins went from 35% to 65.9%

Percentage of patients receiving analgesia within 60mins went from 63% to 87.8%

Percentage of patients who had pain reassessed went from 27% to 62.5%

Thereby demonstrating improvement in all areas though not yet meeting the targets set at the beginning of the project.

"And with 10 being the highest, you're sure you're only at a 6?"

Conclusions:

This project has been the start of pain management improvement in the EDs, however it has required continued education and methods of highlighting awareness to pain to produce this improvement. It is hoped that the instillation of the induction packages and resource packages will embed pain management as a key process and make it part of the new status quo, but such things take time and persistence. Therefore continued work is needed to keep this change going.

There are ongoing plans for the further development of the patient checklist and changes to the ED documentation, PGD training continues for all triage trained nurses to allow for more available prescribers and earlier/easier administration of pain relief, monthly auditing of the pain standards is in place to ensure continued awareness. Overall the aim is to eventually be fully achieving the RCEM standards not merely 75% of patients.