

## NHS Foundation Trust

### A Day of Pain at Aintree

Impact of introduction of new national early warning score chart

A novel pain assessment chart improves pain assessment in surgical but not medical patients

A completed audit cycle, 2008 to 2014

Aintree Inpatient Pain Team★  
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#### Standards

- Assessment of pain leads to improved pain management. Pain assessment is an essential component of good quality care for all patients.
- Essence of Care Benchmarks produced by the Department of Health state that people should have ongoing, comprehensive assessment of their pain.
- The Royal College of Anaesthetists recommend that pain should be assessed and recorded in 100% of patients when observations are recorded<sup>2</sup>

#### Method

- Audit of whole inpatient population over 2 days
- Patients interviewed by pain team staff
- Incidence and severity of pain both prior to admission, since admission, and adequacy of pain relief
- Audit of pain assessment, review of documentation
- Review of prescription and administration of analgesia
- Performed in 2008 and again in 2014

#### Interventions since 2008

- Advent of national early warning score chart for patients' vital signs
- Adoption of national early warning score chart (EWS) at Aintree which does not include pain assessment
- Design and implementation of novel Pain Assessment Chart
- Inclusion of pain assessment score for cognitive impairment or non-communicating patient.
- Patients identified as having pain or unable to report pain should have a Pain Assessment Chart commenced.
- Increase in staffing of Inpatient Pain Team staffing by 1.5 WTE allow weekend daytime cover due to our hospital becoming Major Trauma Centre
- Pain study day for surgical, critical care, theatre/recovery nursing staff has become mandatory.

#### Results

	2008	2014
Number of patients	626	522
Participants	396 (66%)	408 (78%)
Unable to participate-non-communicating	162 (27%)	85 (16%)
Pain Prior to Admission	240 (60%)	250 (61%)
Pain >6 months	101 (42%) Or 25% of all inpatients	106 (42%) Or 26% of all inpatients
Pain since admission	290 (73%)	303 (74%)
Moderate to severe pain since admission	229	252

#### References

- 1) Department of Health. Essence of Care. Benchmarks for the prevention and management of pain. [www.gov.uk/government/publications/essence-of-care-2010](http://www.gov.uk/government/publications/essence-of-care-2010)
- 2) Eds Colvin JR, Peden CI. The Royal College of Anaesthetists. Raising the standard: a compendium of audit recipes. 3<sup>rd</sup> Edition 2012. Sections 11.4 and 11.5.

• 58% of all inpatients in 2008 had moderate to severe pain versus 62% in 2014.

• In 2014, 79% of medical inpatients had moderate to severe pain at some point in their admission.

• In 2014, 38% medical patients had significant pain in the last 24 hours.

Overall there was an improvement in number of patients who stated they had been asked about pain, 44% versus 76% in 2014.

#### Surgical Patients

• Improvement of 59% versus 78% adequate completion of pain assessment using the new charts

#### Medical Patients

• 2008 data showed only 5% medical patients had documented pain assessments.

• 2014 data shows 177 patients should have had pain assessment chart in use, only 19 charts found and only 11 completed adequately.

#### Cognitively Impaired Patients

• Total number of patients in 2014 data n=85. Only 23 patients had a pain assessment chart, only 13 were filled in correctly

How well has your pain been controlled in last 24 hours?	2008 n=290	2014 n=303  6% not specified or no pain
Not at all	10 (4%)	10 (3%)
Poorly	58 (21%)	53 (17%)
Adequately	146 (51%)	149 (49%)
Very Well	69 (24%)	76 (25%)

#### Summary and Next Steps

- New EWS chart has removed routine pain assessment from all inpatients
- Introduction of new pain assessment chart has improved assessment in surgical patients but no improvement seen in medical patients.
- New chart has increased proper assessment in the non-communicating patient but work is needed to improve use of this tool
- Remarkably stable inpatient population numbers with chronic pain prior to admission
- Overall little change in numbers of patients overall with moderate to severe pain during admission
- Increase in numbers of medical patients with moderate to severe pain
- Skill and training gap amongst medical ward staff

#### Actions needed

- Change in wording of Comfort chart to prompt use of formal pain assessment
- Add section on Nursing Care Plan to prompt formal assessment
- Introduction of mandatory study day for medical ward nursing staff
- Increase in Inpatient Pain Team staffing to facilitate training and presence on medical wards

#### ★Contributors 2008 and 2014: With thanks to:

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