

Improving the Assessment and Documentation of Pain for Patients with Severe Cognitive Impairment within an Orthopaedic Ward.

How can we improve recognition and recording of pain for persons that cannot self report

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BACKGROUND:

Patients with severe cognitive impairment are admitted to the Orthopaedic Wards following trauma and often require surgery. When a patient has severe cognitive impairment they can no longer communicate when they are experiencing pain. Staff also report that they struggle to recognise and treat pain in patients with severe cognitive impairment. Before the commencement of this project the ward did not have an evidence based consistent approach to assessing pain in this patient group. There had been previous attempts to introduce the Abbey Pain scale to the ward but this had been unsuccessful.

AIM:

To introduce the "Abbey" pain assessment tool specifically for patients with a severe cognitive impairment within an orthopaedic ward.

METHOD:

PDSA model for change, incorporated with a practice development approach.

- The first data collection exercise was to determine the extent of the problem. A retrospective random sample review of patient records was undertaken focusing on all admissions to the orthopaedic ward in one month. 37 charts were reviewed out of 47 admissions.
- After identifying the main initial stakeholders (ward nursing staff) a values clarification exercise was undertaken to gauge staff baseline knowledge and beliefs around the issues of dementia and pain. This was completed by circulating an anonymous questionnaire to all nurses and auxiliary nurses in the ward.
- Education workshops were planned which included a 'Claims, Concerns and Issues' element. This allowed staff to answer two questions:
 - What do you feel we do well when we have patients that are cognitively impaired?
 - What do you think are the problems with looking after cognitively impaired patients on the ward?
 Staff also had an opportunity to discuss the use of the tool and offer suggestions on how to successfully implement it to the ward.
- After the tool was introduced an audit tool was designed to retrospectively collect compliance data. The tool examined areas around frequency of recording, communication on the ward that the tool was required and identification of the patients as needing the tool.

RESULTS:

- The review of patient notes revealed that 19% of patients admitted to the ward had difficulty with communication. Of this number 14% had dementia; 3% had delirium without dementia and 2% had isolated communication problems
- The response rate from the staff values clarification survey was 82%. The survey revealed that 68% of staff said that the Abbey Pain Scale was on the ward whereas 86% said they were aware of tools available to assess pain in patients who were cognitively impaired. The majority of staff (91%) felt that they wanted more education
- The Claims, Concerns and Issues revealed a split in knowledge and needs within the ward. There were several themes from the responses and the a hypothesis was formed 'staff are not using the tool as they don't see the benefits and feel they do a good job without it'
- 92% of all registered nurses and auxiliary staff attended the education sessions. Feedback forms and verbal reports indicated that the staff felt they were worthwhile and met their needs
- The suggestions from staff around introducing the tool elicited useful information around practicalities which had not been thought of by the project group. In addition several key communication and documentation suggestions were incorporated to facilitate the introduction of the tool
- After the tool was introduced on the 29th April 2013 an audit tool was designed to retrospectively check compliance with the introduction of the Abbey Pain Scale. To date only two patients met the criteria for the use of the tool, however, this equated to 13 bed days. The results indicated that although the tool was in use and being communicated there were still inconsistencies and periods where the tool was not completed or documented. It also revealed that when the 'ward champion' was not on duty there were more issues around failures to complete and communicate the tool

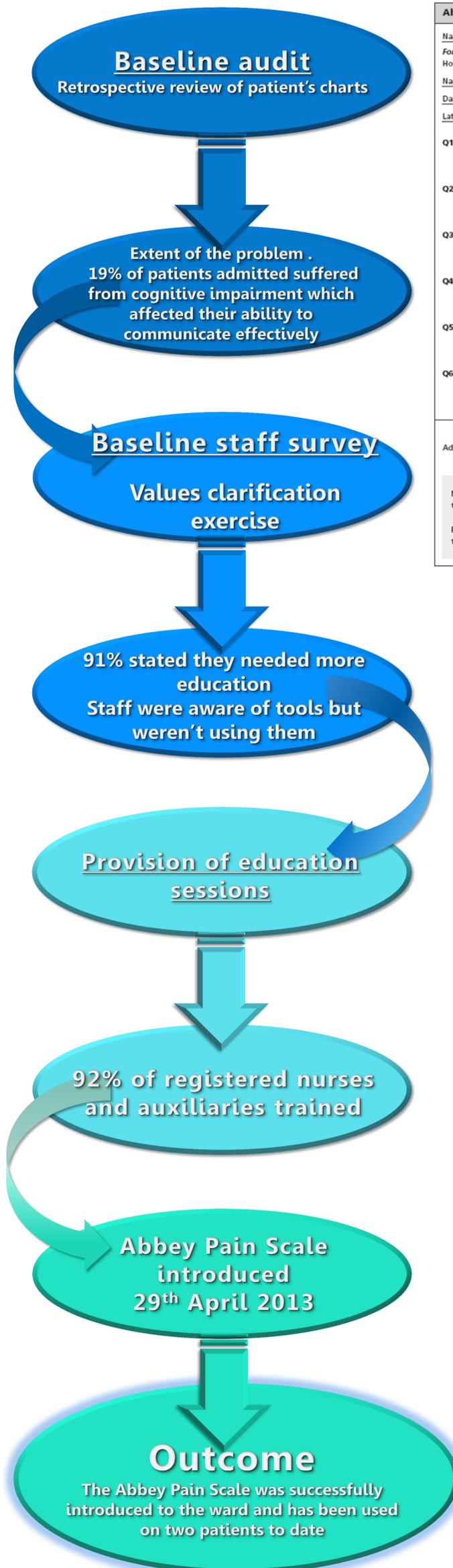
CONCLUSIONS:

Using a PDSA approach is beneficial when tackling a project which at the outset seems to be a huge undertaking. The use of small 'bit size' cycles of change enables the project to be broken down into manageable components. The introduction of the Abbey Pain Scale seemed at first to be a simple task, however, it soon became apparent that there were numerous other factors which impact upon the successful use of this tool. These other factors required a considerable amount of time and effort, but in the long term, are necessary to ensure a successful long term change in practice, that will continue on after any project is completed. When planning on changing the practice within an area it is important to work with staff to help them make the change from within rather than enforcing a change upon them. Without the 'buy in' from staff and facilitating a change in the culture it could result in a change which is time limited and fails to be sustained much after the end of the project.

NEXT STEPS:

The project is only within the early stages and there is a considerable amount of work still to accomplish. The areas that will be focused on will be:

- Continue to provide support to staff through further practice development workshops and set up a stakeholder steering group
- Facilitate staff with their aim of changing the culture of the ward
- Re-design audit tools
- Develop quick reference information for patient folders
- Introduction of the Butterfly scheme
- Incorporation of Abbey into Trust observation charts
- Work with staff to further adapt the Abbey score for the ward.



Abbey Pain Scale	
Name of resident _____	
For measurement of pain in people with dementia who cannot verbalise	
How to use scale: While observing the resident, score questions 1 to 6	
Name/designation of person completing the scale _____	
Date _____	Time _____ at _____ hours
Latest pain relief given was _____ at _____ hours	
Q1 Vocalisation eg. whimpering, groaning, crying Absent 0 Mild 1 Moderate 2 Severe 3	<input type="checkbox"/>
Q2 Facial expression eg. looking tense, frowning, grimacing, looking frightened Absent 0 Mild 1 Moderate 2 Severe 3	<input type="checkbox"/>
Q3 Change in body language eg. fidgeting, rocking, guarding part of body, withdrawn Absent 0 Mild 1 Moderate 2 Severe 3	<input type="checkbox"/>
Q4 Behavioural change eg. increased confusion, refusing to eat, alteration in usual patterns Absent 0 Mild 1 Moderate 2 Severe 3	<input type="checkbox"/>
Q5 Physiological change eg. temperature, pulse or blood pressure outside of normal limits, perspiring Absent 0 Mild 1 Moderate 2 Severe 3	<input type="checkbox"/>
Q6 Physical changes eg. skin tears, pressure areas, arthritis, contractures, previous injuries Absent 0 Mild 1 Moderate 2 Severe 3	<input type="checkbox"/>
Add scores for 1-6 and record here _____	Total pain score <input type="checkbox"/>
Now tick the box that matches the total pain score	
<input type="checkbox"/> 0-2 No pain	<input type="checkbox"/> 3-7 Mild
<input type="checkbox"/> 8-13 Moderate	<input type="checkbox"/> 14+ Severe
Finally, tick the box that matches the type of pain	
<input type="checkbox"/> Chronic	<input type="checkbox"/> Acute
<input type="checkbox"/> Chronic	<input type="checkbox"/> Acute on chronic

