



# CQI Program

On enhancing pain assessment  
& pain myth management  
for hospice & palliative patients

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## **Introduction:**

- **Pain is a common symptom in advanced cancer patients.**
- **One of the obstacles in pain management is patients' myth towards pain & analgesic that may hinder patients in pain reporting & using medications.**

*(Hartmann, Zahasky & Grendahl, 2000)*



## Methodology:

- The entire program was operated with **FADE** cycle.
- **6 common myths** were identified through literature review.
- Inclusion criteria: new hospice and palliative patient receiving our day & home care with **pain scores  $\geq 4$**  & being communicable.



# FOCUS

- **Identification of the patient perspectives' problem**
- ***Common myths***



# ANALYSIS

<b><u>Root Causes</u></b>	<b><u>Expected Situation</u></b>
<b>Pain myth attribute poor pain control</b>	<b>Enhance client pain knowledge &amp; clear up their myths</b>
<b>Lack consensus on pain assessment</b>	<b>Compliance on standard pain assessment</b>
<b>Insufficient periodic pain monitoring</b>	<b>Enhanced by checklist for pain monitoring</b>
<b>Non-standardize pain score tool</b>	<b>Unified pain score tool</b>



## 6 Common Myths

- **Q1:** Not report pain to avoid distracting physicians' treatment
- **Q2:** Not being “good” patient if they are complaining about pain.
- **Q3:** Use of opioids means their diseases are worse.
- **Q4:** Concern becoming tolerant to pain medications.
- **Q5:** Fear of addiction
- **Q6:** Worries about unmanageable side effects



# **DEVELOP**

- **Working team comprising 1NS, 1 APN, 3 day care & 4 home care nurses**
- **Review pain journals**
- **Formulate the standardized workflow for pain assessment & education**
- **Collect client & staffs' questionnaires & document report**



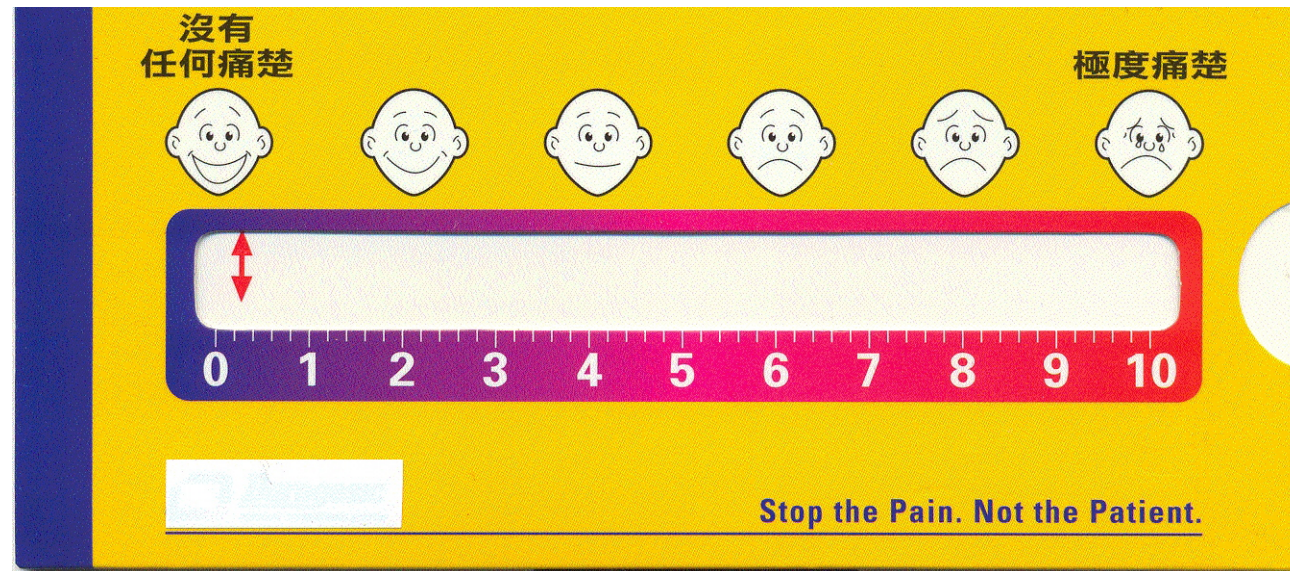
# **EXECUTE**

- **Time frame of study: 4 months (Sept/05 – Dec/05)**
- **Pain scores  $>$  or  $=$  4 (10-point scale) were chosen.**
- **Pain educational talk held for all clients**
- **Standardized pain educational booklets given**
- **Checklist formulated for periodical assessment during clinic follow up, home and phone visit**



# Pain Score Assessment

## - Pain Ruler





# Pain Education

- **Pain Booklet** (The Hong Kong Anti-Cancer Society)



# Continuous Pain Assessment Form

## Department of Clinical Oncology TMH continuous Pain Assessment Form

- (1) Recruit criteria start Pain assessment if pain score > or =4  
 (2) Date of 1<sup>st</sup> assessment : \_\_\_\_\_ (by Home care / Day Centre)  
 (3) Patient is (New case / Old case) in (Hospice / Palliative) Services

Items	Day 0 (date_____)		Day 1-7 (date_____)		Day 8-14 (date_____)		Day 15-21 (date_____)		Day 22-28 (date_____)		
	H	L	H	L	H	L	H	L	H	L	
<i>Remarks: Highest scoring (H)      Lowest scoring (L)</i>											
A) Site & pain scoring	Location										
	A										
	B										
	C										
<i>Remarks: Yes (Y)      No (N)</i>		Y	N	Y	N	Y	N	Y	N	Y	N
B) Pain affect patient on :											
-Sleeping											
-Mobility											
-Mood											
C) Drug compliance problem											
D) Drug Myths :											
-Fear of tolerance											
-Fear of addiction											
-Fear of side effect											
E) Barrier on taking drugs											
Intervention list :											
-Proper drug labeling											
-Use of drug box											
-Introduce domestic drug chart											
-Identification & education to drug administrator											
F) Relieved by non-pharmacological intervention											Result
-Hot / cold pack											( )
-TENS											( )
-Massage											( )
-Positioning											( )
<i>Remarks : Poor (P)      Fair (F)      Good (G)      Fill the result in ( ) within Day 28 if yes was chosen</i>											



# Checklist Items on Pain Program

Items	Day 0 (date_____)	Day 1-7 (date_____)	Day 8-14 (date_____)	Day 15-21 (date_____)	Day 22-28 (date_____)
G) Checklist items on Pain Program :					
1) Initial assessment	( )				
2) Pre-pain monitoring questionnaire	( )				
3) Health education : Patient	Q__ to Q__	Q__ to Q__	+/- ( )	+/- ( )	+/- ( )
Main Carer	Q__ to Q__	Q__ to Q__	+/- ( )	+/- ( )	+/- ( )
<i>*Remarks : Q=Question in pre pain monitoring question</i>					
4) Pamphlet	( )				
5) Weekly pain profile monitoring		( )	( )	( )	( )
<i>*Remarks : H.V.=Home Visit</i>		*H.V./Phone	*H.V./Phone	*H.V./Phone	*H.V./Phone
6) Attend pain talk if any		( )	( )	( )	( )
7) Post pain monitoring questionnaire within day 15-28 : Patient			+/- ( )	+/- ( )	+/- ( )
Main Carer			+/- ( )	+/- ( )	+/- ( )



# EVALUATION

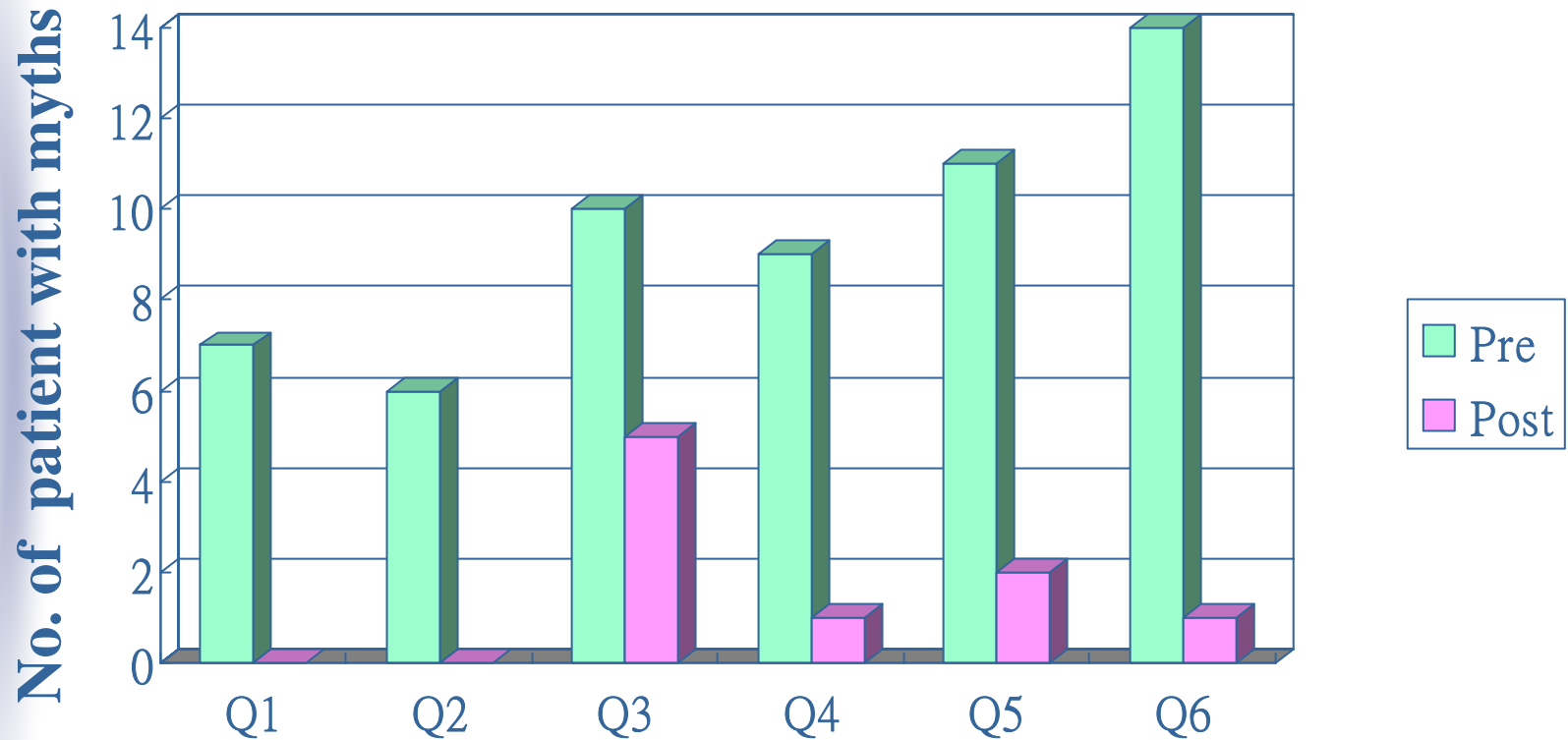
- **Finally statistical data was drawn from the pre and post program pain myths comparison.**
- **The pre and post pain score were recorded.**
- **Both clients' and staff satisfactory level towards this program were obtained from the questionnaires to evaluate the effectiveness of the program.**



## **Finding & Discussion**

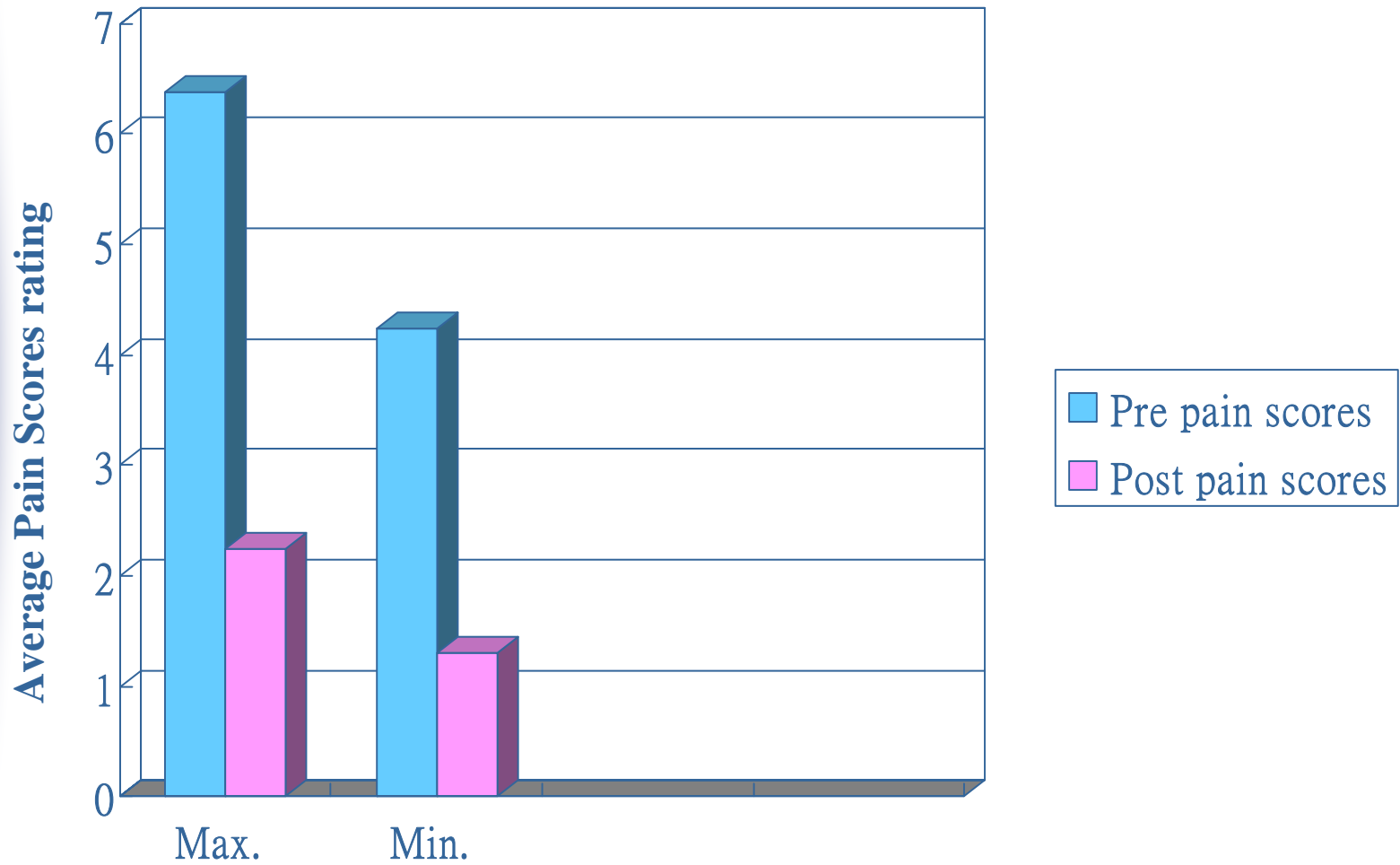
- **Total 32 patients were recruited**
- **Completed cases is 21 with 14 male & 7 female (*excluding 4 cases of death & 7 cases of admission*)**
- **Mean age is 59.67 (*range from 45 to 82 years old*)**

# Pre & Post Program Pain Myth Comparison



Picture 1

# Record for Pre & Post Pain Scores



Picture 2





## **Findings & Discussion:**

- **The SPSS statistical method was used to analysis of the non-parametric with 2-related sample.**
- **Occurrence of the 6 myths improved significantly except one:....**



## **Findings & Discussion:**

- *worry report pain (p=0.014);*
- *not being “good” patient if complaining about pain (p=0.025);*
- *use of opioids means diseases worsening (p=0.206);*
- *concern becoming tolerant to pain medications (p=0.008);*
- *fear of addiction (p=0.011) &*
- *worry about side effects (p=0.001).*

# Client Satisfaction Questionnaire Result





## **Staff Feedback:**

**All staff reflected this program could enhance patients' sensitivity to their pain problem and prompt report.**



## **Limitation:**

- **Sample size**
- **Fragile physical status**
- **Hospitalization into other units**
- **Community resource restriction**



## **Conclusion & Recommendation:**

- **Enhancing pain assessment & individual pain education are crucial in pain management**
- **Further pain program including In-patient group client**
- **Collaborate with medical team to encounter the persistent myth**
- **Pain care training to NGO health care worker**



# Thank You!

