Improving Patients' Experience
SHARING GOOD PRACTICE

Relieving the Pain:
Bringing About Improvements In Pain Management

Patients who responded to the recent national survey of NHS inpatients rated physical comfort as one of the key dimensions of their care. With two-thirds of patients reporting that they experienced pain at some point during their stay, effective pain management is crucial. Most patients expect to experience some pain whilst in hospital, but the fact that more than a quarter said that they were in pain all or most of the time is clearly an unacceptable statistic by any standards.

Freedom from pain is a fundamentally important issue for patients and they look to health professionals to help them achieve this. The survey results show that pain relief remains a challenge for many health care organisations.

Communication is Key
All too often patients are not told how much pain they are likely to experience or how long it is likely to last. Better communication is needed between staff and patients in order to reduce the levels of ignorance and fear.

Managing pain effectively is an important aspect of high quality patient care, particularly as there is strong evidence that good pain control can contribute to a speedier recovery.

Waiting For Pain Relief
Almost three-quarters of those patients who experienced pain said they had requested pain medicine during their inpatient stay. Most (60%) received treatment within five minutes of their request. However an astonishing 6% had to wait more than 30 minutes for medication, and 2% said they never received the help they asked for. Waiting for a member of staff to provide pain relief can be subject to delays for a number of reasons. One way to overcome this is to provide patient-controlled analgesia (PCA). Of those patients surveyed 42% said they had access to pain relief which they could take without having to ask a member of hospital staff.

Some NHS Trusts have introduced hospital-wide pain policies which are an important step on the road to effective pain management. This in turn can lead to improved knowledge and understanding of pain assessment and pain control in both staff and patients.

Assessing Pain Levels
Measuring the level of a patient's pain is not easy. Finding a systematic way to assess patients' level of pain and how they are responding to treatment can play a significant role in improving the quality of care. Using pain charts on an everyday basis will go some way towards achieving this. Examples are the Burford (Burford Nursing Development Unit, 1984) or the London Hospital chart. Acute pain and the effects of its management should be routinely recorded along with other post-operative vital signs.

Nearly a third of the patients we surveyed said they did not feel that staff had done everything they could to help them control their pain. Staff need clinical backup and regular in-service training on pain management. Everyone needs to ensure that patients receive the right pain relief in the right dose in the right form at the right time.

** All figures quoted are based on 80 patient surveys carried out by Picker Institute Europe as part of the NHS Inpatient Survey programme 2001/2. The total number of patients who responded was 44,383.*

SUGGESTION BOX

- Establish an acute pain team
- Develop a pain management strategy
- Encourage better communication between staff and patients
- Use validated tools to measure and record pain
- Educate patients about their right to pain relief
- Use pain charts as part of normal practice and update them regularly
- Make level of pain the fifth vital sign on the patient chart
- Reinforce policy with staff training

SHARING GOOD PRACTICE

Please send any examples of good practice within your Trust to:
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IMPROVING THE QUALITY OF HEALTH CARE THROUGH THE EYES OF THE PATIENT

Improving Patients' Experience *is published by Picker Institute Europe, a registered charity (No 1081688) that specialises in measuring patients' experiences and using this feedback to improve the quality of health care. Picker Institute Europe also runs the advice centre for the NHS patient survey programme. For more information please visit our website at www.pickereurope.org. If you would like to receive this newsletter by email, contact Danielle Swain at: danielle.swain@pickereurope.ac.uk*

Reading List

- Carr, E.C. (1997) Evaluating the use of a pain assessment tool and care plan: a pilot study, *Journal of Advanced Nursing* **26**(6): 1073-9
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- Report of a working party of the Commission on the Provision of Surgical Services. (1990) *Pain after Surgery.* Royal College of Surgeons of England and the College of Anaesthetists:London
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- Carr, E. (1997) Assessing pain: a vital part of nursing care, *Nursing Times*, **38**:46-48
- Carr, E. (1997) How to improve pain management practices, *Nursing Times*, **42**:52-53
- Baillie, L. (1993) A review of pain assessment tools, *Nursing Standard*, **23**: 25-29
- McQuay, H., Moore, A., Justins, D. (1997) Treating acute pain in hospital, *BMJ* **314**:1531-153

Useful Websites

International Association for the Study of Pain: *www.iasp-pain.org*
Bandolier:
www.jr2.ox.ac.uk/bandolier/booth/painpag
Pain Relief Foundation:
www.painrelieffoundation.org.uk
Pain Society: *www.painsociety.org*
Royal College of Anaesthetists:
www.rcoa.ac.uk
Association of Anaesthetists of Great Britain and Ireland: *www.aagbi.org*

What are you doing with your survey results?

An acute pain service has been set up at the Oxford Radcliffe NHS Trust in response to their Inpatient Survey. The team of doctors and nurses has been set up at a cost of about £100,000 a year because results showed that 24% of patients believed that staff had not done everything they could to control their pain.

Where it's Working

Effective Pain Management

Eileen Mann, Poole Hospital NHS Trust

Previous surveys of patients' views in 1994 and 1996 had shown that pain control at Poole Hospital was inadequate. Results indicated that patients were ill informed and response times to requests for pain relief were often lengthy. Initially this knowledge had little impact on local policy. Staff training had been used as the main trigger for change but was found to be a slow and sometimes ineffectual process. We concluded that more radical steps were needed if a better pain management system was to be implemented.

Pain Policy
In 1999, after much negotiation by the acute pain service, the hospital agreed a policy for change. The policy aimed to concentrate on removing delays in the administration of pain relieving drugs by:

- Introducing a stepped approach to distinguishing between mild, moderate and severe pain.
- Empowering specific F&G grade nurses to administer a range of analgesia without prescription.
- Placing oral morphine syrup (not a controlled drug at a concentration of 10mg in 5ml) on the drug trolley
- Enabling nurses to single check opioids. Organisational barriers that had previously required two nurses to check these treatments were removed.

Consultation
All staff were consulted on these changes and an initial trial showed that it would work. The Trust guidelines and an education programme for all staff backed up the implementation. For example a 'filofax' page on evidence and pain management was created for junior doctors.

The evidence-based acute pain management guidelines bring together published evidence as well as local experience. Wards and specialty areas have been encouraged to develop their own approach within the broad Trust policy. Health care assistants have been trained to record the pain intensity voiced by patients as previous efforts to encourage nurses to do this had varying success. Some aspects were challenging but soon became accepted policy.

Success
The new system is used across the hospital. As a result better records are maintained and staff have confidence in it. A recent questionnaire indicated that virtually 100% of nursing staff felt the changes had benefited patient care.

Obtaining additional education and providing rapid analgesia without prescription is a possibility currently being investigated for all senior staff within other directorates, principally those working in coronary care.

A recent survey has shown that patients welcome the changes and more of them now feel their pain is under control. As one patient said: "It was magnificent. I was in real pain and within a very short period of time it was under control and I was comfortable".

For more information contact Eileen Mann, *Eileen.Mann@poole.nhs.uk*

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