

### **Project Title**

Improving Post-Operative Pain Assessment and Documentation in Hip Fracture Patients Through Clinical Education and a Nursing Pain Champion Initiative

### **Project Lead and Members**

Project lead: Dr Jasmine Lim

Project members: Zarina Binte Ahmad, Melvin Khor Tze Khang, Adnan Fuadd Bin Rahamat, Leong Kin Seng

### **Organisation(s) Involved**

Ng Teng Fong General Hospital

### **Healthcare Family Group Involved in this Project**

Medical, Nursing

### **Applicable Specialty or Discipline**

Geriatric, Orthopedics

### **Project Period**

Start date: Mar 2022

Completed date: April 2023

### **Aims**

Our QIP aims to improve pain assessment and documentation of post-operative hip fracture patients as a first step to good pain management in surgical wards. We aim to accomplish a target of 20% of patients having pain assessed on movement and post-analgesia pain re-assessment.

## **Background**

See poster appended/ below

## **Methods**

See poster appended/ below

## **Results**

See poster appended/ below

## **Lessons Learnt**

Continuous clinical education, the use of a standardized pain assessment template in EPIC and a nursing pain champion in each ward have led to an improvement (above target of 20%) in the assessment and documentation of pain over the last 12 months in post-operative hip fracture patients.

## **Conclusion**

See poster appended/ below

## **Project Category**

Training & Education

Learning Approach, Collaborative Learning

Assessment, Workplace Based Assessment

## **Keywords**

Nursing Pain Champion

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# IMPROVING POST-OPERATIVE PAIN ASSESSMENT AND DOCUMENTATION IN HIP FRACTURE PATIENTS THROUGH CLINICAL EDUCATION AND A NURSING PAIN CHAMPION INITIATIVE

MEMBERS: DR. JASMINE LIM, ZARINA BINTE AHMAD, MELVIN KHOR TZE KHANG, ADNAN FUADD BIN RAHAMAT, LEONG KIN SENG

- SAFETY
- QUALITY
- PATIENT EXPERIENCE
- PRODUCTIVITY
- COST

## Define Problem, Set Aim

### Problem/Opportunity for Improvement

Good and comprehensive pain assessment includes not just choosing an appropriate pain scale and timely pain assessment, it also encompasses assessing pain on movement (incident pain) as well as pain re-assessment post-analgesia.

An audit done in post operative hip fracture patients in the Ortho-Geriatric Service in NTFGH from January 2018 to June 2018 found that:

- The patients had no pain assessment done on movement as well as pain re-assessment following analgesia use.
- Additionally, it was noted that there was a significant discrepancy between nursing pain scores and functional pain scores during rehabilitation.

### Aim

Our QIP aims to improve pain assessment and documentation of post-operative hip fracture patients as a first step to good pain management in surgical wards. We aim to accomplish a target of 20% of patients having pain assessed on movement and post-analgesia pain re-assessment.

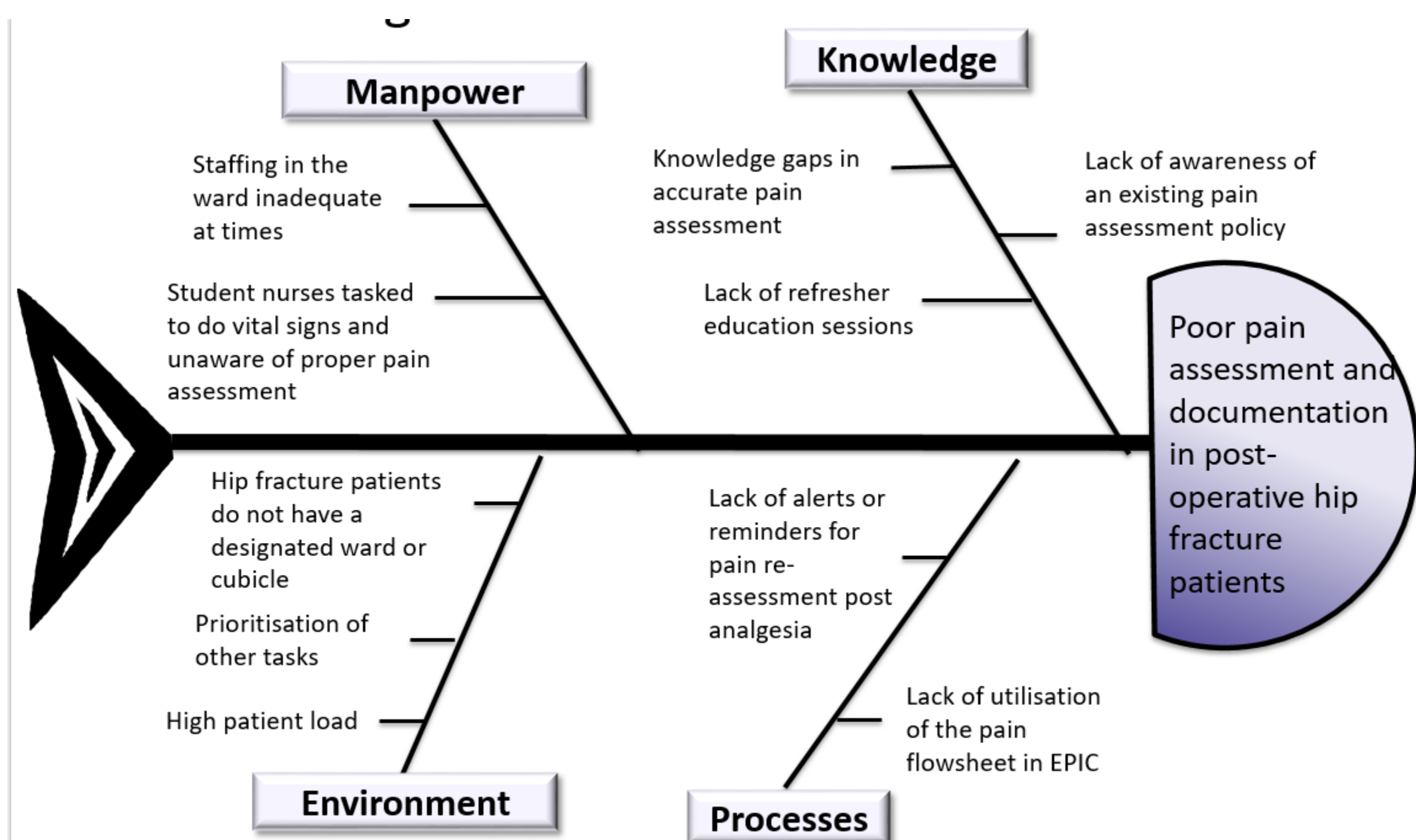
## Establish Measures

### What was your performance before interventions?

There was no documented pain assessments done on movement (incident pain) and no pain reassessments post analgesia prior to our intervention. The baseline run chart pre intervention can be found in the combined run chart under Results.

## Analyse Problem

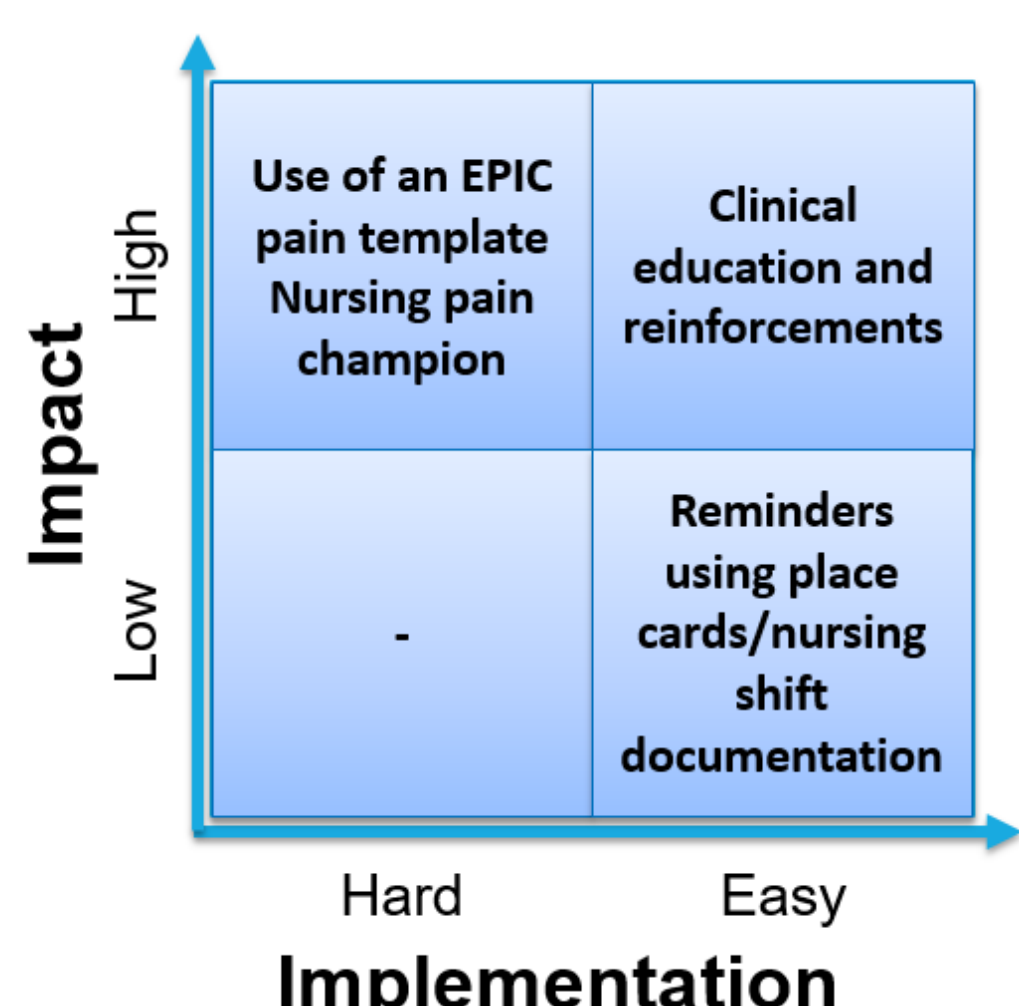
### What are the probable root causes?



## Select Changes

### What are all the probable solutions? Which ones are selected for testing?

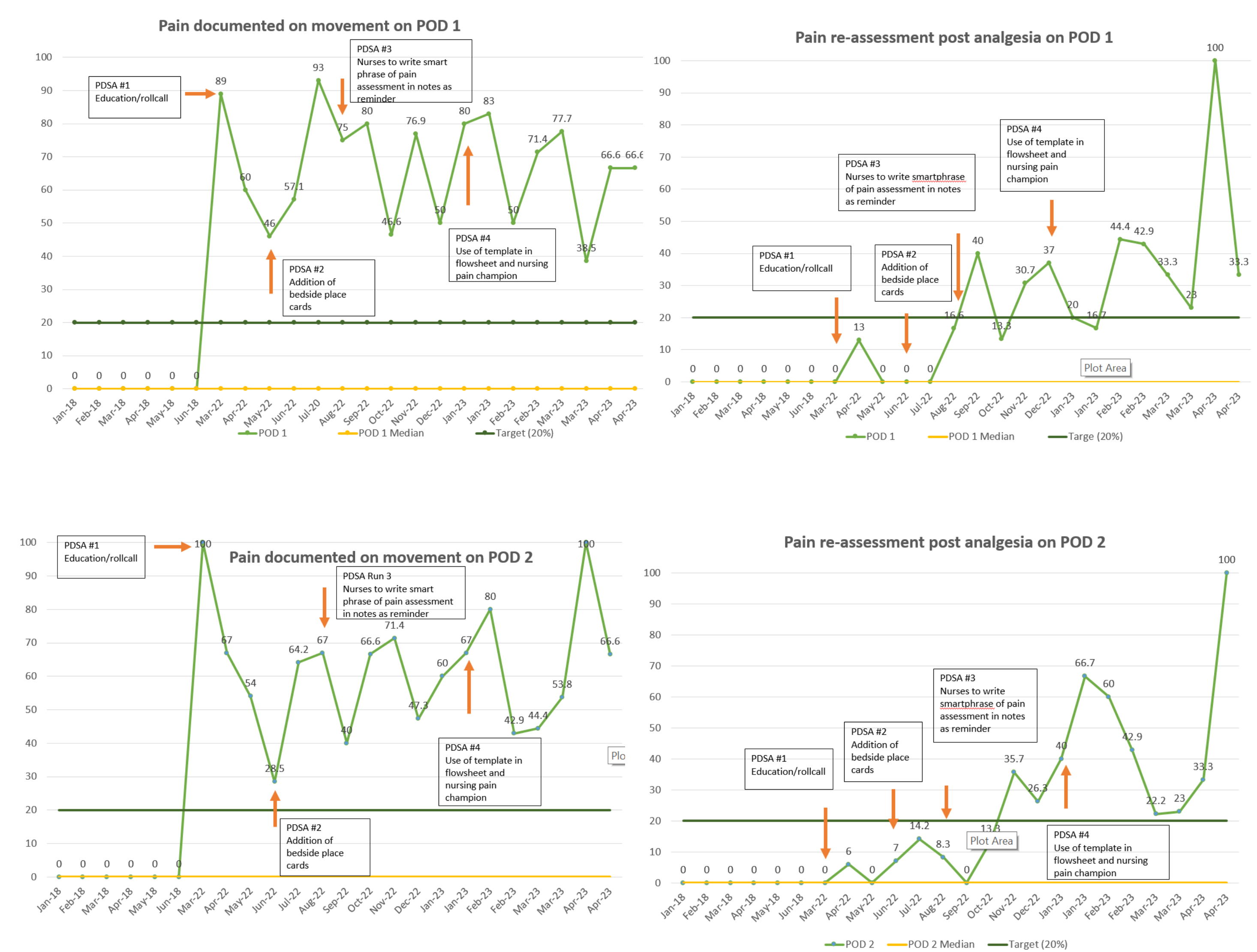
Root Cause	Potential Solutions
1	Clinical education for all nurses in subsidised wards 9 and 10
2	Reinforcement at huddle, roll call and through tiger texts.
3	Use of place cards at bedside
4	Use of a standard pain documentation flowsheet in EPIC
5	Use of reminder system – nursing pain champion



## Test & Implement Changes

### How do we pilot the changes? What are the initial results?

CYCLE	PLAN	DO	STUDY	ACT
1	Roll out education sessions to nurses in subsidised wards 9 and 10. Reinforcement during huddles and tigertexts	Nurses required frequent reinforcement/reminders as this involves a change in usual practice. Student or enrolled nurses who may not be familiar with this QI contribute to some of the inadequate assessment/documentation.	Good improvement in pain assessed with movement. Re-assessment of pain post-analgesia has poor compliance. Possible reasons involve resource constraints, lack of reminders	Adopt
2	Hanging up place cards at patients' bedside to serve as reminders to nurses to ensure accurate pain assessment (notably re-assessment pain scores post analgesia) in hip fracture patients	A very "soft alert" as it does not actively prompt a SN to do re-assessments if she does not go to the patient's bedside	Compliance rates for re-assessment post analgesia remains poor. There was otherwise sustained compliance for pain assessment with movement	Abandon
3	Improving the "reminder" system for nurses through mandatory documentation of pain assessment (via a smart phrase format) per shift in EPIC notes.	Compliance to the smart phrase varies between the nurses and documentation may not be kept updated as there were many other aspects of nursing care that needed to be documented in EPIC as well.	There is notably some improvement in re-assessment pain scores post analgesia. Compliance to pain assessed with movement remains sustained.	Abandon
4	Standardizing pain assessment into EPIC flowsheet rather than having to write into EPIC notes. Assigning a nursing pain champion to ensure compliance.	Ensure Safer Systems (ESS was conducted in Feb-March 2023) which briefly affected the compliance during that period.	Intervention showed improvement in re-assessment of pain post analgesia and sustained compliance for pain assessed on movement.	Adopt



## Spread Changes, Learning Points

What are/were the strategies to spread change after implementation? Nursing leadership engagement in the studied wards was one of the strategies to spread change following this QI project.

### What are the key learnings from this project?

Continuous clinical education, the use of a standardized pain assessment template in EPIC and a nursing pain champion in each ward have led to an improvement (above target of 20%) in the assessment and documentation of pain over the last 12 months in post-operative hip fracture patients.