



**International Forum on Quality and Safety in Healthcare**  
**Abstract Proposal for Poster Display**

**IMPROVED PAIN TREATMENT**  
**for Geriatric patients**

**1) Context:**

Geriatric department G2 at Slagelse Hospital, Region Zealand, Denmark, has 20 beds and 677 yearly discharges. The average length of stay is 9,4 days (2014). The staff involved included doctors, nurses and healthcare assistants. The patient group consists of older, fragile patients with infections, delirium, falls and dementia symptoms.

**2) Problem:**

External survey 2014 revealed that the department did not provide an optimal acute pain treatment for all patients. Especially reassessment after patients had painkillers failed.

Inadequate pain assessment and management can affect the patients in many ways e.g. insomnia, inadequate nutrition, lack of mobilization, muscle loss and fatigue. All elements can affect length of stay, fall risk, mortality, patient experience, rehabilitation and quality of life.

**3) Assessment of problem and analysis of its causes:**

Problem was disseminated to the staff ultimo 2014. The following months, the department worked with improving the pain management using the change concept: Focus. Internal follow-up audit revealed no improvement at all: pain assessment at admission 10 % and reassessment 0 % (April 2015).

The procedure was reviewed and revealed a lack of competencies using the assessment tool and the Electronic record System to document the results. A systematic training led to a significant improvement on the primary pain assessment to 90 % at admission, but the pain reassessment after painkillers was still 0 %. (August 2015)

A systematic workflow analysis involving five staff members was carried out and showed that the root cause for the missing reassessment caused due daily lack of identification of patients with pain issues. Without a reminder of daily focus, nurses forgot to ask patients about painkiller effect.

**4) Intervention:**

Pain assessment, reassessment and management were implemented as a part of a daily multidisciplinary workflow for staff. Patient feedback was integrated in discharge process to ensure on-going impact evaluation.

Task

- Flowchart at the wall
- Individual training in assessment and documentation by experienced nurse
- Progress Study-Act at weekly board meetings
- Newsletters
- Celebrating successes

## Tests

- Combine primary assessment with hand-out of morning medicine
- Nurse delegates rescreening to team member
- Bring computer into patient's room for timely documentation every time
- Multidisciplinary daily board meeting
- Systematic use of patients feedback

## 5) Strategy for change:

Both intervention and implementation were developed in an iterative process involving staff and using the principles of the Model for Improvement. Small scale testing of ideas were repeated while using continuous feedback from all staff members at weekly board meetings with repeating measurements to monitor processes and outcomes. Changing working hours, made it possible for the team to test new ideas on different times a day, which was an advantage for the process in relation to test the transmissibility.

## 6) Measurement of improvement:

Process and outcome measures monitored at unit level on weekly basis. Measures displayed in run charts added annotations to understand and analyze variation. The rule of a SHIFT (seven or more data points on the same side of the median) used to detect signals of change.

## 7) Effects of changes:

The improvement resulted in a standardized workflow ensuring patients adequate pain assessment and management. The median percentage pain assessment at admission increased from 10 % to 90 % and the reassessment increased from 0 % to 70 % in 3 months and is still going up.

Patient satisfaction with pain treatment increased from a baseline of 25 % (August 2015) to 80 % satisfaction (October 2015).

## 8) Lessons learnt:

- Perform workflow analysis as soon as possible in order to find the root cause and prioritize and accelerate improvement work
- Team thinking improve the quality of care
- Lack of PCs can be an improvement barrier
- Patient feedback is a strong driver

## 9) Messages for others:

- Ensure that everyone understands why is it important and to whom
- Test new ideas in small scale tests on daily basis
- Invite patients to talk about their pain treatment
- Ensure that new employees are introduced to workflows

## 10) Please describe how you have involved patients, carers or family members in the project:

Patients and family members was interviewed about their experience and results were used to assess effect of the improvement. Additional ideas for involvement such as patient-relatives information boards and posters is being tested in small scale and spread to other departments.

## 11) Please declare any conflicts of interest below:

None

## 12) Ethics Approval:

None