How can we make ED a less painful experience?

Dr Cosmos T Nwaigwe[1], Dr Kate Russ[1] and Nicola Davey[2]
[1] University Hospitals of Leicester NHS Trust
[2]Quality Improvement Clinic

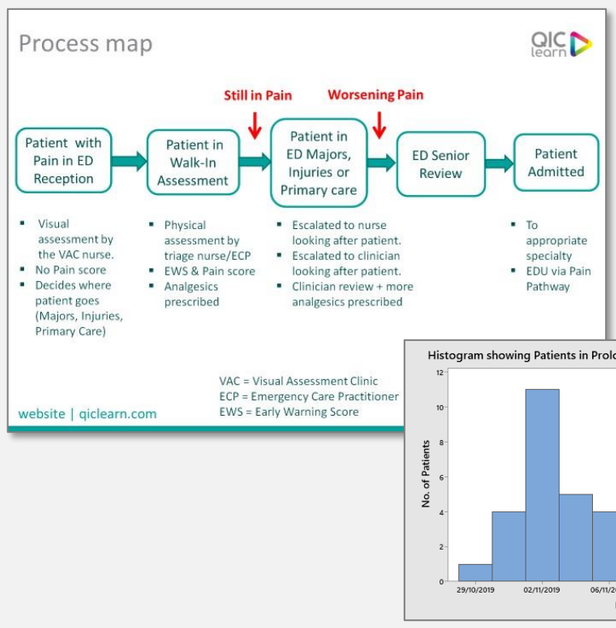
PROBLEM AND EVIDENCE BASE

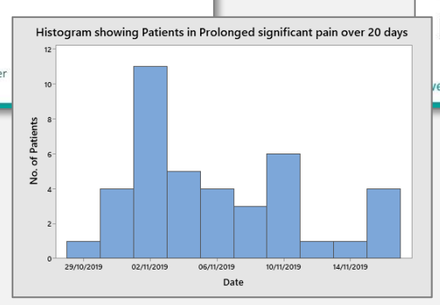
Evidence shows that pain is undertreated in our emergency department (ED)
Daily, patients remain in agony – their medication not matched to the pain they're in.
We let them down, they suffer!

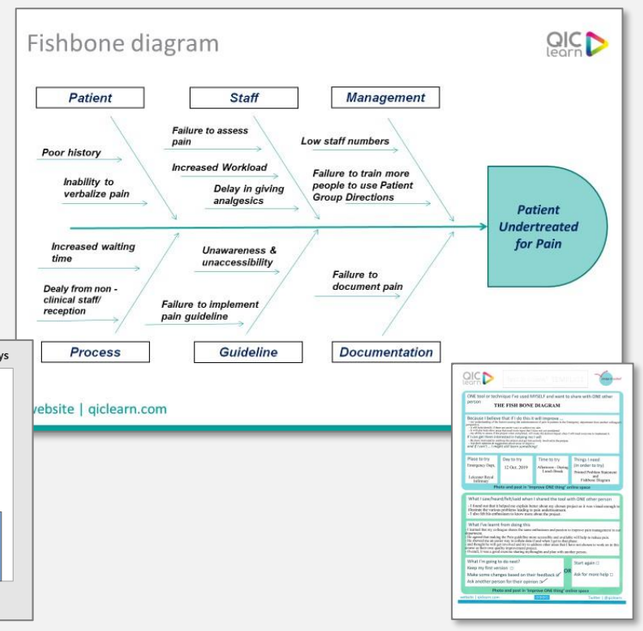
A lot of people come to the emergency department (ED) because of PAIN. They usually have had some form of pain killer (analgesia) before coming or on arrival.

Like most ED doctors I am regularly asked by nurses to prescribe pain killers for patients with worsening pain. Sometimes a specific medicine, usually paracetamol, is requested regardless of the level of pain the patient is experiencing. Other times doctors glance at the drug chart and just choose a medicine to prescribe. Often it is not enough to control their pain. Lack of awareness and easy access to ED pain guidance doesn't help us and despite giving pain relief patients often remain in agony.

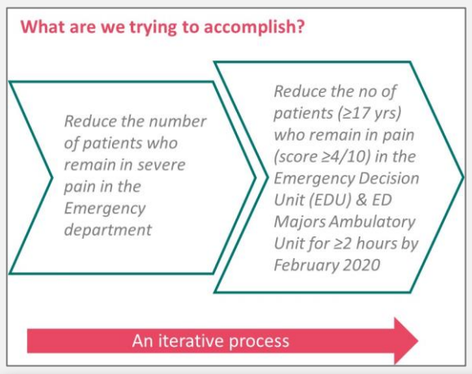
DIAGNOSTICS







AIM & MEASURE DEFINITION



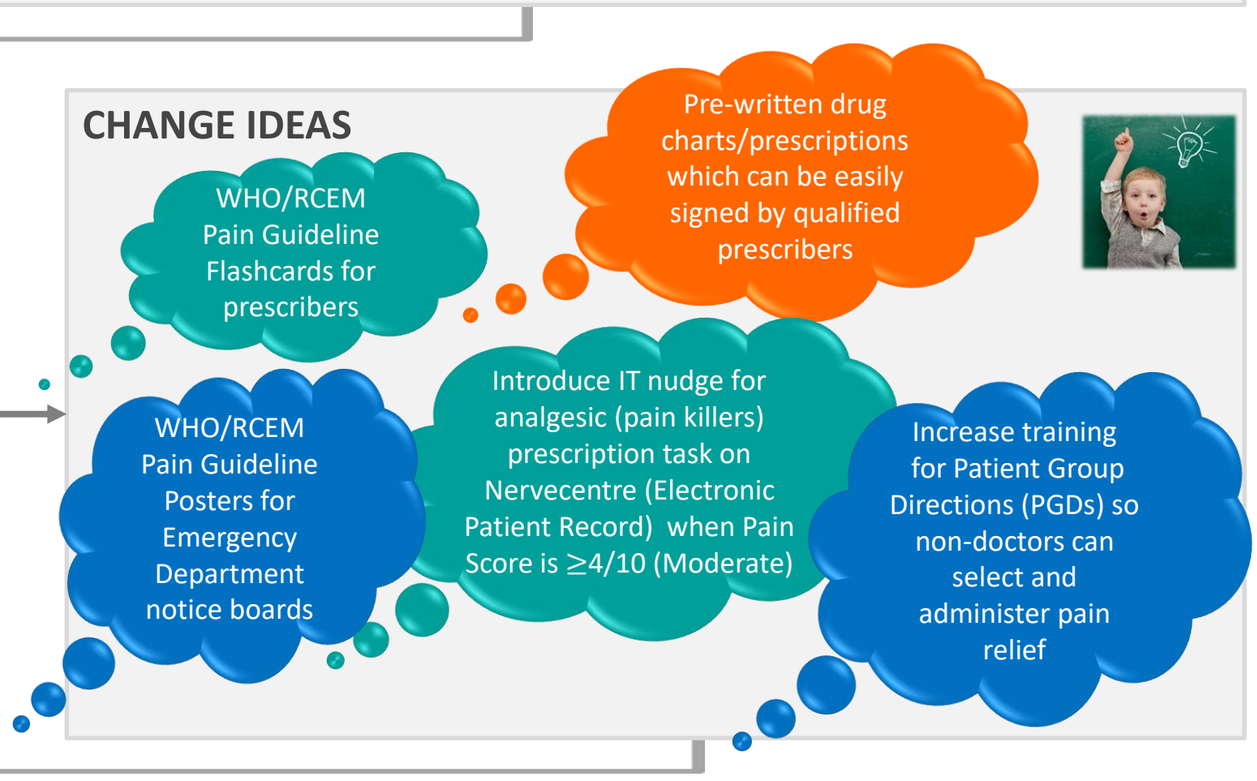
Chosen measure
Number of adult patients (≥ 17years) in pain (pain score ≥ 4/10) in the Emergency Decision Unit and ED Majors Ambulatory Unit

Inclusions
Patients (≥ 17years) in pain seen between 0800 -1700hrs in Leicester Royal Infirmary
Numerical pain score (pain score ≥ 4/10) in department for ≥ 2 hours
Admitted to EDU for pain control and/or coming to ED Majors Ambulatory Unit

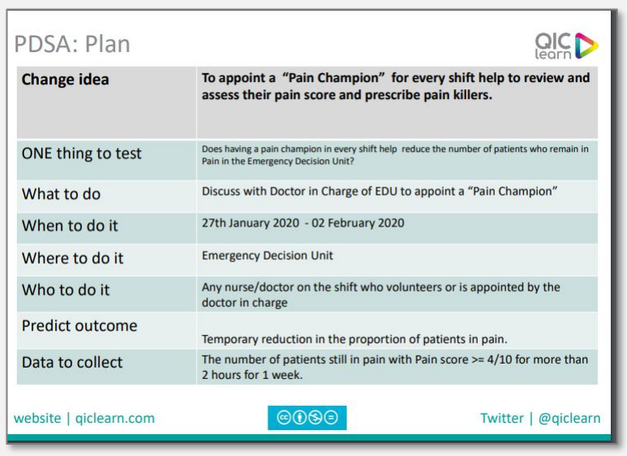
Exclusions
Children's ED
Patients already under care of other specialties or other units on admission
Inpatients and people already seen by Pain Team
Patients requiring anaesthesia or sedation
Patients seen between 17.01 – 07.59hrs

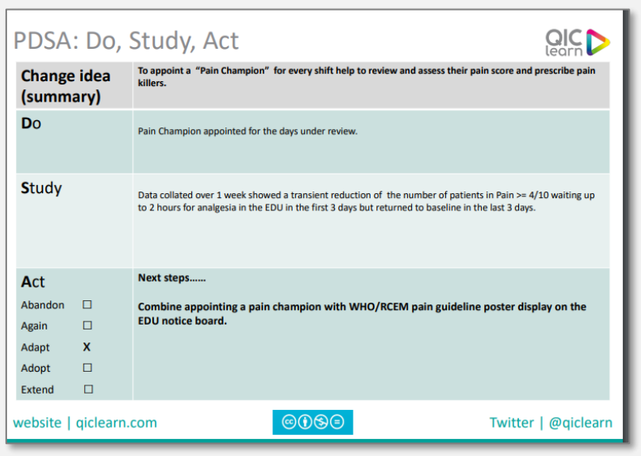
Sampling method & frequency
Daily data sampling of patients for duration of pain and pain score
Retrospectively using Nervecentre/EDRM (Electronic Patient Records)

CHANGE IDEAS

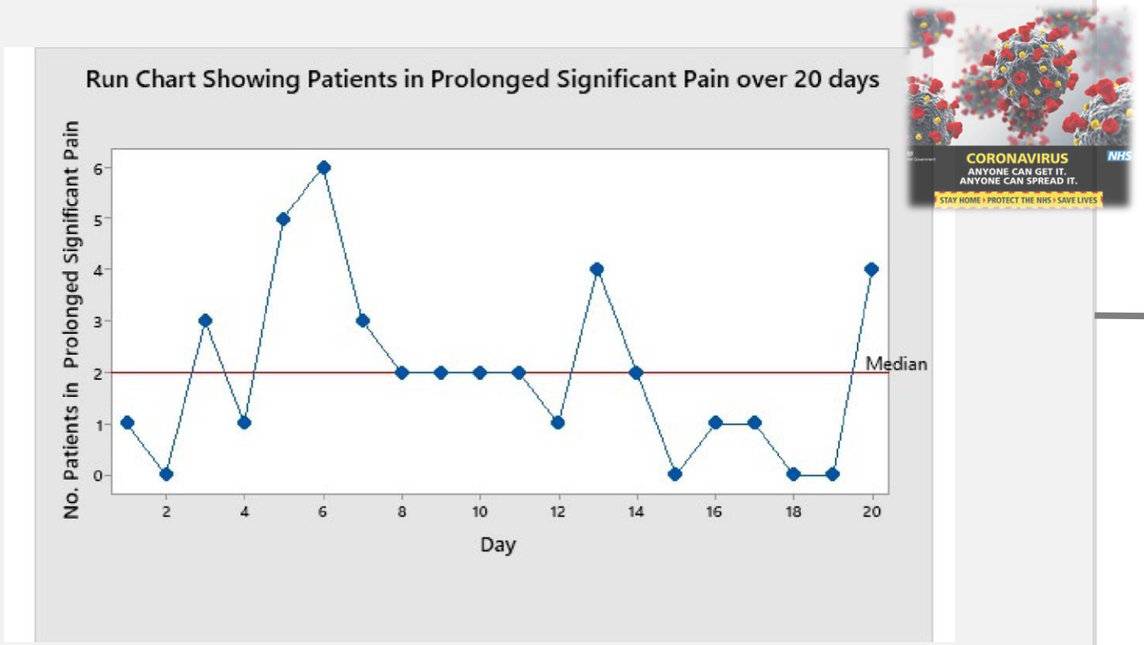


PDSA CYCLES





RUN CHART



REFLECTIONS AND LEARNING

Project diagnostics & Baseline result show:
- A significant proportion of patients who come to ED in pain still remain in pain.
- Failure at any point through the patient's journey could result in patient being in agony.
- There is an urgent need to increase awareness of patients in pain while in the ED.

Personal learning:
- Sometimes the smallest things can have a big positive impact. And by starting small we can actually get started, rather than feel overwhelmed), to improve Healthcare for all our patients irrespective of where & when.
- Everybody could be a "Pain Relief Champion" >> Improved pain control >> good patient experience.
- Addressing the causes as in the Fishbone Diagram can help improve pain control and build a culture in which pain control is given due priority.
- There is a new, fun, simple and effective way to engage in quality Improvement projects!

3. Despite COVID-19 the project is ongoing. Further PDSA cycles are needed to test more ideas/interventions - every positive outcome a steppingstone to achieving more.