

How can we make ED a less painful experience?

Dr Cosmos T Nwaigwe¹, Dr Kate Russ¹ and Nicola Davey²

¹ University Hospitals of Leicester NHS Trust

²Quality 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!

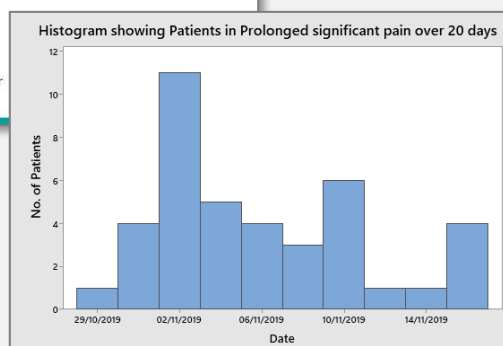
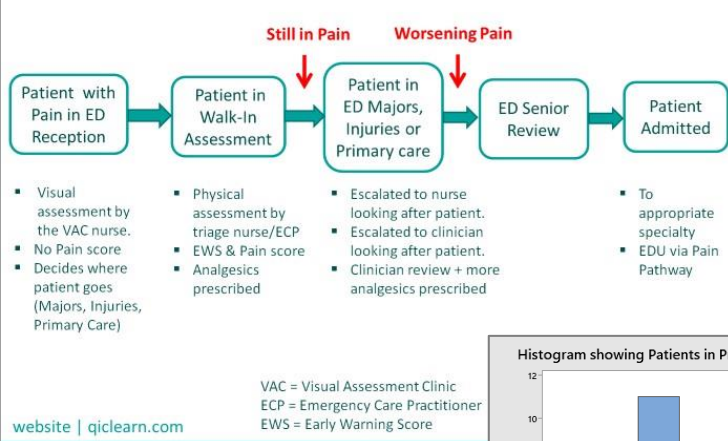


A lot of people come to the emergency department (ED) because of PAIN. They usually have had some form of pain killer (analgesia) before coming or on arrival.

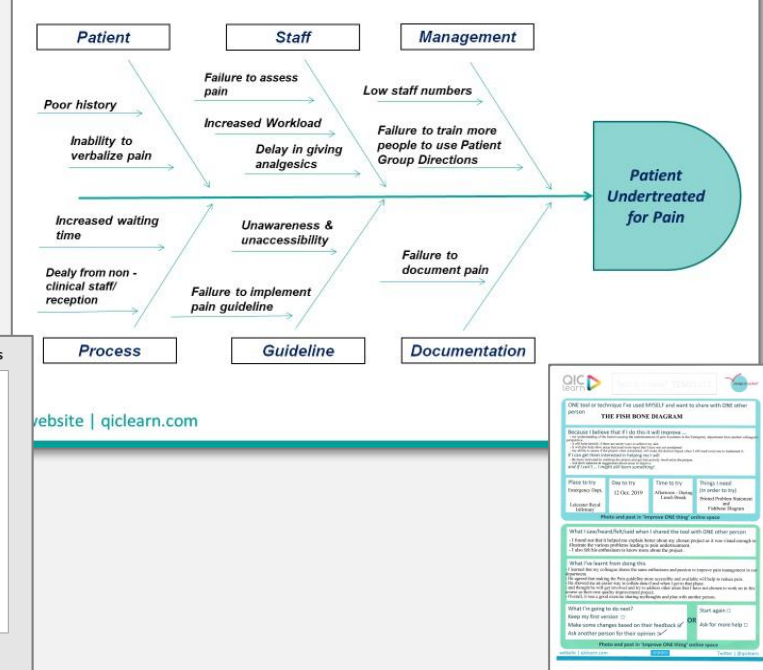
Like most ED doctors I am regularly asked by nurses to prescribe pain killers for patients with worsening pain. Sometimes a specific medicine, usually paracetamol, is requested regardless of the level of pain the patient is experiencing. Other times doctors glance at the drug chart and just choose a 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

Process map

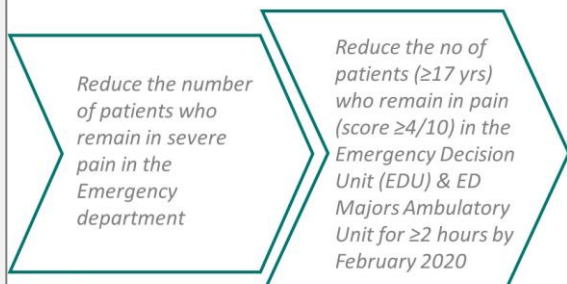


Fishbone diagram



AIM & MEASURE DEFINITION

What are we trying to accomplish?



Chosen measure

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

Inclusions

Patients (≥ 17 years) in pain seen between 0800 - 1700hrs in Leicester Royal Infirmary
Numerical pain score (pain score $\geq 4/10$) 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

WHO/RCEM Pain Guideline Flashcards for prescribers

Pre-written drug charts/prescriptions which can be easily signed by qualified prescribers

WHO/RCEM Pain Guideline Posters for Emergency Department notice boards

Introduce IT nudge for analgesic (pain killers) prescription task on Nervecentre (Electronic Patient Record) when Pain Score is $\geq 4/10$ (Moderate)

Increase training for Patient Group Directions (PGDs) so non-doctors can select and administer pain relief

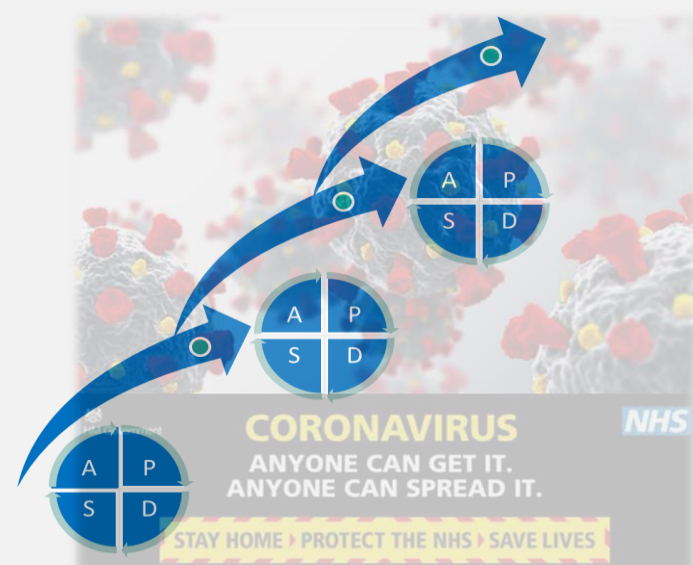
PDSA CYCLES

PDSA: Plan

Change idea	To appoint a "Pain Champion" for every shift help to review and assess their pain score and prescribe pain killers.
ONE thing to test	Does having a pain champion in every shift help reduce the number of patients who remain in pain in the Emergency Decision Unit?
What to do	Discuss with Doctor in Charge of EDU to appoint a "Pain Champion"
When to do it	27th January 2020 - 02 February 2020
Where to do it	Emergency Decision Unit
Who to do it	Any nurse/doctor on the shift who volunteers or is appointed by the doctor in charge
Predict outcome	Temporary reduction in the proportion of patients in pain.
Data to collect	The number of patients still in pain with Pain score $\geq 4/10$ for more than 2 hours for 1 week.

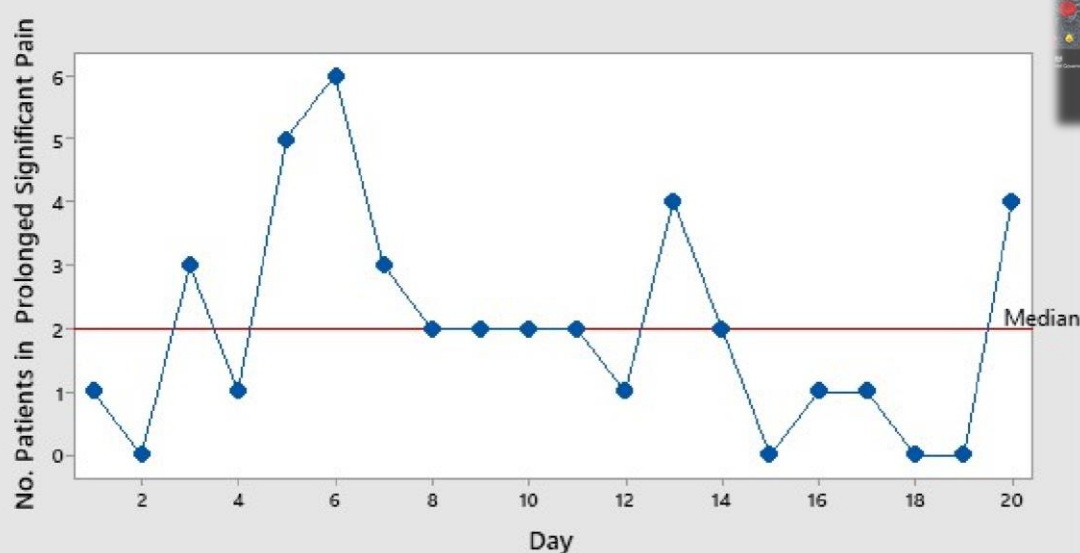
PDSA: Do, Study, Act

Change idea (summary)	To appoint a "Pain Champion" for every shift help to review and assess their pain score and prescribe pain killers.
Do	Pain Champion appointed for the days under review.
Study	Data collated over 1 week showed a transient reduction of the number of patients in Pain $\geq 4/10$ waiting up to 2 hours for analgesia in the EDU in the first 3 days but returned to baseline in the last 3 days.
Act	Next steps..... Combine appointing a pain champion with WHO/RCEM pain guideline poster display on the EDU notice board.



RUN CHART

Run Chart Showing Patients in Prolonged Significant Pain over 20 days



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.