camh Centre for Addiction and Mental Health

Applying a multi-faceted educational strategy to enhance interprofessional practice change: A pilot study assessing the implementation of pain assessment tools and pain management interventions in a mental health and addiction milieu

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- **Relationships with commercial interests:**
  - **Grants/Research Support:** None
  - **Speakers Bureau/Honoraria:** None
  - **Consulting Fees:** None.
  - **Other:** None

- **This program has received financial support from** *N/A* **in the form of** *N/A.*
- **This program has received in-kind support from** *CAMH* **in the form of** Professional Practice Office Administrative Support.

- **<u>Potential for conflict(s) of interest</u>:**
  - None

Mitigating Potential Bias

- Participated in this project work to advance the Interprofessional Practice in the workplace
- Supported clinical supervision and education activities of guest faculty
- Towards professional development goals

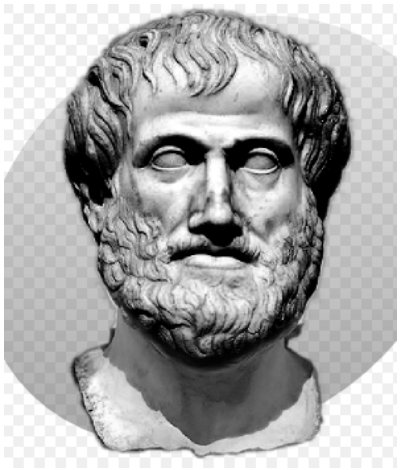
Session Objectives:

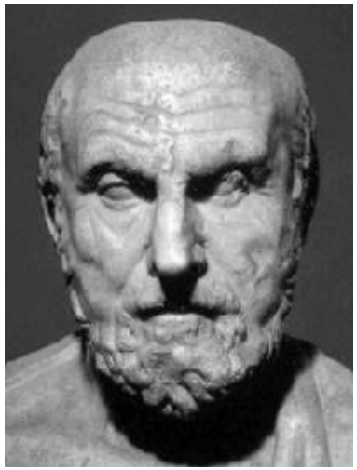
In this session, participants will review:

- Importance exploring pain and mental health
- Multi-faceted educational strategies
- Preliminary findings of Pain Best Practice Guideline implemented on the Geriatric pilot units
- Client and staff responses of the experience
- Their own practice as they work with clients with physical pain

Pain as a theme

Hippocrates considered **pain** a clue to physical disease, that is a symptom – an imbalance? 400 B.C (approx.)





Aristotle visualized pain, not only as reactions to physical sensations or loss of thereof, but pain was linked to emotions 350 B.C (approx.)

Pain as a theme

René Descartes *theorized pain was a disturbance. The human "physical machine" and the brain were connected along "nerve fibres" 1664* *(approx.)*

Physical pain; *a physical and cognitive phenomena, understood for the emotional state of a person, as well as the physical context associated with the pain which impacts the perception of the nociceptive stimulus 1975*

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Background

- Much of the current pain literature reflects oncology, medical-surgical, and intensive care areas
- The stigma of aging with a mental illness or addiction and identifying pain experiences are complex
- Further complicated when caring for a geriatric client
- Physical co-morbidities and/or cognitive impairment may affect the quality of addressing physical pain during an inpatient episode of care at a mental health care facility

Background

- Interprofessional clinical staff struggle to identify, assess and help geriatric clients manage their physical pain
- Trauma history additionally affects geriatric clients experiencing pain and/or somatic sensations which may present as psychological manifestations
- Interventions are often implemented to address behaviour as opposed to pain management
- This knowledge has not traditionally been facilitated, particularly to front-line Interprofessional staff of a Mental Health and Addictions Centre

Pilot Group

- Women's Inpatient Unit (WIU)
- Geriatric Assessment Units (GAUA and GAUB).
- Focus of this talk: Geriatric Inpatient Services

Interprofessional Voice: A strategy for visibility pre and post pilot

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Chris Uranis, APN, Sarah Grife, RN, Bonnie Cheuk, RN. Cheryl Rolin-Gilman, APN & Beth Sproule, Advanced Practice Pharmacist (Work Group Co-Leads)

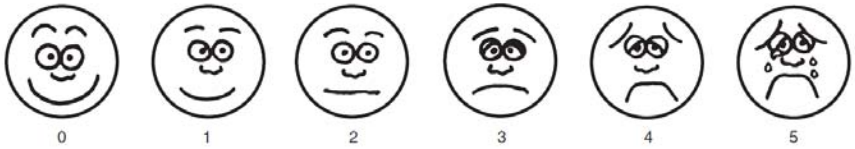
Assessment Tools: Geriatrics Pre-Pilot Audit

Numeric Rating Scale

Please rate your pain from 0 to 10 with 0 indicating no pain and 10 representing the worst possible pain.

Adapted from Jacox, A., Carr, D.B., Payne, R., et al. (March 1994). Management of Cancer Pain. Clinical Practice Guideline No. 9. AHCPR Publication No. 94-0592. Rockville, MD: Agency for Health Care Policy and Research, U.S. Department of Health and Human Services.

Wong-Baker FACES Pain Rating Scale



0 = VERY HAPPY, NO HURT
1 = HURTS JUST A LITTLE BIT
2 = HURTS A LITTLE MORE
3 = HURTS EVEN MORE
4 = HURTS A WHOLE LOT
5 = HURTS AS MUCH AS YOU CAN IMAGINE
(Don't have to be crying to feel this much pain)

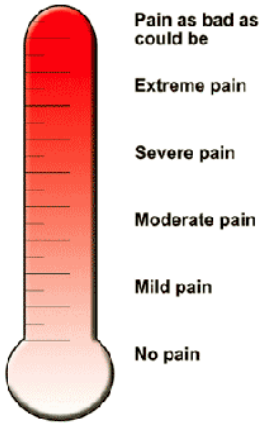
PAIN THERMOMETER SCALE

- **Pain Thermometer Use:** Good for use with any patient, including those with moderate to severe cognitive impairment or who have difficulty communicating verbally. Have the patient point to the word on the thermometer that best shows how bad or severe their pain is NOW
- **Pain Thermometer Scoring:** Document the words that the older points to on this tool. Evaluate the change in pain words selected by the elder over time to determine the effectiveness of pain treatments.

(Herr & Mobily, 1993)

Pain Thermometer Scale

Point to the words that best show how bad or severe your pain is NOW



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Development of a CAMH Policy and Decision Tree

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Centre for Addiction and Mental Health

Title: Assessment and Management of Pain (Inpatients)	Policy No.: PC 2.16.3 Pages: 3
Originator(s): Director, Medical Affairs	Initial Issue Date: March 5, 2013
Owner: Hospital Services	Next Review Date: March 5, 2016
Key Words: Pain Assessment; Pain Management	Effective Date: January 27, 2014
Reviewed by: Clinical Care Committee	Approved by: Medical Advisory Committee

1.0 Purpose

Pain has been established as the "fifth vital sign" in the clinical literature and recognized as a critical factor in determining overall health and prognosis of clients/patients presenting with a wide range of physical and psychiatric issues. Unidentified and unrelieved pain can significantly impact the physiological and psychological well being of clients/patients and their ability to recover from acute illness, including psychiatric impairment.

The assessment of pain in the mental health and addiction population can present with particular complexities. This policy outlines expectations related to the assessment and management of pain for CAMH inpatients. Procedures for the assessment of pain at admission and throughout hospitalization are included.

2.0 Persons Affected

This policy applies to all staff, students, physicians and affiliates (hereafter referred to as staff) providing clinical care on CAMH inpatient units.

3.0 Policy

As an organization that provides client-centred quality care, CAMH is committed to implementing and supporting best practice as it relates to the assessment and management of pain. All inpatients will be assessed for pain at admission and throughout hospitalization as clinically indicated. When pain has been identified, an interprofessional pain management plan including specific interventions will be developed.

CAMH provides mandatory training in the assessment and management of pain for those who are involved in the development and implementation of the pain care plan.

4.0 Definitions

n/a

Decision tree for assessing and managing pain

ADMITTING NURSE:
Assesses patient for pain on admission.

Indications of pain present?

YES

ADMITTING NURSE:
*Documents initial pain assessment
*Contacts most responsible physician (MRP) or hospitalist.

NURSE, MRP OR HOSPITALIST:
*Performs thorough pain assessment
*Completes Brief Pain Inventory or Checklist of Nonverbal Pain Indicators
*Initiates Pain Flow Sheet.

INTERPROFESSIONAL HEALTHCARE TEAM:
*Develops pain management plan in Interdisciplinary Plan of Care
*Informs the patient, family or substitute decision maker about the pain assessment process
*Implements treatment interventions identified in pain management plan in Interdisciplinary Plan of Care
*Monitors and evaluates effectiveness of treatment interventions
*Documents intervention effectiveness

THROUGHOUT ADMISSION, INTERPROFESSIONAL HEALTHCARE TEAM:
*Continues to assess for indications of pain and intervention effectiveness
*Continues to plan, implement and evaluate treatment
*Continues to update Interdisciplinary Plan of Care as needed
*Continues to document assessment and management of pain

NO

INTERPROFESSIONAL HEALTHCARE TEAM:
*Continues to assess for indications of pain throughout admission.

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New Assessment Tools

- Brief Pain Inventory
- Checklist of Non-Verbal Pain Indicators
- Pain Flow Sheet
- Development of a dynamic form of clinical documentation with a new EHR management system introduced May 2014

Study Activities

	Baseline	Post e-Learning	Post Enhanced Learning
Standard Knowledge Quiz (with confidence questions)	X	X	
Client Chart Review	X	X	X
Client Focus Group	X	X	X
Client Questionnaire	X	X	X

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Preliminary Discoveries

- Staff Pre and Post eLearning Survey
- Chart Audit Data
- Client Questionnaires
- Client Focus Groups

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Staff Pre and Post eLearning Survey: Themes

- Definition of pain
- Use of pain assessment tools
- Importance of thorough assessment, management and follow-up
- Including patients & families in plan of care
- Informing physician team when pain present
- Pain management strategies
- WHO analgesic ladder
- Monitoring side-effects of analgesics

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Staff Pre and Post eLearning Survey: Themes

- Importance of team collaboration
- Importance of continuing to assess for pain, even if patient is not identified or present at admission
- Screening for opioid risk prior to initiating opioid therapy
- Belief that opioids should not be used for pain in patients with history of substance use problems

Screening for Pain

August 2013-January 2014					
		Baseline	Post E-learning	Post enhanced education	+/- percentage
Screening for Pain	yes	15	19	25	30% Increase and improvement in staff screening for pain based on chart audit data
	no	18	14	8	
Charts Reviewed (2 month intervals)		33 (August 2013)	33 (November 2013)	33 (February 2014)	

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Client Quotes:

“If I have any pain, I tell the nurse and they tell the doctor”

“Nurse has conversation re. pain with me before scheduled pain medication is given”

“Different now than old Queen street hospital”

Client Focus Groups: Theme Search

- Assess for pain
- More information
- Listen to the client
- More discussion and talk about pain
- Understand pain is a factor to consider

Next Steps

- Has enhanced education influenced clinicians understanding of pain assessment and management in a Mental Health and Addictions Centre?
- Will completing pain assessments on all clients increase their satisfaction?
- How do we encourage the staff to clinically apply interventions according to their assessments, and then re-assess?

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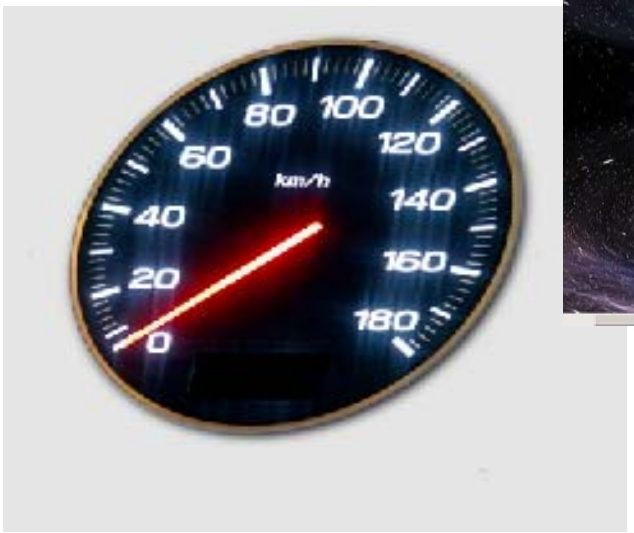
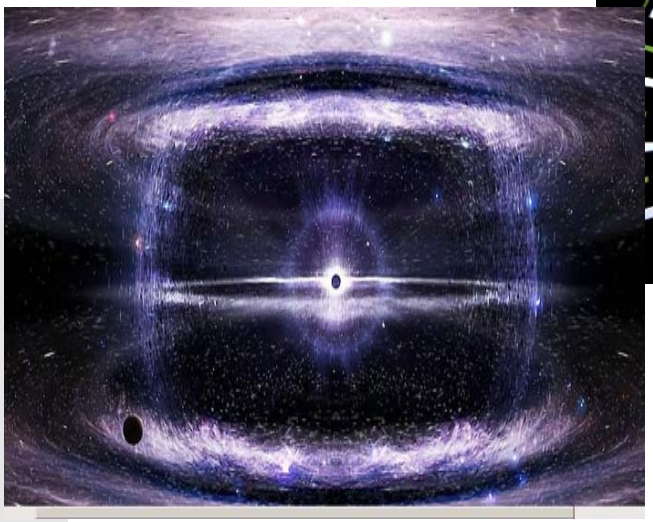
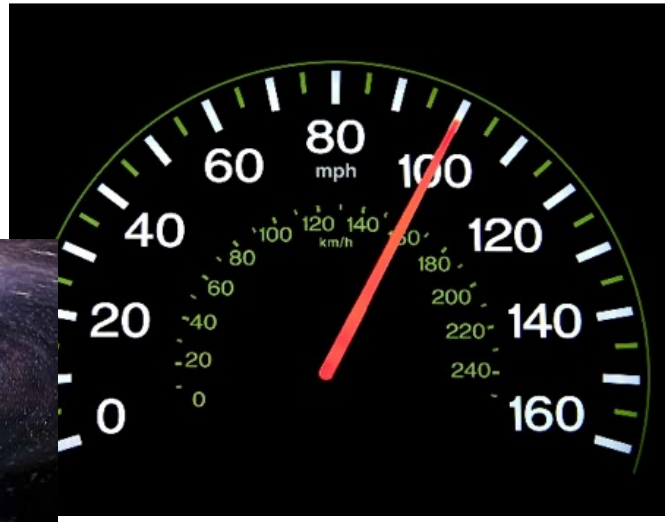
From 0 – 100 km







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Interprofessional Roles

- Assessment using standardized tools
- Documentation
- Communication

Interprofessional Roles

Interventions:

- Education
- Pharmacological
- Assistive, Seating, and Positioning Devices
- Peer to Peer Support
- Early Mobilization and Enablement
- Discharge Resources
- Relaxation & Resting
- Environment
- Heat & Cold application
- Exercise
- Energy Conservation Techniques
- Distraction
- Mindfulness Stress based Reduction

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Health Wellness and Teaching

- Pain Focus Groups to Continue on Success of the Pilot Study – Wellness and Recovery Group
- Introduce Principles of Motivational Interviewing
- Expand Topics to Include, Falls Prevention, Diet, and Physical Activity
- Peer and Practitioner Led format

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Acknowledgements:

The BPSO Work Group for the Assessment & Management of Pain:

Bonnie Cheuk, RN, Addiction Medicine Service
Katie Demczak RN, Women's Service
Pawan Dhatt, Occupational Therapist, Work, Stress & Health
Donna Ferguson, Psychologist, Work, Stress & Health
Sarah Grife RN, Women's Service
Rebecca Johnson, Empowerment Council Representative
Anita Martin, Nurse Educator
Susan Murphy, Clinical Informatics Nurse
Dr. Przemyslaw Pietucha, Hosptialist
Dr. Andrew Smith, Addiction Medicine Physician
Cheryl Rolin-Gilman, Advanced Practice Nurse (Co-Lead and Co-Pilot)
Christopher Uranis, Advanced Practice Nurse (Co-Pilot)
Susan Allen, BPSO Project Manager

Staff of the Geriatric Mental Health Inpatient Services for their support, patience and enthusiasm about the pilot study. Special thanks to Glea Quimbo RN, Geriatric Mental Health Services who supported the client focus groups and has championed the practice

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Acknowledgements:

- Rani Srivastava, Chief of Nursing and Professional Practice
- Kristin Cleverley, Director, Practice Research and Innovation
- Sara Ling, Nursing Research Fellow
- Neil Carson, Executive Director, Ambulatory Care & Structured Treatments Program
- Peter Voore, Medical Director, Ambulatory Care & Structured Treatments Program
- Christina Bartha, Executive Director, Underserved Populations Programs
- Margaret Gehrs, Director, Interprofessional Practice
- Deidre Bainbridge, Graduate Nursing Student
- Members of the Education Department

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Questions

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