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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**Potential for conflict(s) of interest:**
- 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
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
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.)
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
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.
• 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

Chris Uranis, APN, Sarah Grife, RN, Bonnie Cheuk, RN. Cheryl Rolin-Gilman, APN & Beth Sproule, Advanced Practice Pharmacist (Work Group Co-Leads)
Numeric Rating Scale
Please rate your pain from 0 to 10 with 0 indicating no pain and 10 representing the worst possible pain.

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 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 person points to on this tool. Evaluate the change in pain words selected by the older person over time to determine the effectiveness of pain treatments.

(Trerell & Mobily, 1990)

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Development of a CAMH Policy and Decision Tree

Decision tree for assessing and managing pain

**ADMITTING NURSE:**
- Asse**sses** patient for pain on admission.

**Indications of pain present?**

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

**NO**
- **INTERPROFESSIONAL HEALTHCARE TEAM:**
  - *Continues to assess for indications of pain throughout admission.*

**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
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

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Post e-Learning</th>
<th>Post Enhanced Learning</th>
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<tbody>
<tr>
<td>Standard Knowledge Quiz</td>
<td>X</td>
<td>X</td>
<td></td>
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<tr>
<td>(with confidence questions)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Client Chart Review</td>
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<td>X</td>
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<tr>
<td>Client Focus Group</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Client Questionnaire</td>
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Preliminary Discoveries

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

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Post E-learning</th>
<th>Post enhanced education</th>
<th>+/- percentage</th>
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<tbody>
<tr>
<td>Screening for Pain</td>
<td>yes</td>
<td>15</td>
<td>19</td>
<td>25</td>
</tr>
<tr>
<td></td>
<td>no</td>
<td>18</td>
<td>14</td>
<td>8</td>
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<tr>
<td>Charts Reviewed</td>
<td>33 (August 2013)</td>
<td>33 (November 2013)</td>
<td>33 (February 2014)</td>
<td>30% Increase and improvement in staff screening for pain based on chart audit data</td>
</tr>
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</table>

30% Increase and improvement in staff screening for pain based on chart audit data.
“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?
From 0 – 100 km
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
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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- Members of the Education Department


Questions

Any Questions?

camh Professional Practice