

IMPROVING PAIN ASSESSMENT AND DOCUMENTATION.

PROJECT SPONSOR : DR JASMINE LIM, MS NG WEI WEI.
 TEAM MEMBERS : MELVIN KHOR, IVY REYES, MUHAMMAD NAUFAL, MUHAMMAD HAFIZ, MARINA ISKANDAR, ROSIDAH IDRIS, GLENDA TAN, CINDY LEE

- ✓ SAFETY
- ✓ QUALITY
- ✓ PATIENT EXPERIENCE
- ✓ PRODUCTIVITY
- ❑ COST

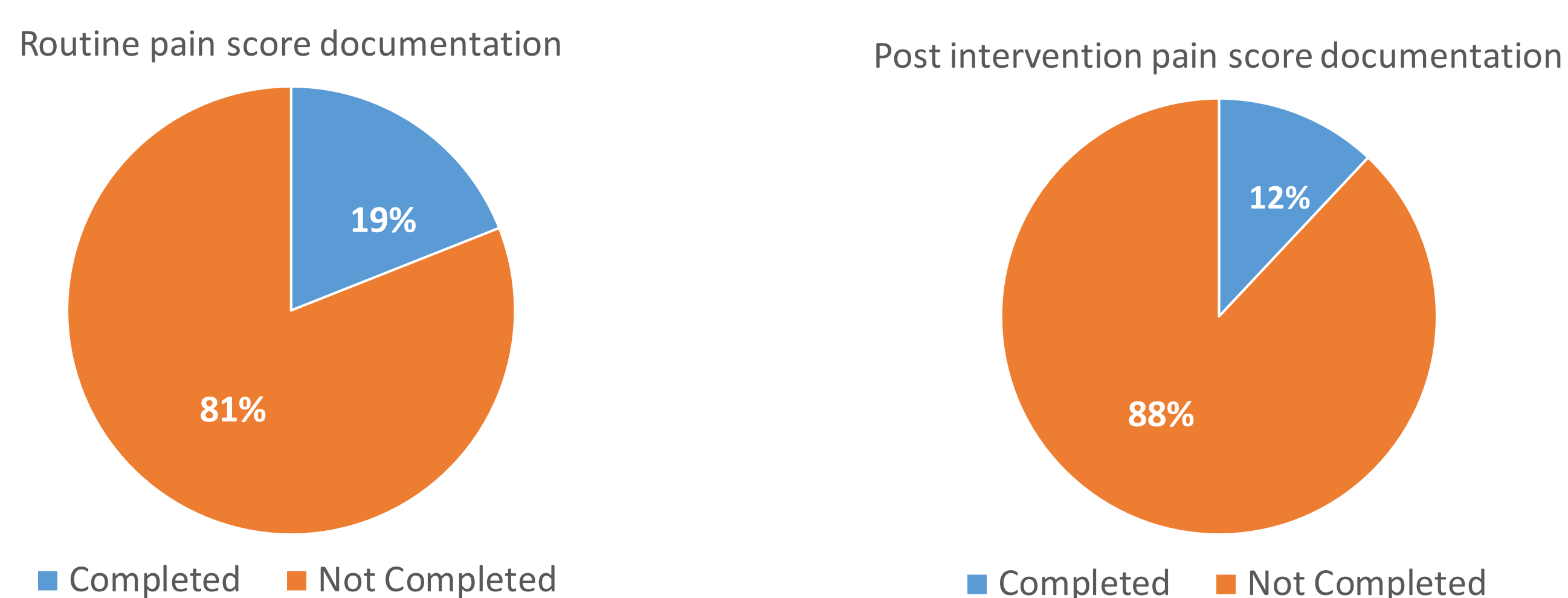
Define Problem, Set Aim

Problem/Opportunity for Improvement :
 During the pain audit, pain documentation was found to be lacking in description and accuracy. This is identified as an area of improvement.

- Aim.**
- In 6 months time, documentation of pain assessment to be accurate.
 - Timely interventions for patients with pain score of > 4 and its follow-up by improving pain assessment and documentation through escalation protocol.
 - Achieve patients, with pain score of < 4, to reduce pain score by nursing interventions.
 - Improving compliance to prescribed analgesia in EMAR.
 - Ensure compliance rate of post analgesia intervention, documentation.

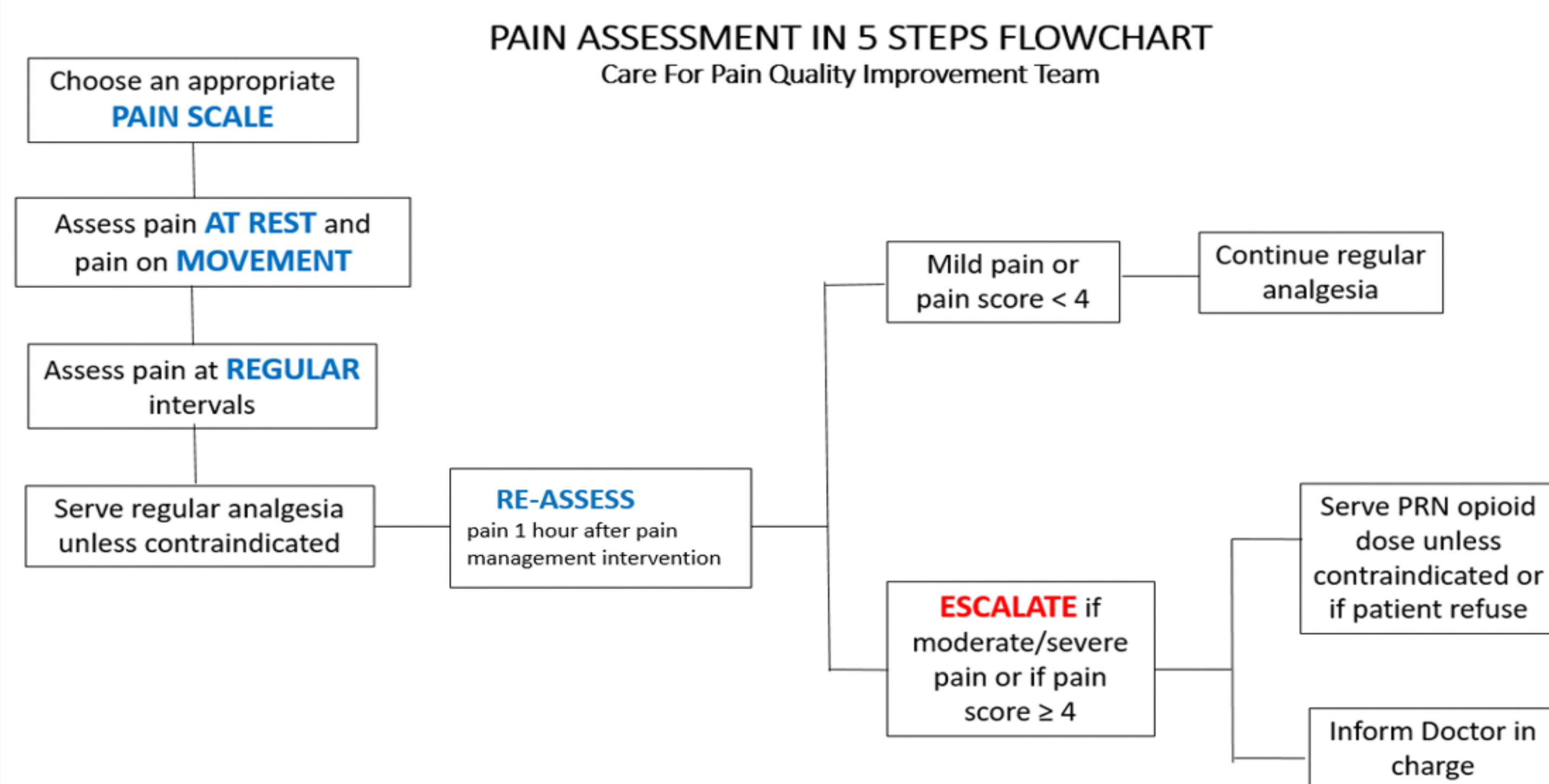
Pre-audit results

09/01/23 – 22/01/23; 2 weeks of data collection of pain documentation during Vital-sign rounds and pain documentation post-intervention (if any, i.e: serving of analgesia in EMAR). Data collected in Ward B9 and B10.
 Total of 369 data was collected.



Test & Implement Changes

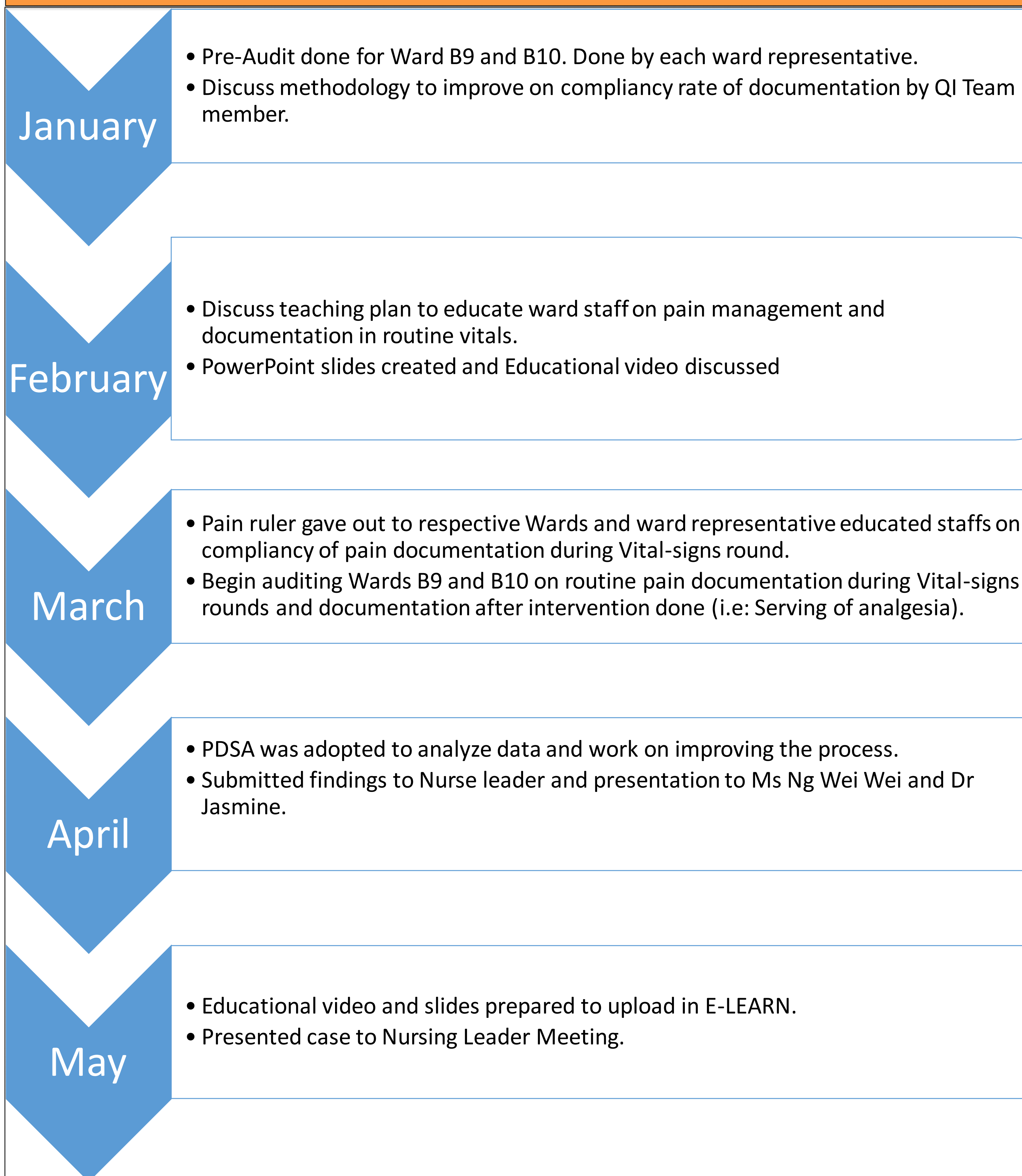
Teaching slides was created to facilitate these 4 wards and was conveyed during role calls, for 2 weeks (06/02/23 – 19/02/23). Educate staffs using the flow diagram below for pain assessment and its intervention.
 Total of 418 data is collected.



Implemented pain score ruler on (20/03/23 – 02/04/23). Gave out to respective ward staffs for easy reference and usage during Vital-sign rounds

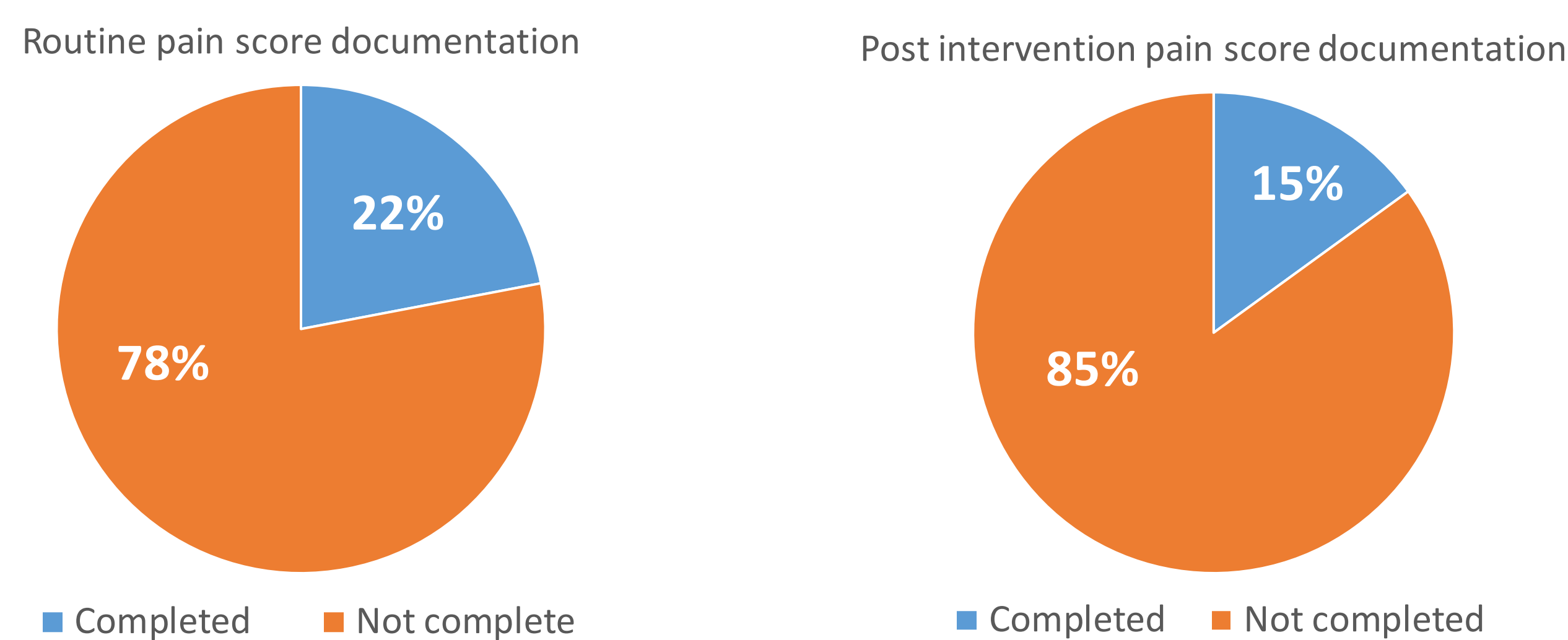


Timeline of Implementation

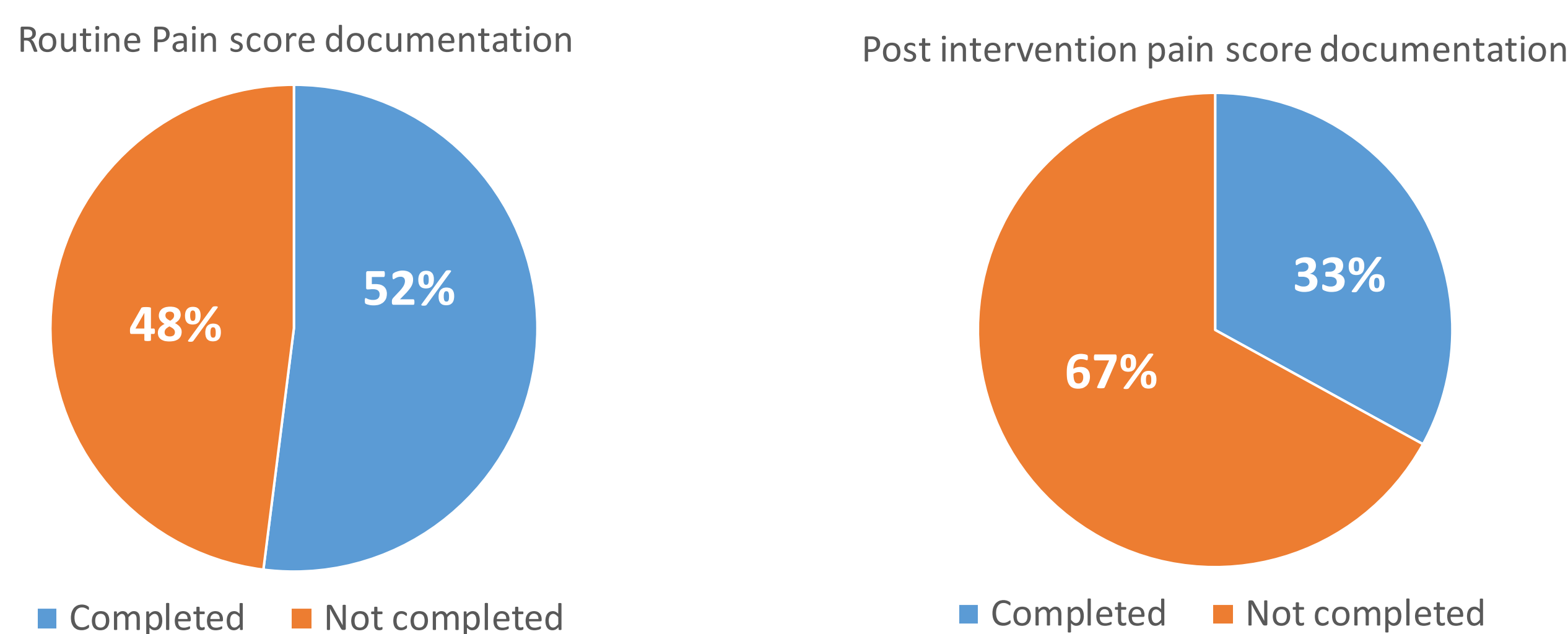


Results

20/02/23 – 05/03/23: Implement of Teaching slides.
 Slight improvement compared to pre-audit data



22/03/23 – 02/04/23: Implement of pain score ruler (visual aid).
 Post implement visual aid statistics show significant improvement, with routine compliance rate reaching 52% and post-intervention domain improving to 33%.



Spread changes, Learning Points

What are/were the strategies to spread change after implementation?

Presented data to Nursing Leader Meeting and its improvement.
 Spread to JHC with the help of clinical instructor from T&D and project team member.
 Uploaded teaching slides and Video into E-Learning.

What are the key learnings from this project?

Staff are more receptive to pain assessments with visual aid, improving communication and patient pain control. Pain score ruler and escalation system shorten time and improve patient outcomes.