Methodology and Results of a Pain Assessment Process for Patients Receiving Radiation Therapy Treatment

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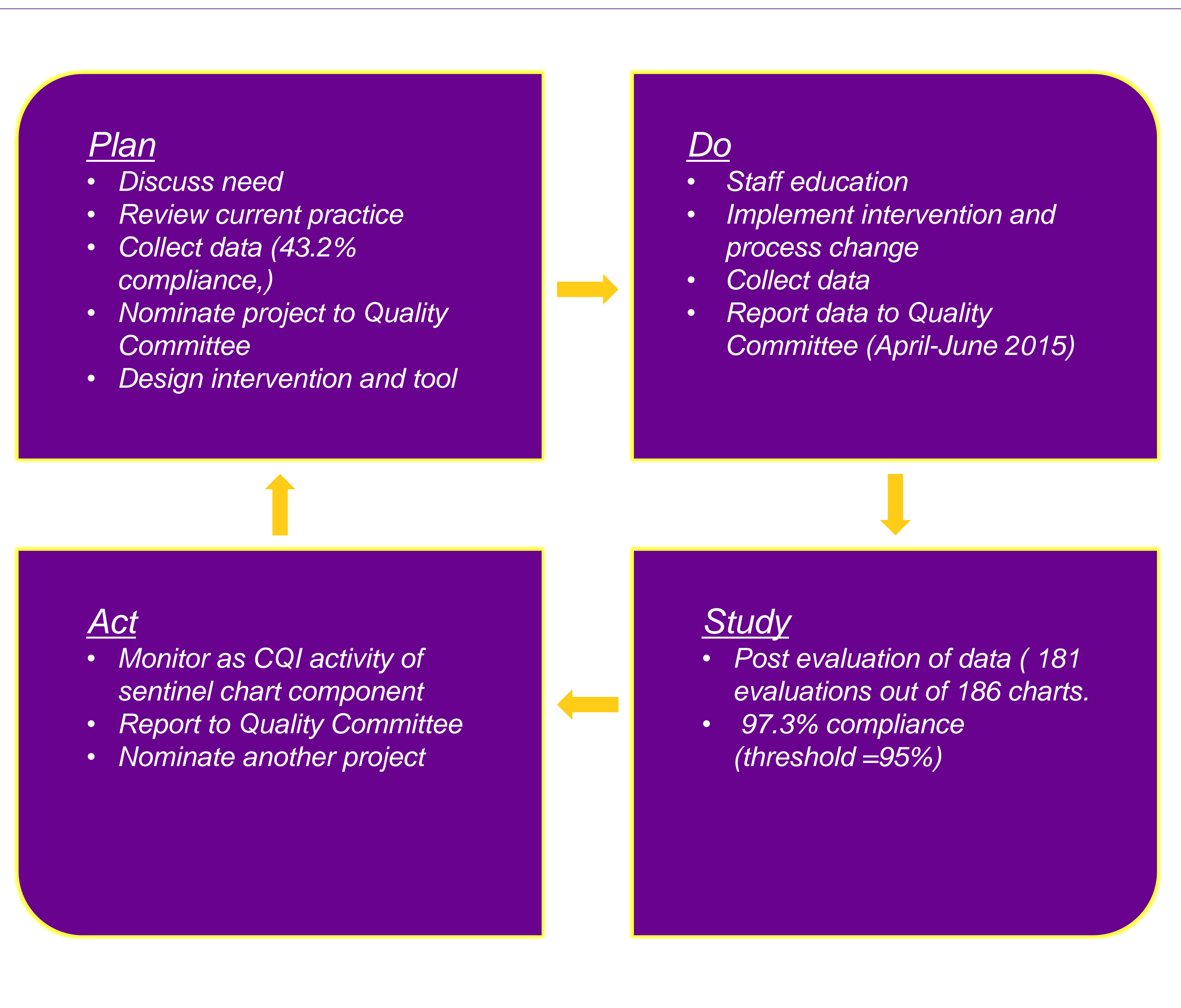Angela.McDuffie@vidanthealth.com

BACKGROUND

Patients receiving radiation therapy treatment often exhibit pain as a consequence of their cancer or treatment, and is a major factor affecting the patient's quality of life and functional status. Accreditation standards require pain to be assessed and managed, which are key components in successful implementation of a radiation therapy plan of care. Multifactorial causes for cancer pain, the subjective nature of pain assessment, and the protracted nature of radiation delivery make it necessary to routinely evaluate patient pain using quantifiable metrics. These evaluations can then be used to develop and evaluate effectiveness of interventional strategies.

PROJECT AIM

The aim of this project was to evaluate baseline compliance with patient pain assessment and documentation at the time of initial consult, during weekly on-treatment visits (OTV), and at completion of treatment. Internal "spot check" chart review in early 2015 showed deficits in 16 of 37 charts (43.2%) reviewed for pain assessments, revealing documentation well below the required threshold. Data were used to design an intervention to assure 95% compliance.

PROJECT DESIGN/STRATEGY

Nursing staff within the Department of Radiation Therapy revised the process for the accepted 10-point intensity scale to evaluate patient pain. This revised process included staff re-education, workflow adjustments, and nursing evaluation prior to, during, and the end of the radiation treatment course using a standardized pain scale form. Documentation was accomplished by means of vital sign template encounter tool used by Nursing at the time of initial consult, for weekly on-treatment visits (OTVs), and end of treatment (EOT) encounter.

UNIVERSAL PAIN ASSESSMENT TOOL

This pain assessment tool is intended to help patient care providers assess pain according to individual patient needs. Explain and use 0-10 Scale for patient self-assessment. Use the faces or behavioral observations to interpret expressed pain when patient cannot communicate his/her pain intensity.

0	1	2	3	4	5	6	7	8	9	10
NO PAIN	MILD PAIN		MODERATE PAIN		MODERATE PAIN		SEVERE PAIN			WORST PAIN POSSIBLE

NO PAIN	CAN BE IGNORED	INTERFERES WITH TASKS	INTERFERES WITH CONCENTRATION	INTERFERES WITH BASIC NEEDS	BEDREST REQUIRED
Alert smiling	No humor serious flat	Furrowed brow pursed lips breath holding	Wrinkled nose raised upper lip rapid breathing	Slow blink open mouth	Eyes closed crying

CHANGES MADE (PDSA CYCLES)

Plan
- Discuss need
- Review current practice
- Collect data (43.2% compliance,)
- Nominate project to Quality Committee
- Design intervention and tool

Do
- Staff education
- Implement intervention and process change
- Collect data
- Report data to Quality Committee (April-June 2015)

Study
- Post evaluation of data (181 evaluations out of 186 charts.
- 97.3% compliance (threshold =95%)

Act
- Monitor as CQI activity of sentinel chart component
- Report to Quality Committee
- Nominate another project

RESULTS/OUTCOMES

Data were monitored for the period of April-June 2015 and reported as a continuous quality improvement (CQI) activity to the department's Quality Committee. Amassed data showed a total of 186 unduplicated patients were treated during this period, and 181 (97.3%) had documented pain assessments.

LESSONS LEARNED

Ongoing monitoring is an important strategy to assure complete evaluation, treatment and outcomes of patient pain while receiving radiation treatment. A clearly defined and quantifiable process is important to facilitate monitoring and ongoing pain management. Improvements in consistency of pain assessment and management promote enhanced focus on patient pain and contribute to delivery of care, and patient quality of life and performance status.
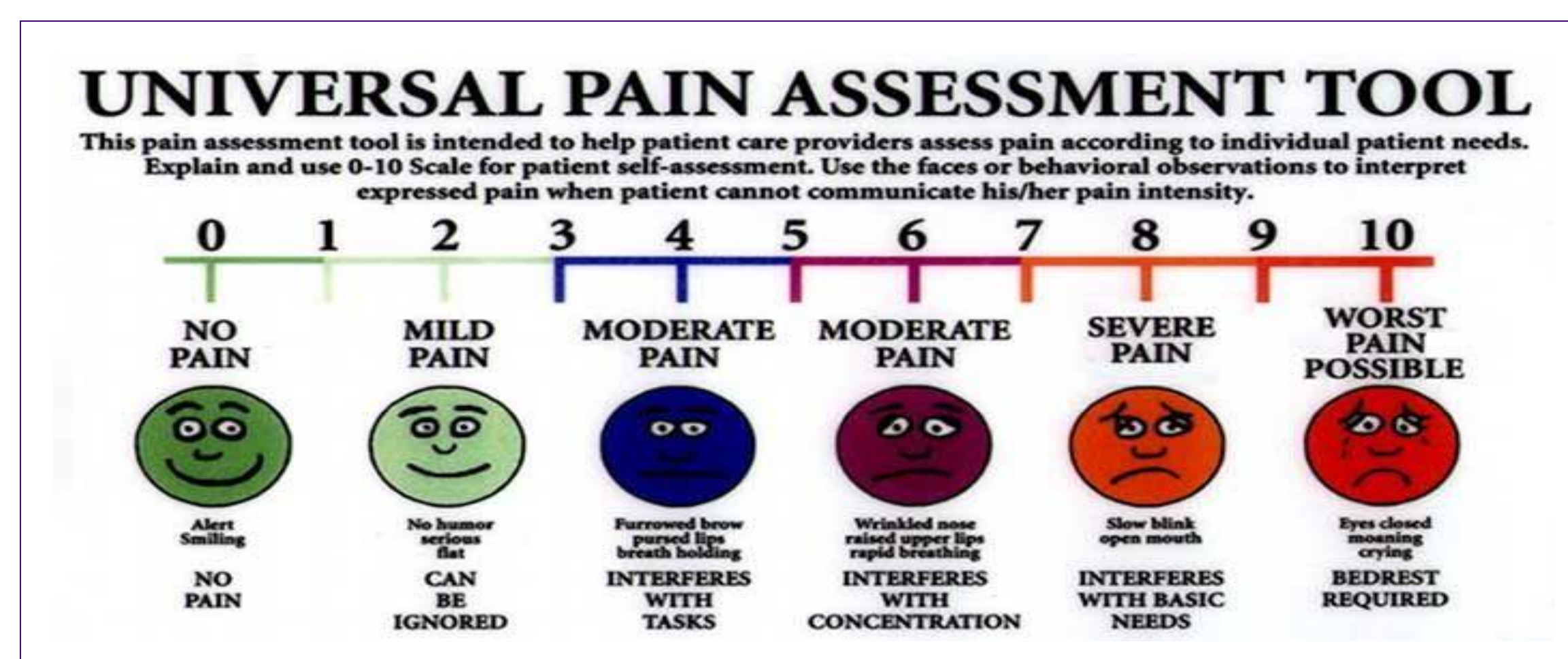
NEXT STEPS

These data showed an improvement in pain assessment by nursing from a baseline of 57% of patients to an average of 97% over the observation period. Documented pain assessment is now an ongoing chart quality monitor under the Nursing Report and will be reported annually. Next steps are to expand this monitoring on a patient specific basis into the follow-up period.
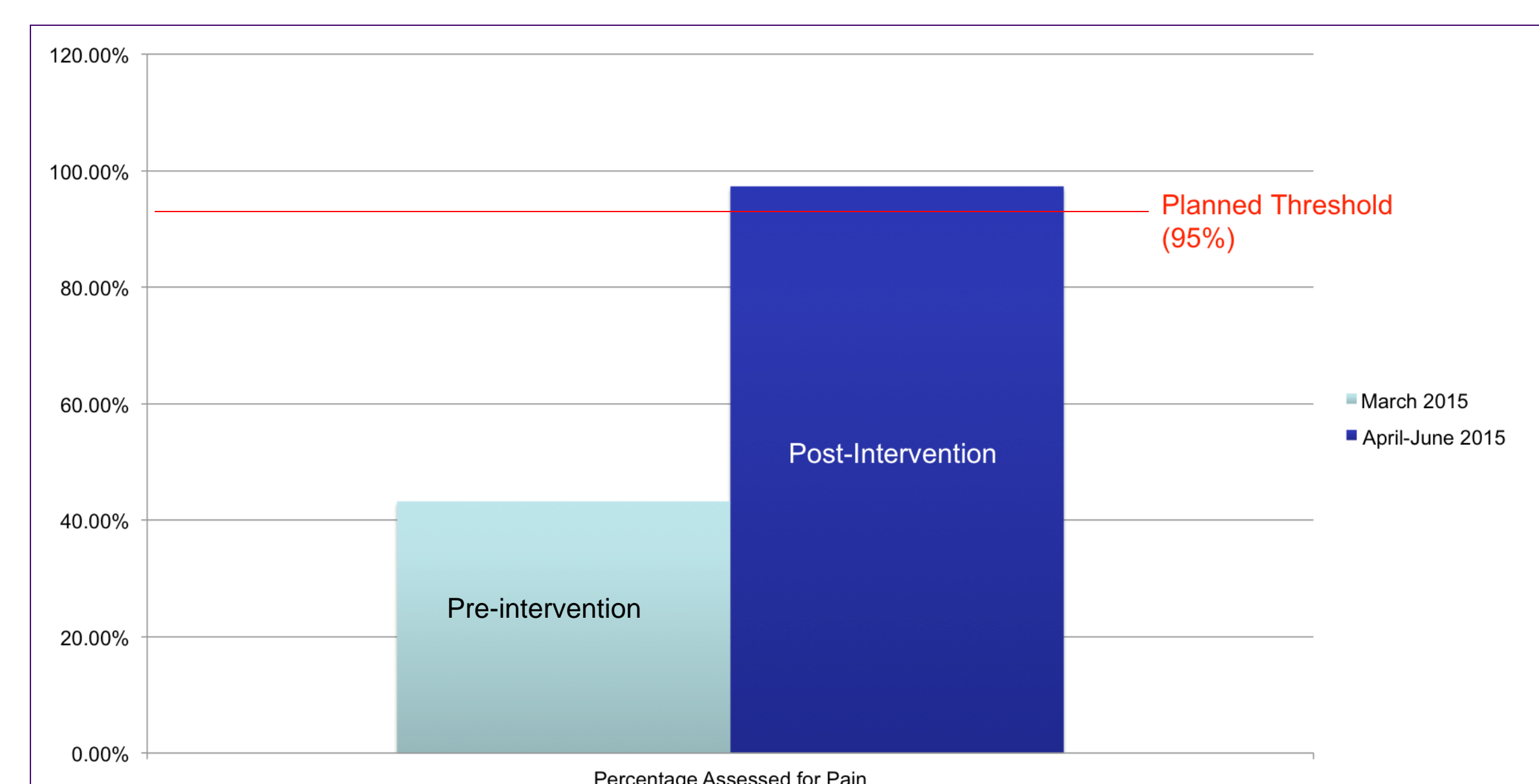
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Redesigning Education to Accelerate Change in Healthcare

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