Continuous Monitoring of Pain Assessment and Management for Patients Receiving Radiation Therapy

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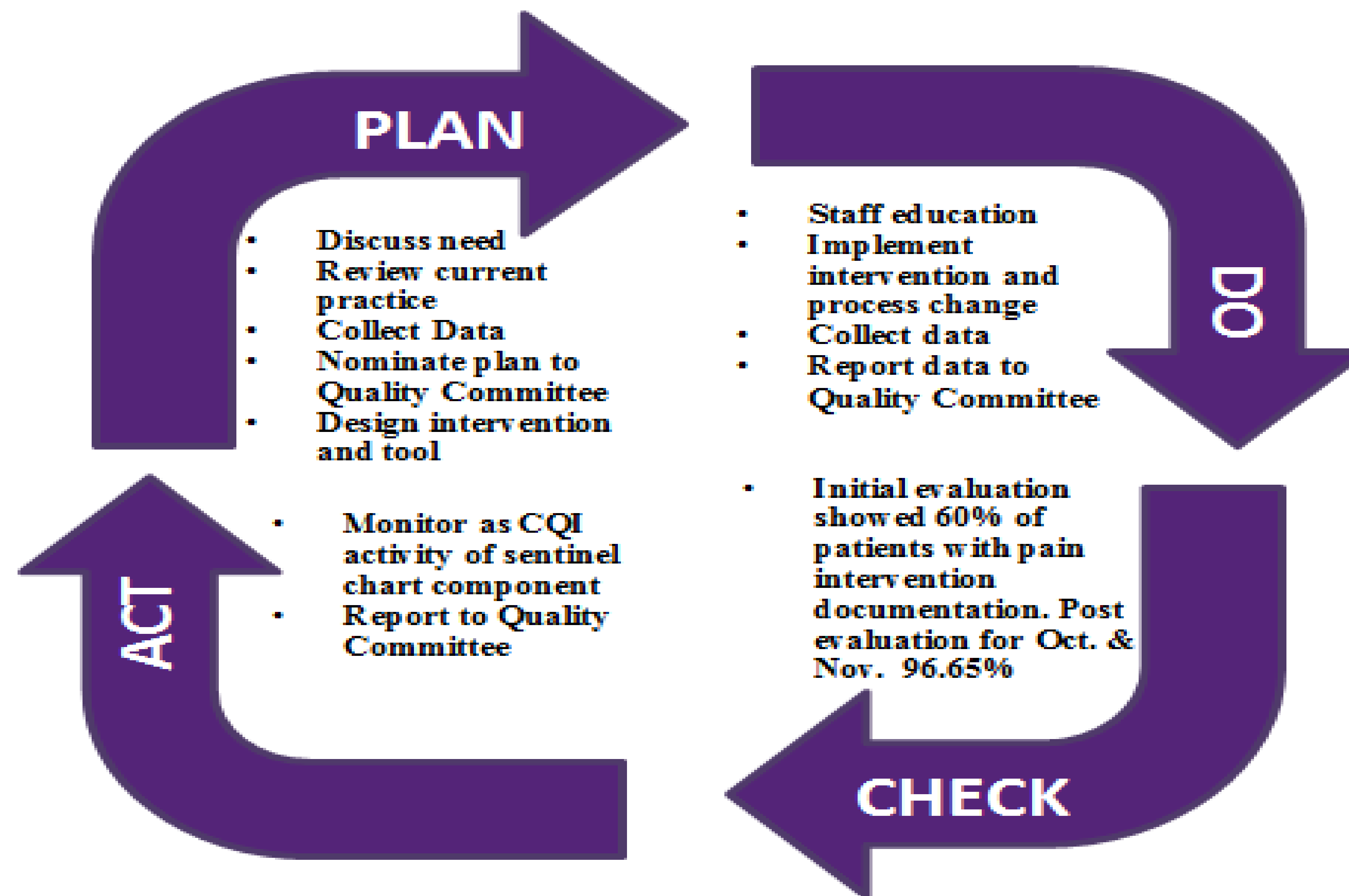
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BACKGROUND

Radiation therapy is often a treatment modality for cancer and pain is a related symptom to the cancer and or radiation. The management of pain is important not only for the patient's wellbeing but also for the patient healing. In a previous study the department found a deficient in the recording of pain by nursing. The PDCA project resulted in a consistency documentation of pain levels at 95% by nursing. Subsequent review found the pain management plan was not documented adequately in the electronic medical record by physicians.

PROJECT AIM

If a patient's pain is found to be significant, these evaluations should be used to develop and evaluate effectiveness of interventional strategies. As a consequence we identified a need to consistently assure that the pain management plan was understood and communicated to the patient and providers assured pain was adequately managed and the management was documented.

PAIN MANAGEMENT: ABCDE

Assess for pain and ask about the pain

Believe the patient's account of pain description

Choose the most appopriate pain control options.
Deliver possible therapeutic interventions in a timely, logical and coordinated manner.

Deliver

Empower and enable the patient to have pain control.

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CHANGES MADE (PDCA CYCLES)

PLAN

DO

ACT

CHECK

- Discuss need
- Review current practice
- Collect Data
- Nominate plan to Quality Committee
- Design intervention and tool

- Monitor as CQI activity of sentinel chart component
- Report to Quality Committee

- Staff education
- Implement intervention and process change
- Collect data
- Report data to Quality Committee

- Initial evaluation showed 60% of patients with pain intervention documentation. Post evaluation for Oct. & Nov. 96.65%

PROJECT DESIGN/STRATEGY

Review of patient EMR showed there was inconsistency in documentation of a pain management plan. A PDCA was strategized to focus on subsequent pain intervention documentation by physicians. Planning involved creating a hard stop for the physician's in the EMR. This entailed the development of a dropdown box labeled "Intervention for Pain Management". Physicians were required to document a pain intervention for any patient with a pain score 6 or greater during on treatment visits (OTV). The dropdown box included interventions like, "no intervention need at this time", "referral to pain management"," educational intervention", etc.

RESULTS/OUTCOMES

% with a pain score of 6 or greater with a documented pain intervention

Physician data were monitored June-November 2017. June, out of 103 on treatment visits, 20 patient's encounters had a pain score of 6 or greater. 12 had a documented pain intervention, located in the "Intervention for Pain Management" for 60% . Post evaluation for October & November were 96.65%.
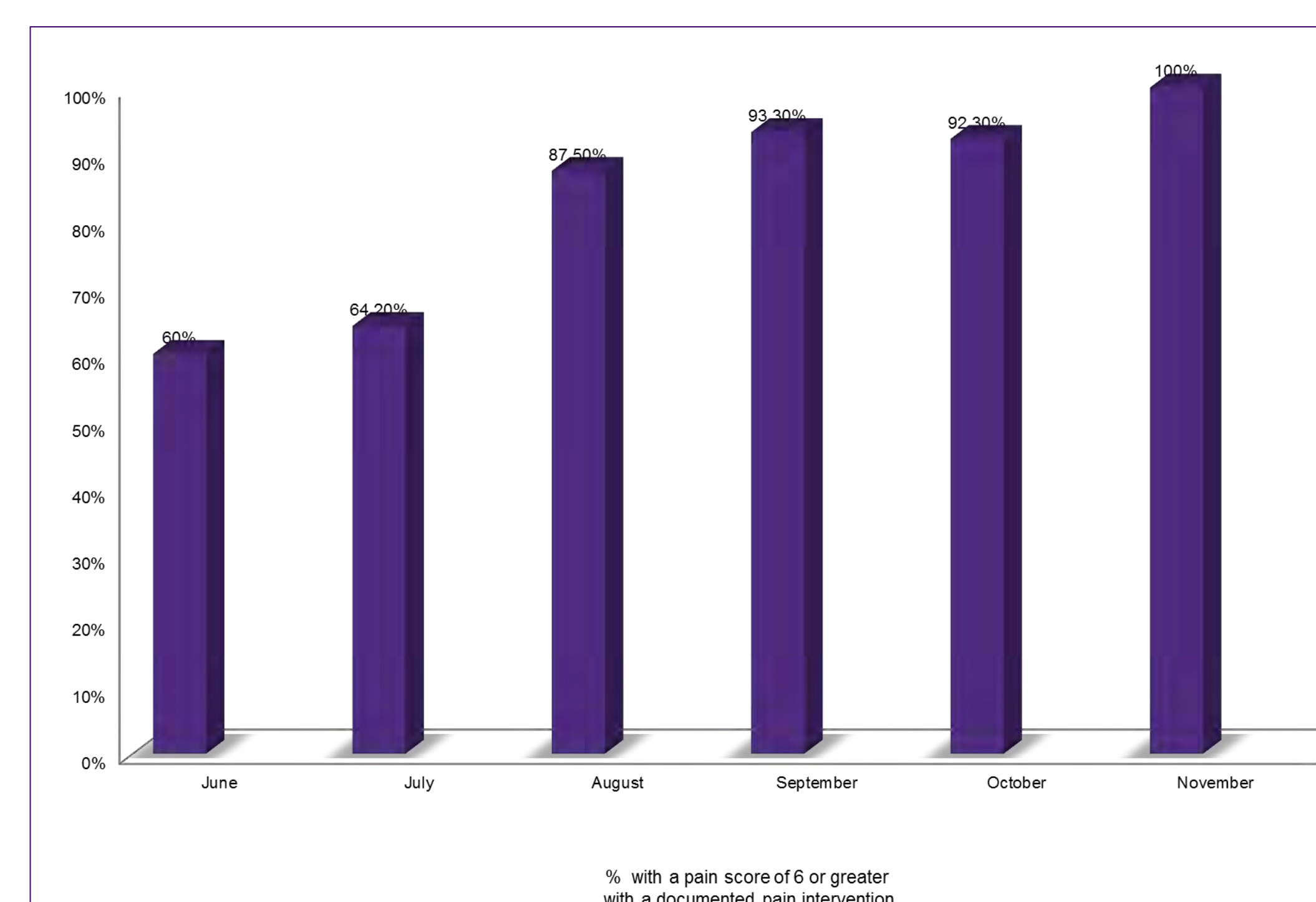
LESSONS LEARNED

Ongoing monitoring is an important strategy to assure complete evaluation; treatment and outcomes of patient pain while receiving radiation treatment but challenges can routinely be encountered. Radiation Oncology may utilize visiting physicians or locums. These physicians travel to different facilities to assist when permanent clinic physicians are not available. Unfortunately, locums are not always familiar with the EMR, documentation requirements, and standards. Pain is difficult to measure due to its subjective nature. Clinicians have to believe what the patient is stating is true and act on it. Improvements in consistency of pain assessment and management promote enhanced focus on patient pain and contribute to satisfactory delivery of care, improved patient quality of life, elevated performance status, and increased patient satisfaction.

NEXT STEPS

Future PDCA is patient follow-up. There is a need to determine did the pain intervention work. Was the patient's pain decreased or relieved utilizing the documented pain intervention, if not what is the next step.

ACKNOWLEDGEMENTS

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