



OBJECTIVES

- Outline the Quality Improvement Plan for Pain (QIP-Pain) at the Hospital for Sick Children (SickKids)
- Highlight the most relevant data collected in the QIP-Pain
- Discuss impact of the QIP-Pain at the institutional level
- Describe next steps
- Discussion

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CORPORATE SCORE CARD

2015-2020

Healthier Children. A Better World.™

<p>Quality</p> <ul style="list-style-type: none"> Elevate prescriber focus Champion continuous improvement Advance culture of service excellence Improve equitable and timely access Foster clinical research excellence 	<p>Infrastructure</p> <ul style="list-style-type: none"> Build an integrated technology environment Optimize learning and develop new physical infrastructure Promote a socially responsible work environment 	<p>Health System</p> <ul style="list-style-type: none"> Strengthen relationships with community hospitals and other organizations Create engagement/aligned mechanisms for care providers in the community Pursue integration along service continuum Expand complementary service portfolio/offerings
<p>People</p> <ul style="list-style-type: none"> Attract a culture of innovation Facilitate and promote the generation of new ideas Attract, recruit and retain top talent Accelerate commercialization 	<p>Finance</p> <ul style="list-style-type: none"> Secure financial and strategic growth Optimize operational performance Improve financial and asset management Maximize investment and communication 	<p>Stakeholder Value</p> <ul style="list-style-type: none"> Research innovation for practice Quality education and training

Improve the health of children provincially, nationally and internationally through the integration of care, research and education.

excellence compassion integrity collaboration innovation

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HOW IT ALL STARTED

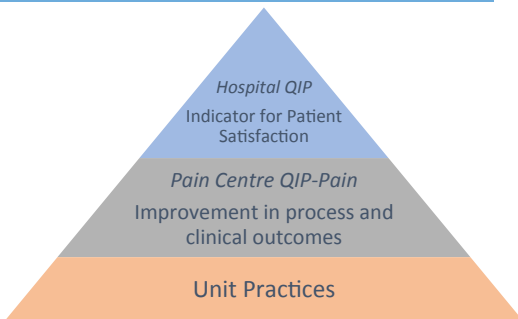
In the Fall of 2012, the Pain Centre developed and implemented a Quality Improvement Plan for Pain (QIP-Pain) in 15 inpatient units

The goal was to:


1. Promote evidence-based pain assessment and management practices (*process outcomes*)
2. Improve clinical and outcomes (*patient outcomes*)
3. Enhance satisfaction (patient and organizational outcome)



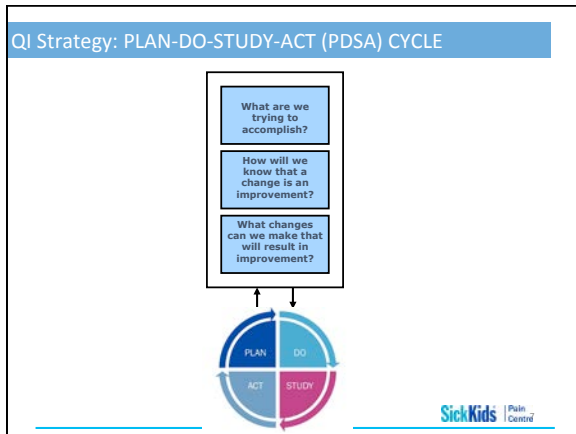
PAIN REFLECTED IN THE ORGANIZATION

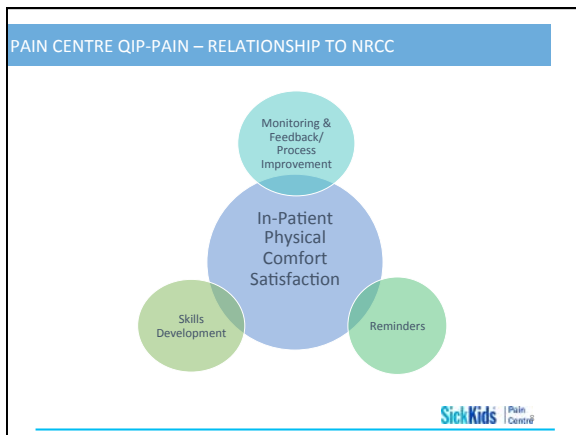


PAIN MANAGEMENT QIP - PAIN

Objectives	Strategies	Outcomes/Targets
1. Improve pain practices a. Assess pain according to pain assessment policy b. Prevent and treat pain as per pain management CPG	Monitoring and feedback (e.g. quarterly audits)/ process improvements Reminders (e.g. posters) 	1. Improved pain practices a. % Pain assessed & documented: On admission Once per shift b. % Pain interventions: Prior to painful procedure Patients with moderate to severe pain (pain intensity ≥ 4)
2. Improve clinical pain outcomes (Pain intensity)	Skin development strategies (e.g. OPPC)	2. Reduce prevalence of moderate to severe pain (NRS ≥ 4)
3. To \uparrow pain satisfaction		3. NRC Picker scores target 80%







MONITORING - LAYOUT

Audit

Monitoring & Feedback/ Process Improvement

Target Population:

- All inpatients
- 15 units – (3 critical care) each assigned unique Identifier

Exclusion Criteria:

- Patients on unit for <24hrs
- Patients who have left the unit for procedures (e.g., surgical)

Timeframe:

- Quarterly
- Each unit completes audit in one day and submits data to Pain Centre

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NEEDS IN DEVELOPING AN AUDIT TOOL

Monitoring & Feedback/ Process Improvement

- Easy to use
- No data interpretation by audit completer
- Applicable across units
- Time effective - single page
- Capture
 - Process outcomes: frequency of pain assessments, pain interventions
 - Clinical outcomes: pain intensity scores
- Allows for depth of data analysis



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WHO IS OUR QIP-Pain TEAM?

Monitoring & Feedback/ Process Improvement

Process (Data Collection):

- 1-2 individuals from each unit responsible for quarterly audits
- Unit Educator(s) and Quality Leader(s) support
 - Pain champions
 - Nursing staff
 - Unit leaders (manager, educator, quality leader)
- Data collected from CIMS, flowsheets, progress notes
- Data collection forms disseminated by Pain Centre

Support and Feedback:

- Pain Centre team provides support on data collection process
- Results disseminated to each unit

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AUDIT TOOL

Monitoring & Feedback/ Process Improvement

DATA COLLECTION FORM Pain QIP Identifier Code:

Date: _____

Demographic Data (please check your answers in the appropriate boxes)

1) Patient age: <3mos <1yr 1-3yr 4-6yr 7-12yr 13-18yr M F Gender

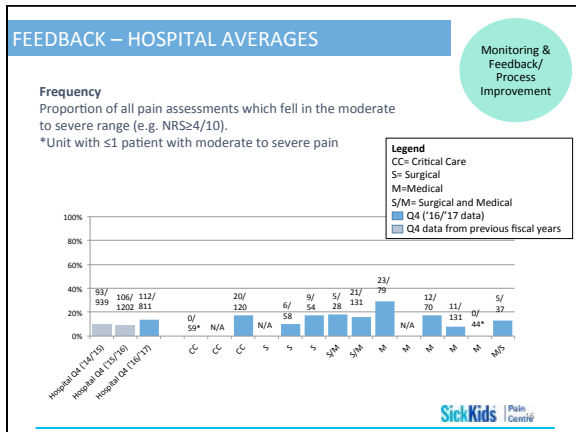
2) Is this patient from a Medical, Surgical or Critical Care unit? Medical Surgical Critical Care

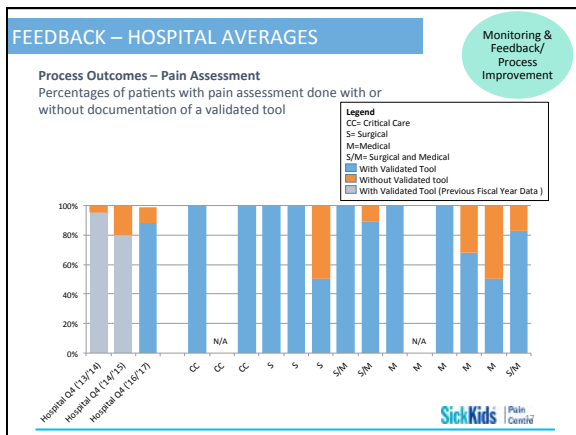
3) Has a pain assessment (PA) been done in the past 24 hrs? Yes No **(Midnight to midnight includes any pain intensity score completed)**

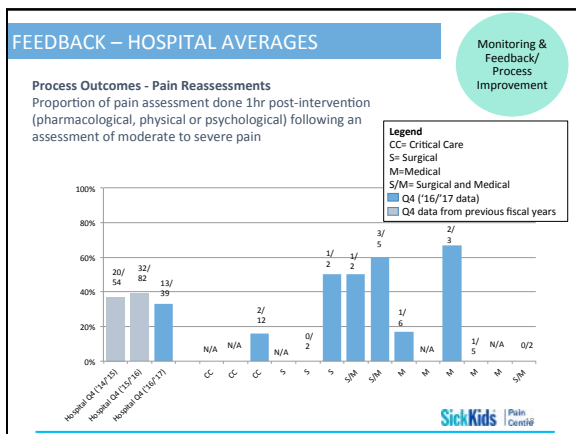
Pain Intensity Score and Pain Interventions (Please complete all columns and check all that apply)

Time of the Pain Assessment + Assessment (PA) if done or (S) if patient was asleep	Pain Intensity Score (0-10)	Name of PA/Tool Used (See guide)	Was this Score Linked to a Procedure?	Intervention(s)						Comments (e.g., patient offered analgesic but refused, parents refused)
				Pharmacological			Physical			
				1-Aspirin/ibuprofen/NSAID/COX-2s	2-Paracetamol	3-Other PA's or Opioids/continuous infusions	4-Positioning	5-Heat/Cooling	6-Other	
(H) (S)	(0-10)		Yes/No	Pharm	Other	Aspirin	PCA	ONS	Y/N	
E.g. 0700	7/10	NRS	Y	Y	Y	Y			Y	

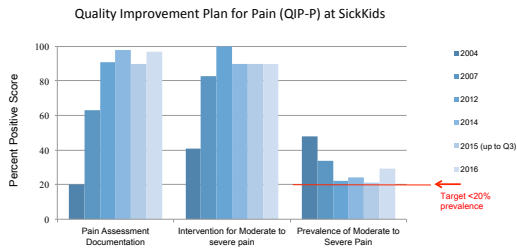
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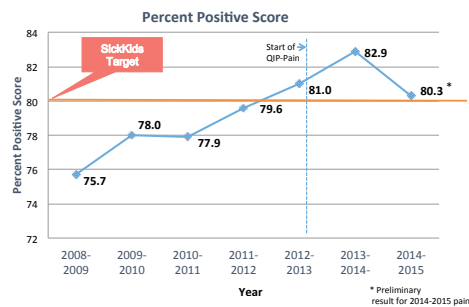


PAIN ASSESSMENT & INTERVENTIONS

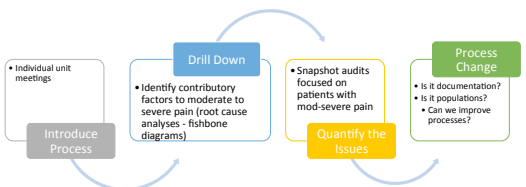


Percentages of inpatient units documenting pain assessment and interventions for moderate to severe pain (first 2 bar graphs). Proportion of inpatients experiencing at least one episode of moderate to severe pain (last bar graph).

PAIN SATISFACTION



PROCESS IMPROVEMENTS -TARGETING CLINICAL OUTCOMES



IMPROVEMENT INITIATIVES – SKILLS DEVELOPMENT



Skills Development

Development of interactive “on the spot” online pain assessment and management education modules targeting specific topic while continuing to promote existing comprehensive pain management education resources



Education for health-care professionals
Online Paediatric Pain Curriculum
www.sickkids.ca/OnlinePaediatricPainCurriculum



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Nociception: Transmitting Signals



The Brain Stem:

Receives signals sent from:

- Spinal cord (predominantly sent to thalamus)
- Higher brain structures


Transmits signals:

- Ascending, to higher central nervous system
- Descending, to spinal cord where it modulates the processing of sensory input from the periphery

Module 1 Neurobiology of Pain
Author: Simon Beggs

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Education for health-care professionals
Online Paediatric Pain Curriculum
www.sickkids.ca/OnlinePaediatricPainCurriculum



IASP defines pain as:

"An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage"

Click each circle to explore


- Acute Pain
- Chronic Pain

Module 3 Epidemiology and Taxonomy of Paediatric Pain:
Authors: Jennifer Hickman and Steven Weisman

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Online Paediatric Pain Curriculum
www.sickkids.ca/OnlinePaediatricPainCurriculum

Treatment: Overview



Best Fit Diagnosis

Treatment Goals

Treatment Planning

Module 3: Epidemiology and Taxonomy of Paediatric Pain
Authors: Fiona Campbell, Anna Huguet and Michael Sangster

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NEXT STEPS – PRACTICE CHANGE

Integrate KT **Strategies** as part of QIP-Pain

1. Audit and feedback/Process Improvement

- Root cause analyses (patient factors, unit factors)
- Working with the IT teams to ensure that the new electronic patient record system (EPIC) will include pain measures for electronic reporting for pain

2. Reminders

- utilize existing unit specific pain related initiatives
 - Currently many ad hoc unit specific initiatives e.g. daily CIP

3. Education

- Integrate OPPC for all health-care professions (new hires and existing staff)



NEXT STEPS: TARGETING AUDIT PROCESS

Electronic data capture - EPIC

- To be integrated across the Hospital
- Will be able to generate real time reporting
- Capture pain scores but also patient pain goals
- Correlate pain scores with pain type (i.e., acute, chronic)





We will do everything possible to prevent and treat pain.

- SickKids has joined a multi-site QI initiative aimed at implementing a needle poke pain prevention bundle
- Led by the Children's Hospitals and Clinics of Minnesota
- The overall aim is to implement a pain prevention bundle for needle pokes related to injection, venipuncture, and intravenous access.
- The bundle will give clinicians an evidence-based approach to offering four strategies:
 - ✓ numbing the skin
 - ✓ sucrose or breastfeeding in infants
 - ✓ comfort positioning, and
 - ✓ distraction

Funding provided from the Mayday Foundation

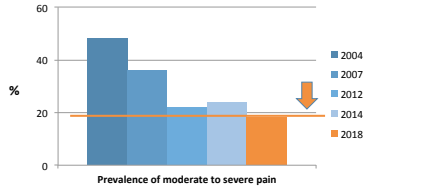


PAIN CENTRE STRATEGY (2015-2020)

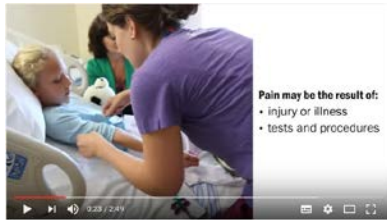
1. Lead in World Class Quality and Service Excellence
 Pain Centre Objective: To advance a culture of pain prevention within the context of family centered care

e.g. Focus QI initiatives on pain prevention and management targeting moderate to severe pain

Outcome: Decreased prevalence of moderate to severe pain <20%



PAIN MANAGEMENT AT SICKKIDS -VIDEO



QIP-Pain Participants

- Dr. Bonnie Stevens (co-director Pain Centre)
 - Dr. Fiona Campbell (co-director Pain Centre)
 - Jennifer Pepper & Marie Pinard (QRM)
 - Lorraine Bird (APN/CNS co-chair of PC Clinical sub-committee)
 - Jacqueline Hanley (APN/CNS)
 - Suzanne McGovern (Pain Centre Manager)
- QIP-P in the Hospital:**
- PICU: Craig Campbell, Sophie Joseph, Kaitlin Ames, Andrea McCormick, Lori Liske
 - CCCU: Patricia Sutton, Cecilia Hyslop, Education Committee
 - NICU: Lisa Fowler, Lisa Robinson, Christine Elliot, Carol McNair, Annette van Bergen, Brenda Greydon
 - 4D: Christine Clark, Carrie Morgan, Jennifer Kilburn, Diana Young, Carolyn Kaulback
 - SA/B: Judith Fanalen, Vandana Patel, Ashley Jorge, Samantha Passaud
 - 5C: Sarah Aitch, Sheila Rowed, Pattie Rowe, Kathryn Sebastien, Shanika Abraham, Una Karanovic
 - 6A/B: Lorrie Hagan, Celine Menezes, Jennifer Winter di Cola, Jacqueline Hanley
 - 7B/C/D: Kate Languish, Alexandra Schelck, Nadia Neumeyer, Chantelle Vankoughnet, Lynn Mack, Stuart Tammadge
 - SA/SE: Munira Nanji, Ann Chang, Jillian Bates, Jennifer McKison
 - 8B: Jennifer LaRosa, Sarah Courtney, Sheila Ghandi, Jillian Bates
 - 8C: Sarah Aitch, Sandhya Parekh, Sheila Rowed, Holly Buchanan



LET'S DISCUSS!



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