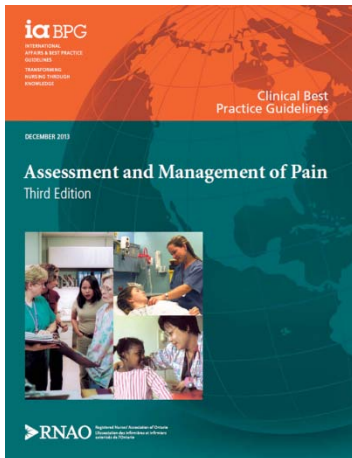# RNAO Best Practices: Evidence Booster

Effective Prevention and Management of Pain

Assessment and Management of Pain Third Edition (2013)

This best practice guideline (BPG) provides evidence-based recommendations for nurses and other members of the interprofessional team who are assessing and managing people with the presence, or risk of, any type of pain.

Pain is defined as an unpleasant sensory and emotional experience associated with actual or potential tissue damage[1]. Pain can be acute or persistent (chronic) or both at the same time. Unrelieved or poorly managed pain is a burden on the person, the health-care system and society[2]. Chronic pain costs the Canadian health-care system between $47 billion and $60 billion a year - more than HIV, cancer and heart disease combined[3].
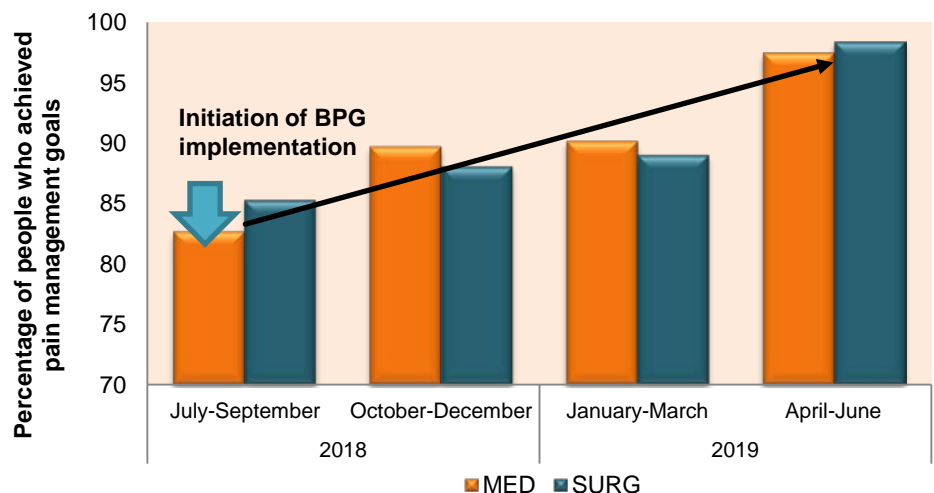
Aim: To examine changes in health outcomes associated with the implementation of the RNAO BPG *Assessment and Management of Pain Third Edition* (2013) in two Ontario hospital Best Practice Spotlight Organizations (BPSO).

Measure: Using indicators from the Nursing Quality Indicators for Reporting and Evaluation ® (NQuIRE®) data system to determine:
(a) percentage of people with pain, who achieved or maintained desired pain management goals during the measurement period
(b) percentage of people who reported their pain intensity as severe

Clinical improvement: Noted as a decrease in pain intensity and increase in pain management.

Figure 1: Percentage of people who achieved desired pain management goal in an Ontario hospital BPSO
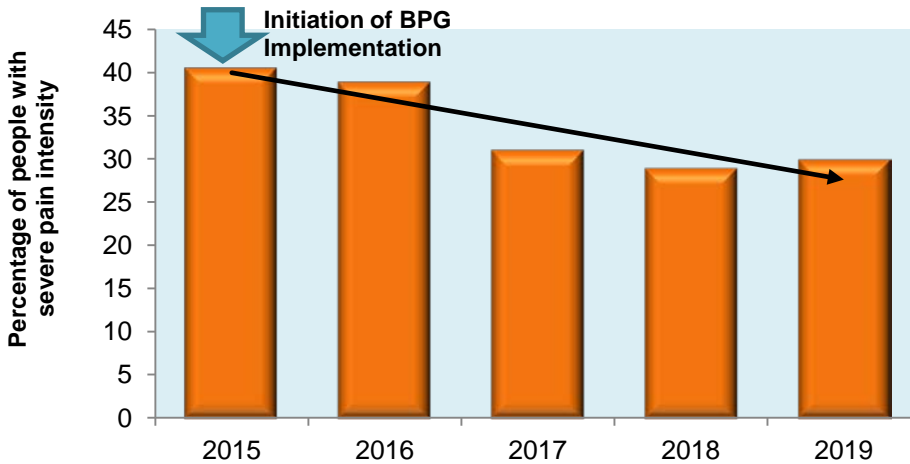

Impact: The medical unit in this Ontario hospital BPSO reported a 14.7 per cent increase (82.7 per cent to 97.4 per cent) in people achieving their pain management goals from July 2018 to June 2019. The surgical unit reported a 13.1 per cent increase (85.3 per cent to 98.4 per cent) in people achieving their pain management goals during the same measurement period.

Practice changes

This BPSO implemented multiple practice changes including integrating the patient and family's perspective in nursing pain assessments and using the BPSO status board in their electronic medical record to review pain assessment and management concerns, as well as optimizing nursing documentation. Nursing documentation was updated to include the specific timing of when pain assessments should be conducted (i.e. upon admission, change in medical condition, prior to conducting a procedure, during procedures and post procedure) to support with completion of pain assessments at appropriate times.

Figure 2: Percentage of people with severe pain intensity in an Ontario hospital BPSO

Impact: This Ontario hospital BPSO surgical unit had an 11.5 per cent decrease (40.4 per cent to 28.9 per cent) in the percentage of people who reported their pain intensity as severe, from July 2015 to June 2019.

Practice changes

Several strategies were adopted to support the implementation of evidence-based pain assessment and management recommendations. Practice changes included updating pain documentation by integrating a structured and systematic approach to pain assessment on admission guided by the mnemonic OPQRSTUV (onset, provoking/palliating, quality, region/radiation, severity, treatment, understanding and values) to align with guideline recommendations. Unit policies were also updated to ensure pain assessments were completed at least twice a shift.

Conclusion: These analyses demonstrate an increase in the percentage of people with pain who achieved or maintained their desired pain management goals and a decrease in the percentage of people who reported their pain intensity as severe for two Ontario hospital BPSOs that implemented the RNAO BPG *Assessment and Management of Pain Third Edition* (2013).

RNAO launched the BPG Program in 1999[4] with funding from the Government of Ontario. The 53 evidence-based BPGs developed to date are transforming nursing care and interprofessional work environments in all sectors in health systems worldwide. BPSOs are health-care and academic organizations that implement and evaluate these BPGs. Currently, there are over 900 BPSO sites across Canada and around the globe.

NQuIRE[5], a unique nursing data system housed in the International Affairs & Best Practice Guideline Centre, allows BPSOs to measure the impact of BPG implementation worldwide. The NQuIRE data system collects, compares, and reports data on human resource structure, guideline-based nursing-sensitive process, and outcome indicators.

References

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[4] Grinspun, D., Virani, T., & Bajnok, I. (2002). Nursing best practice guidelines: The RNAO (Registered Nurses' Association of Ontario) project. *Hospital Quarterly,* 5(2), 56-60.

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