RNAO Registered Nurses' Association of Ontario
L'Association des infirmières et infirmiers
autorisés de l'Ontario

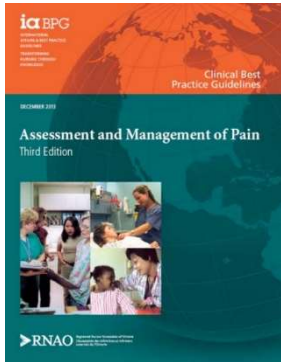**NQuIRE®**

LTC LONG-TERM CARE BEST PRACTICES PROGRAM

RNAO Best Practices: Evidence Booster

The impact of the implementation of RNAO's *Assessment and Management of Pain* BPG

Assessment and Management of Pain (third edition)

The purpose of RNAO's [*Assessment and Management of Pain*](#) best practice guideline (BPG) is to help health professionals become more confident and competent when assessing and managing the presence or risk of any type of pain.

Holland Christian Homes

Holland Christian Homes (HCH) is a long-term care (LTC) Best Practice Spotlight Organization® (BPSO®) located in Brampton. HCH is committed to providing a supportive, secure, caring and Christian environment that encourages independence, preserves each person's dignity, and promotes a high quality of life for seniors. HCH continues to strive towards higher standards of quality, best practices and resident satisfaction. As part of their quality improvement initiative, HCH has implemented RNAO's *Assessment and Management of Pain* BPG at two of their sites—Grace Manor and Faith Manor—to address gaps in assessing and managing pain and reduce the incidence of worsening pain among their residents.

Aim: To examine the clinical outcomes associated with the implementation of RNAO's *Assessment and Management of Pain* BPG at Grace Manor in Brampton.

Measures: The Nursing Quality Indicators for Reporting and Evaluation® (NQuIRE®) data system was used to determine the percentage of residents:
• with documented screening for pain on admission or upon initiation of care
• whose pain worsened during the measurement period

Clinical improvement: There was an increase in the percentage of residents with documented screening for pain on admission or upon initiation of care and a decrease in the percentage of residents whose pain worsened from the first half of 2018 to the first half of 2022.

Note on reporting periods in the figures below: "H1" denotes data from January – June and "H2" denotes data from July – December.

Figure 1: Percentage of residents with documented screening for pain on admission or upon initiation of care from H1 2018 to H1 2022
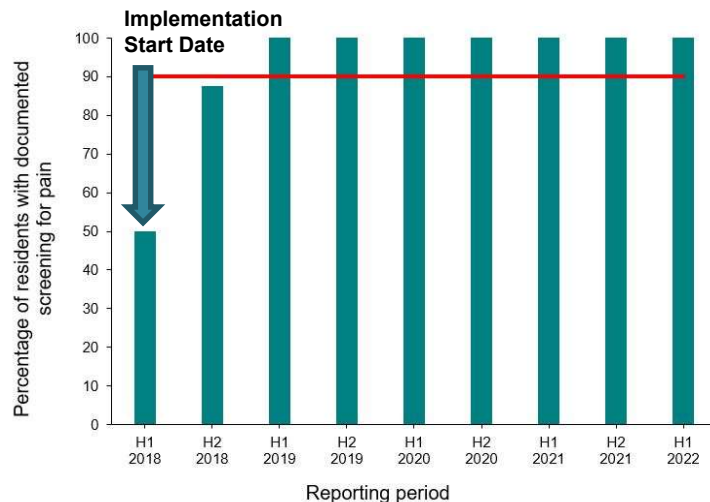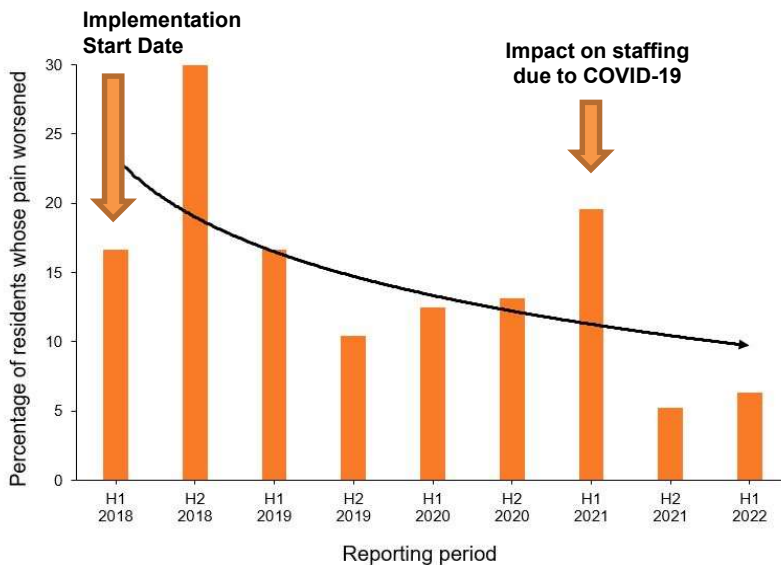

Impact: There was a 50 per cent increase in the percentage of residents with documented screening for pain – from 50 to 100 per cent – after one year of BPG implementation.

Practice changes

HCH began implementing this BPG at Grace Manor in 2018. HCH developed pain management policies and procedures (PMPP) to ensure assessment of the presence, cause and severity of pain on admission, readmission, and on a quarterly basis or upon a significant change in condition. Implementation goals include reducing risk of pain and incidence of unmanaged pain, and addressing pain in a timely manner. Onsite training and producing materials such as brochures and posters for all staff and students helped with BPG implementation.

November 2022

Figure 2: Percentage of residents whose pain worsened during the measurement period between H1 2018 and H2 2022The


Impact: There was a 11.4 per cent decrease (from 16.7 per cent to 5.27 per cent) in the percentage of residents whose pain worsened from H1 2018 to H1 2022.

Practice changes

Key strategies within the PMPP included:

● **pain management plan**: A written plan for pain management in the resident's plan of care is developed within 24 hours of admission and is completed by the interprofessional team, resident and family. The pain management plan is routinely updated and adjusted based on the RAI-MDS 2.0 assessment.

● **purposeful hourly rounding**: Purposeful hourly rounding aims to proactively identify and prevent potential risks which could lead to pain (for example, a fall or pressure injury). It includes a pain screen to identify pain in a timely manner, ensure possessions are within resident's reach, assistance with personal needs and position change as required.

● **pain huddle**: A pain huddle will take place when pain is not well managed. It is an opportunity to allow the interprofessional team to discuss with the resident or family about the details/history of the resident, possible triggers or causes of pain and current pain management strategies and interventions. The team will implement any new pain management strategies identified through the huddle, as required.

Conclusion: HCH demonstrated that the implementation of this BPG led to a 50 per cent increase in the percentage of residents with documented screening for pain and a 10.4 per cent decrease in the percentage of residents whose pain worsened from the first half of 2018 to the first half of 2022.
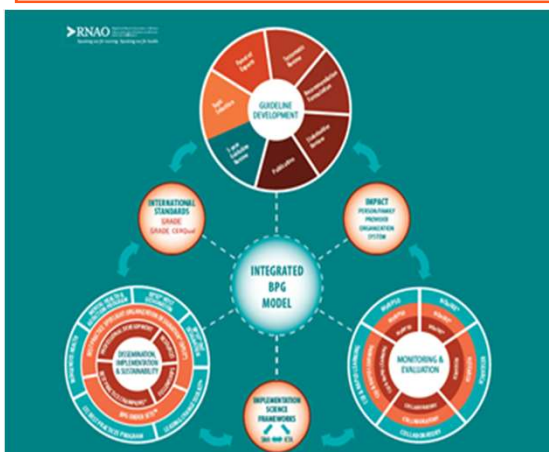
RNAO launched the BPG Program in 1999[1] with funding from the Government of Ontario, Canada. The evidence-based BPGs developed to date are transforming nursing care and interprofessional work environments in all sectors in health systems worldwide. BPSOs are health service and academic organizations that implement multiple BPGs through a formal agreement and systematic process, as well as evaluate their impact on health and organizational outcomes[2].

NQuIRE[2,3], a unique nursing data system housed in the International Affairs and Best Practice Guideline (IABPG) Centre, allows BPSOs worldwide the ability to measure the impact of BPG implementation. The NQuIRE data system collects, compares and reports data on human resource structure, guideline-based nursing-sensitive process, and outcome indicators. Contact us by email at NQUIRE@RNAO.ca for more details. To learn more about RNAO's IABPG Centre, please visit RNAO.ca/bpg. This work is funded by the Government of Ontario. All work produced by the IABPG Centre is editorially independent from its funding source.

References

[1] Grinspun, D. (2018). Transforming nursing through knowledge: The conceptual and programmatic underpinnings of RNAO's BPG program. In D. Grinspun & I. Bajnok (eds.), *Transforming nursing through knowledge: Best practices for guideline development, implementation science and evaluation* (pp. 3-25). Sigma Theta Tau International.

[2] Naik, S., Voong S., Bamford, M., Smith, K., Joyce, A., & Grinspun D. (2020). Assessment of the Nursing Quality Indicators for Reporting and Evaluation (NQuIRE) database using a data quality index. *Journal of the American Medical Informatics Association, 27*(5), pp. 776-782.

[3] VanDeVelde-Coke, S., Doran, D., Grinspun, D., Hayes, L., Sutherland Boal, A., Velji, K., White, P., Bajnok, I., & Hannah, K. (2012). Measuring outcomes of nursing care, improving the health of Canadians: NNQR (C), C-HOBIC and NQuIRE. *Nursing Leadership*, *25*(2): 26-37.