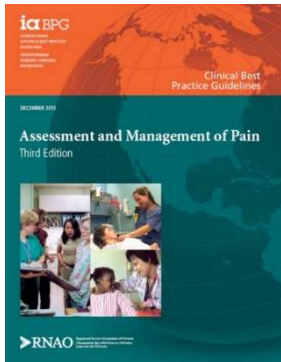# RNAO Best Practices: Evidence Booster

The impact of implementing *Assessment and Management of Pain* BPG

Assessment and Management of Pain (Third Edition, 2013)

The purpose of RNAO's best practice guideline (BPG), *Assessment and Management of Pain (Third Edition, 2013)*, is to help nurses become more comfortable, confident and competent when assessing and managing people with the presence or risk of any type of pain.

Watford Quality Care Centre is a Long-Term Care Best Practice Spotlight Organization® (LTC-BPSO) located in Watford, Ontario, Canada. WQCC is committed to providing holistic care with an emphasis on quality, compassionate care for each and every resident and family through the contributions of the care team. The home continues to strive to be a leader in resident-centered care through a continuing process of change. The home has implemented RNAO's *Assessment and Management of Pain* (Third Edition, 2013) BPG to address the gap in pain management and reduce the incidence of severe pain among their residents.

Aim: To examine the clinical outcomes associated with the implementation of RNAO's *Assessment and Management of Pain* (Third Edition, 2013) BPG in Watford Quality Care Centre (WQCC; a long-term care home in Watford, Ontario).

Measures: The Nursing Quality Indicators for Reporting and Evaluation® (NQuIRE) data system was used to determine: (a) percentage of residents who reported their pain intensity as severe; and (b) percentage of residents who screened positive for pain with documented comprehensive pain assessment.

Clinical improvement: There was a decrease in the percentage of residents who reported their pain intensity as severe and an increase in the percentage of residents who screened positive for pain with a documented comprehensive pain assessment.

Figure 1: Percentage of residents who screened positive for pain with documented comprehensive pain assessment between 2019 Q3 to 2021 Q4
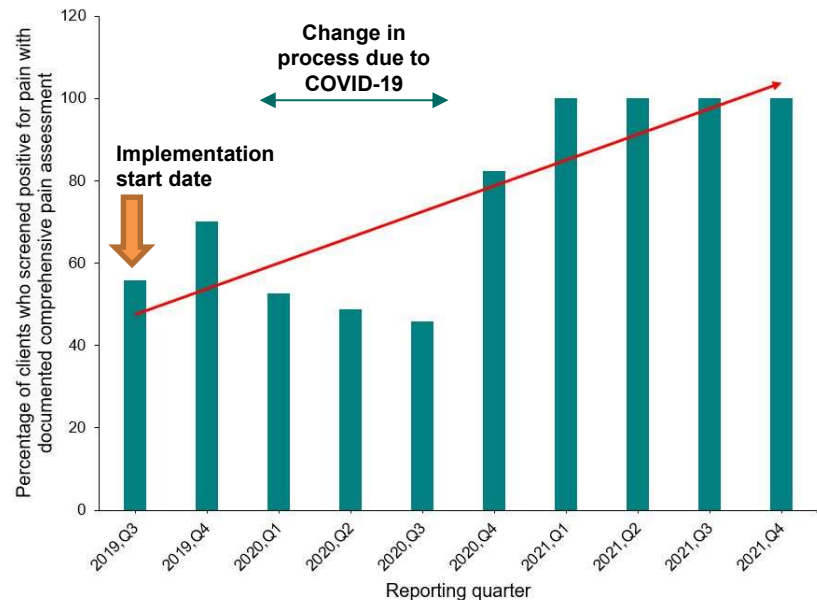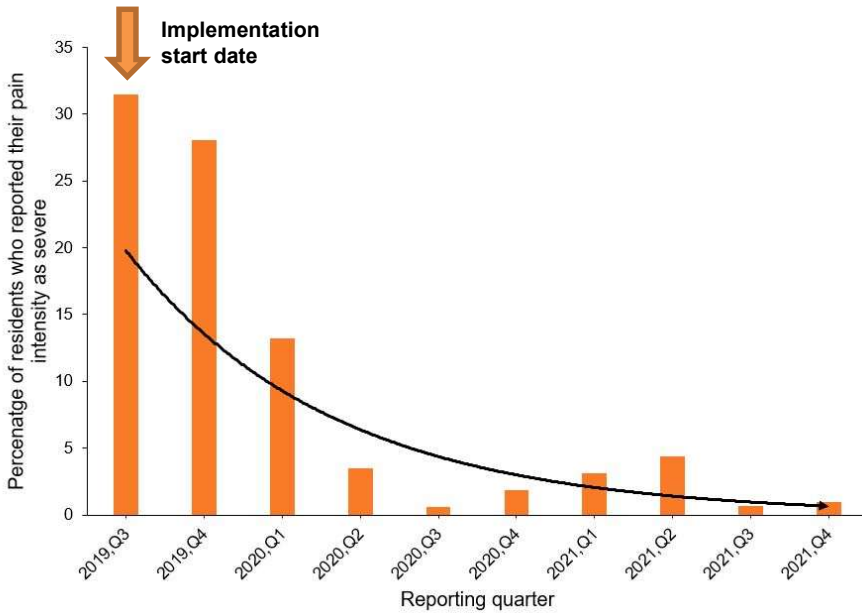
Impact: There was a relative increase of 44.1 per cent in the number of residents who screened positive for pain with a documented comprehensive pain assessment (from 55.9 per cent to 100 per cent.)

Practice changes

WQCC implemented the *Assessment and Management of Pain* (Third Edition, 2013) BPG across their organization. The BPG implementation strategies focused on interprofessional and intersectoral collaboration, as well as early recognition and interventions for pain. The following section outlines the key implementation strategies that led to the clinical improvement represented using NQuIRE data.

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Figure 2: Percentage of residents who reported their pain intensity as severe between 2019 Q3 to 2021 Q4


Impact: There was a relative decrease of 30.5 per cent in the number of residents who reported their pain intensity as severe (from 31.5 per cent to 1 per cent.)

Practice changes

- Personal support workers actively perform pain screening during their shifts. The pain screening is performed a minimum of once per shift, per alerts and reminders from the home's electronic health system.

- Upon recognition of pain from screening, a registered nursing staff performs a validated comprehensive pain assessment to determine if an intervention is required.

- For recognized pain, a non-pharmacological intervention (i.e., warm blanket, cold compress) is considered a starting point. A follow-up comprehensive pain assessment is performed after an intervention.

- If the intervention(s) did not work, the resident is referred to a physician where the up-to-date pain data from the routine pain screenings and comprehensive pain assessments support effective assessment and management of pain.

Conclusion: WQCC demonstrated that the implementation of the *Assessment and Management of Pain* (Third Edition, 2013) BPG led to a decrease in the percentage of residents who reported their pain intensity as severe and an increase in the percentage of residents who screened positive for pain with a documented comprehensive pain assessment.
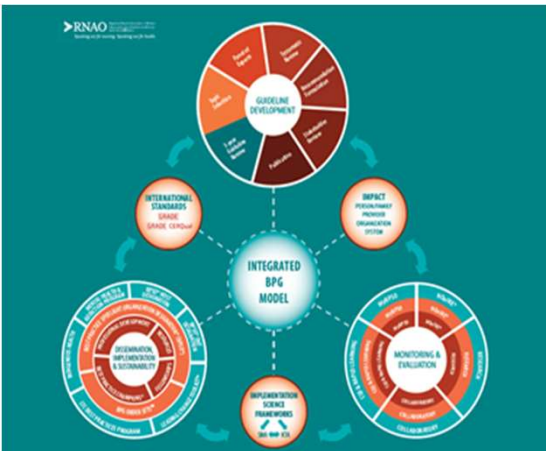
RNAO launched the BPG Program in 1999[1] with funding from the Government of Ontario, Canada. The evidence-based BPGs developed to date are transforming nursing care and interprofessional work environments in all sectors in health systems worldwide. BPSOs are health service and academic organizations 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 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 RNAO 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.

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