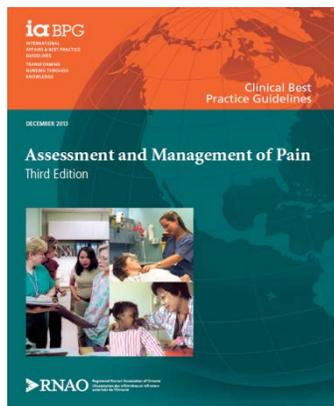## RNAO Best Practices: Evidence Booster

Best Practice Guideline Implementation to Reduce Pain

Assessment and Management of Pain, 2013 (3rd Ed.)

The purpose of this guideline is to provide 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.

One in five Canadians have moderate to severe persistent (chronic) pain[1,2] and have a lower quality of life compared to other chronic diseases[2]. Chronic pain costs Canadians over $6 billion a year in direct health care which is more than the cost of HIV, cancer, and heart disease combined[2,3]. The productivity costs due to sick time and job loss amount to $37 billion per year for Canada[2,3].

Aim: To examine changes in health outcomes associated with the implementation of the RNAO best practice guideline (BPG) *Assessment and Management of Pain, 2013* (3rd Ed.), in one Home Care Best Practice Spotlight Organization® (BPSO®) and one Long-Term Care (LTC) BPSO.

Measure: Use indicators from the Nursing Quality Indicators for Reporting and Evaluation® (NQuIRE®) data system to determine: (a) percentage of clients reporting that their pain was "always" well controlled from 2015 to 2017 and (b) percentage of residents whose pain worsened (higher pain scale score on their target assessment than on their prior assessment) from 2016 to 2017.

Clinical improvement: Noted as an increase in the clients reporting satisfaction with pain control and a decrease in residents with worsened pain.

Figure 1: Annual average percent of clients who reported satisfaction with pain control in two BPSO locations of a Canadian Home Care BPSO, 2015 to 2017
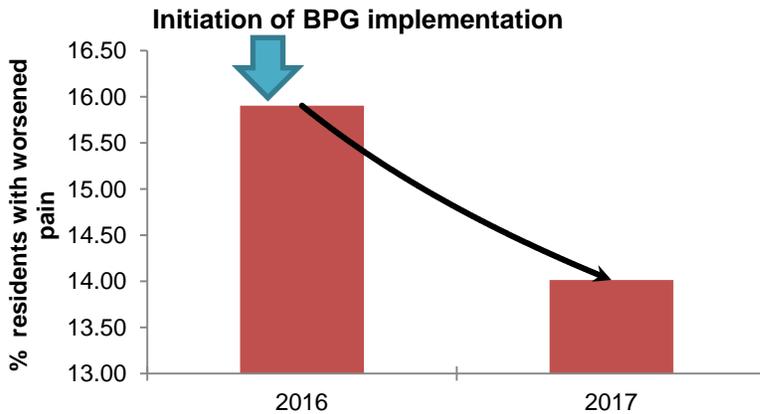

Impact: From 2015 to 2017, for BPSO location 1, there was an increase of 21 percentage points resulting in a relative increase of 30 per cent (69% to 90%) . For BPSO location 2, there was an increase of 48 percentage points resulting in a relative increase of 104 per cent (46% to 94%) in clients who reported that their pain was "always" well controlled.

Practice Changes

The Home Care BPSO implemented the BPG across the organization and revised how client care assessments are conducted. Nurses conduct initial pain assessments which include standardized screening for pain. This helps to identify clients who need a pain management care plan. If pain is identified on admission, then an individualized pain management care plan is developed and implemented and monitored by the interprofessional team, to support better pain control.

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Figure 2: Annual average percent of residents whose pain worsened, 2016 to 2017, in Ontario LTC BPSO

Impact: The percentage of residents with worsened pain decreased by 1.93 percentage points resulting in a relative decrease of 12 per cent (15.94 to 14.01) from 2016 to 2017 in an Ontario LTC BPSO.

Practice Changes

Since 2016, this Ontario LTC BPSO has undertaken several practice changes that include: pain assessment completed within 24 hours of admission, comfort care rounding implemented throughout the home, and hourly screening of residents for pain. The Pain Assessment IN Advanced Dementia (PAINAD) tool replaced the Abbey Pain Assessment Scale and now all LTC home staff use the PAINAD tool which is also integrated into the BPSO's documentation system. To bridge any communication gaps, a pamphlet was developed for residents and family regarding pain management. Education has improved communication amongst the interprofessional team and increased uptake of the practice changes.

Conclusion: This analysis demonstrates a considerable increase in client satisfaction in pain control for a Home Care BPSO and a decrease in annual average percentage of residents whose pain worsened for a LTC BPSO implementing RNAO's best practice guideline, *Assessment and Management of Pain, 2013* (3rd Ed.)*.*

RNAO launched the BPG Program in 1999[4] with funding from the Ministry of Health and Long-Term Care in Ontario, Canada. 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 BPGs and evaluate the impact of their efforts, using NQuIRE and other data systems. Currently, there are 109 BPSOs across Canada and around the globe, representing more than 550 implementation sites.

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 by BPSOs worldwide. The NQuIRE data system collects, compares, and reports data on human resource structure, guideline-based nursing-sensitive process, and outcome indicators.

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