



Palliative Care Program NCCCR



Title : Managing Cancer Pain - The Palliative Care Approach

Problem : Pain is one of the most common symptoms associated with cancer. 70 - 90 % of patients with advanced disease experience pain.
(Jacobson R, et al 2014)

- Aim :**
1. To improve the patients’ pain experience within the palliative care continuum.
 2. To identify, develop & verify competencies of all staff caring for palliative care patients with pain symptom.

Team :

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Coach :

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Intervention: Assessment

1. Comprehensive initial pain assessment (OPQRSTUV) approach is considered within 24 hrs of admission to palliative care program.
2. Pain severity assessment is documented daily using Edmonton Symptom Assessment System-revised (ESAS-r) tool for all palliative care patients who experience pain.

O- Onset
P- Provoking / palliative
Q-Quality
R- Radiating
S- Site
T-Treatment
U-Understanding
V-Value

Planning

1. Identifying pain management - specific goals by interdisciplinary palliative care team.
2. Goals are documented in the interdisciplinary plan of care form.
3. Identified goals are reviewed on a daily basis and discussed in the palliative multidisciplinary team meeting.

Management

1. Compliance to standardized palliative care pain management through established guidelines.
2. Completion of medication order set for pain within 24 hrs of admission.
3. Prescription of regular and breakthrough analgesia.
4. Limitation: The completion of initial assessment form and the medication order set are challenging for weekend admissions.

Evaluation

1. Use of nursing pain flowsheet to assess the outcome of pain management (reduction of pain severity score by atleast 2 points within 24 hours.)
2. Assessment for pain severity every 4 hours and more often according to the patients’ condition and plan of care.
3. Continuous monitoring of performance measures.

Results: The graphs represent the data of performance measures for a period of 24 months

Shows mixed compliance; reasons for non-compliance include “Patients had pain but OPQRST was not filled up.”

Has 100 % (86/86) compliance rate in acheiving atleast 2 points reduction in pain severity score within 24 hours.

Initiated in Jan 2013

No new palliative patients accepted

Non-compliance reasons include “patients were receiving weak opioids but breakthrough dose not prescribed.”

“Completed after 24 hours & weekend admissions “ were identified as reacons.

No new palliative patients accepted

Conclusion:

1. Key performance measures related to cancer pain management showed result of mixed compliance, opening up avenues for continual improvement. However, patients’ overall pain relief upon admission to palliative care has been outstanding.
2. Continuous monitoring of performance measures, giving focus to the deficiencies; and to solicit the active participation of entire interdisciplinary team to achieve optimal compliance is needed.

Next Steps

1. Evaluate the effectiveness and applicability of the current performance measures.
2. Continue monitoring of performance with the guidelines of quality improvement bodies such as JCI and IHI.