Implementation of education
A programme to improve pain management

The project
• A two-year programme was devised at University College London Hospitals (UCLH) to sustainably educate nursing staff in pain management.
• The role of a clinical practice facilitator (CPF) was considered essential in the pilot for the education roll-out.
• The areas were prioritised based on the number of pain-related incident forms and recurrent admissions for patients with chronic pain.

The challenge
The 2011/12 Care Quality Commission visit determined that although UCLH manages inpatient pain ‘about the same’ as most other NHS trusts, there was significant room for improvement.

The response
The CPF delivers an individualised approach to pain education by assessing current ward levels of awareness and practice (see Figure 1).

Figure 1. Ward-based teaching of pain assessment with the NEWS chart. (From left: nursing assistant, student nurse, the CPF and staff nurse)

The level of awareness and practice to manage pain effectively was evaluated using an anonymised questionnaire under three key themes: (See figure 2)
1. Acute pain management
2. Chronic pain management
3. Opioids

This identifies individualised educational opportunities for each ward. Varied tools are then employed by the CPF in conjunction with the Inpatient Complex Pain Team to deliver the educational programme. The aim is to enhance pain knowledge and improve staff attitudes and behaviours around pain care that affect the patient’s experience.

Figure 2. Pre and post teaching survey questionnaires based on 16 wards

The follow up questionnaires have identified that staff have greater awareness and confidence assessing and managing patients affected by pain.

Results
The education programme has improved staff understanding of pain mechanisms and enabled them to better manage the complexity of patients with acute and chronic pain. Over 9,000 staff have completed the education programmes. The follow up questionnaires have identified that staff have greater awareness and confidence assessing and managing patients affected by pain.

In addition, other related metrics such as the completion of pain scores as part of the National Early Warning Signs have seen an improvement following the educational intervention (see Figure 3).

Figure 3. Compliance with pain scoring on ward 1, pre and post implementation of the education programme

Lessons learned
Support from senior nursing staff from the outset is essential. The creation of a ‘pain champion’ role among existing staff has increased engagement and education uptake. Early planning is essential to allow for the inclusion of education as part of the staff rota.

‘I had the bad practice of estimating patients’ pain before the training but now I’m better at assessment and escalation of pain to the team.’
– Registered nurse, University College Hospital

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