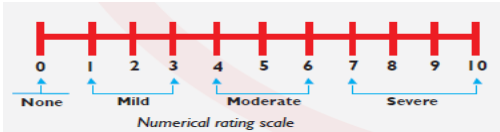
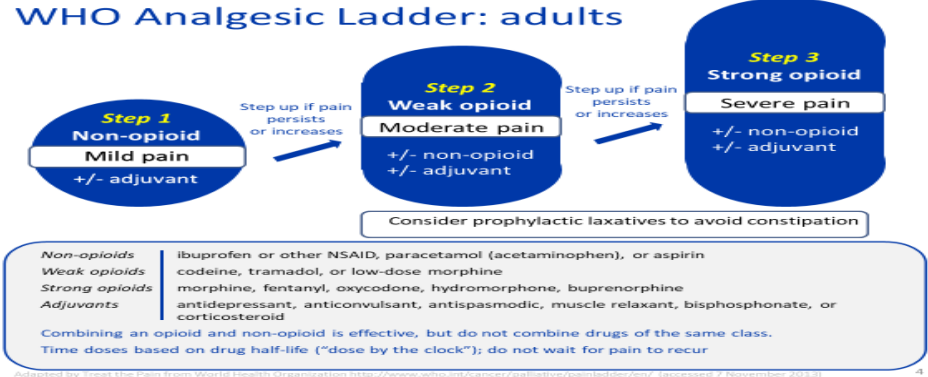


Pain Free Hospital Initiative Implementation Manual



WHO Analgesic Ladder: adults



October, 2018



Federal Ministry of Health



TREAT THE PAIN
 A program of the American Cancer Society

Table of Contents

Page

Section 1 Introduction

Section 2 Operational standards

Section 3 Implementation Guidance

3.1 Implementing pain as a 5th vital sign 4

3.2. Hospital Pain Assessment and Management protocol

3.3. Health Workers Education

3.4 Availability of Pain Medications

3.5 Patient Education

3.5 Pain Free Hospital implementation and Pain clinical Audit

Section 4 Implementation Checklist and Indicators

4.1 Assessment tool for Operational Standards

4.2 Implementation Checklist

4.3 Indicators

Source Documents

Appendices

Appendix 1 Pain Free Hospital Implementation Templet

Appendix 2 Hospital Pain Policy Templet

Appendix 3 Pain on medical records / Pain Score as 5th Vital sign on Routine Observation Sheet or vital sign sheet and physical examination sheet. Templet adapted from EHSTG

Appendix 4 National Pain Management Guideline to be adopted for Hospital pain management protocol

Appendix 5

Tables

Table 1 Pain Free Hospital Management Operational Checklist

Table 2 Pain Management Indicators

Abbreviations/Acronyms

| | |
|--------|--|
| EHSTG | Ethiopian Health Service Transformation Guideline |
| EHSTQ | Ethiopian Health Service Transformation in Quality |
| FMHACA | Food, Medicines and Healthcare Administration and Control Authority |
| FMOH | Federal Ministry of Health |
| HC | Health Center |
| HO | Health Officer |
| IASP | The International Association for the Study of Pain |
| PFHI | Pain Free Hospital Initiative |
| RHB | Regional Health Bureau |
| SMT | Senior Management Team |
| WHO | World Health Organization |

Section 1 Introduction

has defined pain as “unpleasant sensory and emotional experience associated with actual or potential tissue damage.” Pain is widely untreated; causing suffering and financial loss to the individual and society. Large numbers of patients in middle and low-income countries suffer from acute or chronic pain, but the health care givers mostly do not treat pain. Several reasons have contributed to millions of people suffering and dying with moderate to the worst possible pain; some of these are legal and regulatory restrictions, cultural misperceptions about pain, inadequate training of healthcare providers, concern about diversion, addiction, and abuse.

In Ethiopia, it is estimated that nearly 60,000 people die each year in unnecessary moderate or severe pain from HIV or cancer. In 2014, the Federal Ministry of Health (FMOH) with the American Cancer Society Treat the Pain Program launched the Pain-Free Hospital Initiative (PFHI), a one-year hospital-wide quality improvement initiative to integrate pain treatment into service delivery by providing education for hospital staff, raising motivation and awareness, measuring and documenting pain levels, and improving medicine supply.

The Pain Free Hospital Initiative Implementation Manual is a hands-on document to guide a hospital through a step by step implementation of the Pain Free Hospital Initiative. Section one explains the detailed operational standards required to implement PFHI in a hospital, followed by section two which is the implementation guideline on how a hospital can implement PFHI. Section three contains the Implementation Checklist and Indicators and section four lists the sample documents that can be used by the hospital.

Section 2 Operational Standards for Pain Free Hospital Initiative Implementation

1. The hospital has assigned a pain management focal person or team that will be responsible for the proper implementation of Pain Free Hospital Initiative.
2. The hospital has implemented pain as a 5th vital sign.
3. The hospital has written and approved an adult and pediatric standardized Pain Management Protocol which is adapted from the WHO analgesic ladder and national pain management guideline.

4. The hospital has made the pain management protocols visible and available in wards and clinical areas.
5. The hospital has a plan and process to identify training needs, plan and conduct training to educate staff on standard Pain Assessment and Management practice.
6. The hospital has educated patients on appropriate reporting of pain and proper utilization of pain medication.
7. The hospital ensured the availability of essential pain medications (Non-opioids, weak Opioids and Opioids).
8. The hospital has conducted regular pain assessment and management audit.

Section 3 Pain Free Hospital Initiative Implementation Guidelines

Healthcare workers often underestimate the impact of poorly managed pain in their everyday work. Poorly managed pain affects individuals with their day-to-day physical activity, emotional wellbeing and sometimes that of their family. Pain can lead to reduced mobility and consequent loss of strength; compromise the immune system; and interfere with a person's ability to eat, concentrate, sleep, or interact with others. Pain touches not only individuals; it affects any individual's ability to work and consequently impacts on both their community and society. The following operational guideline assists any hospital to improve pain management practice.

3.1 The management of the hospital has an assigned pain management focal person or team to oversee the implementation of Pain Free Hospital Initiative

The hospital should assign a focal person or a team to coordinate the implementation of the Pain Free Hospital Implementation. There should be an official letter or minutes of a senior management meeting that assigns the person or the team to coordinate the implementation of Pain Free Hospital activities.

It is recommended that a quality focal person, or quality department to be assigned to the task as this is the most relevant to the indicated task.

The major activities of the PFH coordinator or focal person team includes but is not limited to the following activities;

1. Prepare Pain Free Hospital Implementation work plan. The work plan should describe the activity, timeline and budget, if required. A Pain Free Hospital Work Plan template is attached as Annex 1.
2. Conduct Baseline Hospital Baseline Average Pain Level Assessment, Opioid Consumption Assessment and Health workers Pain knowledge and Attitude Assessment at the launch of PFHI and re do it every quarter and track results:
 - Average Pain Analysis Template is attached as Annex 2, Pain Knowledge Analyzer Tool is attached on Annex 3 and Opioid Consumption reporting tool is attached as Annex 5.
3. Launch Pain Free Hospital in their respective hospital – Communicating to all health workers about Pain Free Hospital Initiative and awareness raising on the endorsement of pain as the 5th vital sign, Objectives of Pain Free Hospital initiative and expectations from health workers.
4. Coordinate the patient education activities.
5. Coordinate the Pain Free Implementation and clinical audit, documentation, reporting, action plan preparation and communication with management.
6. Responsible to send a quarterly report to the woreda, zone, regional health bureaus and to Federal Ministry of Health. To support integrated supportive supervision team from zonal regional or federal level.
7. Plan and coordinate program for education and motivation of health workers in the hospital.
 - 7.1. Ensure at least 50% of existing hospital staff are certified for Standard Pain Assessment and Management Training.
 - 7.2. Ensure regular training schedule is in place according to the selected in-service training methodology.
 - 7.3. Ensure new staff are oriented about Pain policy and Pain Free Hospital when they join the hospital and are formally trained within 3 months of joining.
 - 7.4. Ensure standard Pain Assessment and Management training materials are available in all wards and clinic areas and other clinical units.
8. Ensure protocols and guideline on management of pain are available for reference in all wards and clinics.

3.2. The hospital has implemented pain as a 5th vital sign

To implement pain as a 5th vital sign:

- The hospital should have a written policy on pain that states that pain is the 5th vital sign and should be assessed regardless of the patient condition so health care workers should promptly listen to the patients' report of pain, assess using standard pain assessment tools and properly manage according to the standardized pain management protocol.
- The hospital should promote the pain policy and introduce it to all staff using hospital regular meetings, morning meetings, posting it in a visible area etc. All health workers in the hospital are expected to know pain is the 5th vital sign.
- The hospital should include a pain score in the Routine Observation Chart (Vital sign charting form) and patient history taking form either in the electronic or paper form.
- Pain scores should be recorded when vital sign measurements are needed, pain scores should be assessed and recorded in the routine observation sheet and or on the patient history taking form.

3.3 Pain Assessment and Management Protocol

The hospital should have a written standardized Pain Management Protocol that has adult and pediatric management of pain with acute and chronic pain. The protocol must be derived from the National Pain Management guideline and according to the WHO analgesic ladder. The pain management protocol should be approved by the hospital senior management staff meeting.

- The hospital should promote the pain management protocol and hospital staff to use the protocol to standardize pain management practice of the hospital.
- All staff should know the existence of the hospital pain management protocol and must use it to assess and manage pain. All hospital staff must know how to use standard pain assessments for adults, children and patients with limited ability to communicate. Staff are also expected to have a detailed understanding of the WHO analgesic ladder for adult and children.
- The pain management protocol should be put in all accessible areas in all wards.

3.3 Health Workers Education

Hospitals should have a process put in place to assess and identify the training need with regards to pain management practice. The hospital should then educate staff on standard pain assessment and management theories and practice. Staff are also expected to update themselves on current principles and standards of pain management. Hospital health workers at minimum should know;

1. The definition pain, the concept of total pain, the mechanisms of pain.
2. The standard pain assessment practice for adult, pediatrics and a person with limited communication skill/ICU patients/.
3. WHO analgesic ladder.
4. Pain Medications with appropriated dosage calculation and dose titration, Addiction and Dependence, Side effect and Toxicity
5. Non-pharmacological management of pain/ physiological, social, spiritual care

The hospital should motivate health workers on the importance of pain treatment and change the attitude towards recognizing, assessing and treating pain. The hospital shall assure health workers are equipped with standard knowledge and skills on pain assessment and management.

The hospital shall ensure that over a 12 months period of implementation, 70% the health workers shall have the standard knowledge and skills of pain assessment and management.

Different in-service training methods shall be applied based on the interest of the health workers interest.

- **Formal training(12 hours):** two days training on Pain Assessment and Management according to the national training guideline.

- **Planned reading:** for health workers who prefer reading rather than attending lectures there should be a planned reading schedule. The standard pain assessment and management training must be finalized in one month. The staff who chose this method must take pre reading evaluation and post reading evaluation.
- **Self-paced reading:** for senior health workers with limited time the Pain Assessment and Management reading can be self-paced but must be finalized in three months.

In all cases, the staff who score 75% correctness on the Standard Pain Knowledge and Attitude Test will be certified. The hospital should have 50% of the staff certified for pain knowledge and attitude test at any given time.

The hospital should have a written procedure to provide orientation about the pain policy of the hospital and the training methods for any new health worker before assigned to the formal duty.

Additional health workers training mechanisms:

- Morning Meeting Presentations
- Pain Case Presentations
- Poster and other visual job aids
- Research outcome presentations

It is essential that within a case team, ward/unit or department there exists a clear rule that states every staff is expected to have the knowledge and skill of pain assessment and management that delineates the roles and responsibilities of the hospital and the staff in delivering and taking the training.

In general, the hospital pain team must assure that all the necessary policies, training and supplies are available in accordance with the standards indicated above. Please refer to the detailed role and responsibilities of the hospital pain management focal person or team in 3.1 of this section

3.4 Patient Education

Hospital staff should give health education for all patients about reporting pain levels and seeking health workers support whenever they feel pain, also to incorporate family members and other caregivers, who often play a strong role in facilitating patient care. Patient education may be mass education or one to one- education.

One to one education:

Health workers should explain how pain is assessed and its benefit at any time of pain assessment (eg. for patients whose pain is assessed for the first time as “pain assessment in adult is self-reporting, giving correct information helps health workers to give the correct medication and dose”. For adults who can communicate, approach them with an explanation of the pain assessment scale: “e.g. in a scale of 0 to 10; 0 means no pain and 10 is the worst possible pain, please score your pain level”).

Health workers should educate the patient and caregivers on, safe handling and proper utilization of pain medications. Patient education must stress on the dangerous consequence of passing pain medication on to another person without prescription. This support shall be inclusive to all types of patients (educated, not educated, blind, deaf, elderly and other psychological and physical limitations)

Patient mass education:

The hospital can efficiently educate patients and caregivers by utilizing mass education mechanisms. This should include all patients, /educated not educated, blind or deaf etc./

- Post information about how to report pain in a visible area
- If the hospital has a video facility, a short video can teach patients and caregivers in the patient waiting area.
- Lectures in patient waiting area; give education on how to report pain and proper utilization of pain medication.
- Information pamphlets, brochures and other cost-effective education material can be used for patients and caregivers who can read and understand.

3.5 Sustainable Availability of Pain Medications

Availability of pain medications is the crucial pillar of effective pain management practice. The hospital is responsible to ensure the availability of an uninterrupted supply of safe, effective and quality pain medications and other necessary pharmaceuticals.

The hospital should have a 95% availability of pain medications at any given period of time.

- The hospital should include basic pain medications on the list of hospital medications approved by Drug and Therapeutics Committee (DTC)

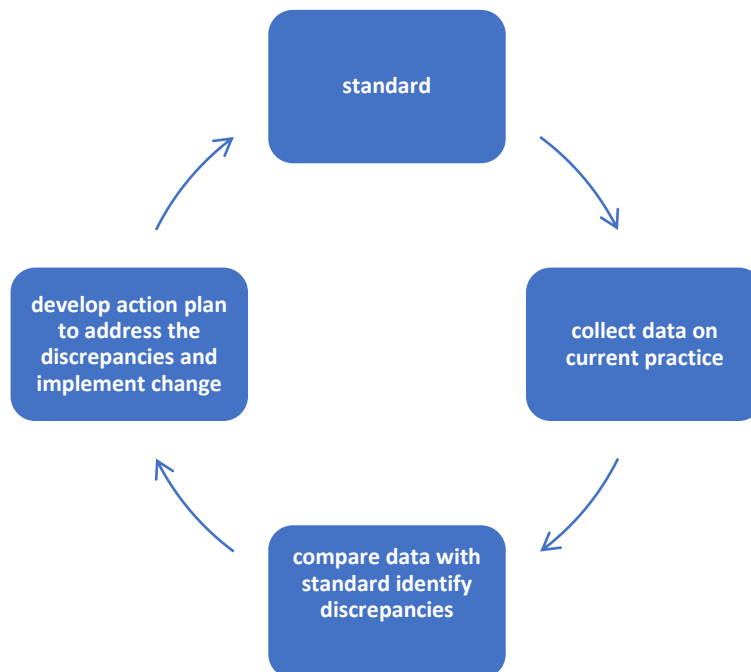
- The hospital should have a proper quantification mechanism of the annual consumption of pain medications according to the EHSTG recommendations.
- The pain medication procurement process should be well planned to prevent stockout between the procurement, receiving and distribution and dispensing process.
- The Drug and Therapeutics Committee (DTC) meeting should put availability proper utilization and proper dispensing of pain medication on their regular meeting agenda.
- The hospital pharmacy department should promote Good Dispensing practice for pain medication; good dispensing practice refers to the delivery of correct medicines to the right patient, in the required dosage and quantities in a package that maintains acceptable potency and quality for the specific duration with clear labelling instruction and drug use counseling.

3.6 Pain Clinical Audit

Clinical audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria; Where indicated, changes are implemented, and further monitoring is used to confirm improvement in healthcare delivery (2002, NICE).

To achieve good pain management practice clinical audit is the basic tool to evaluate the practice with the standards and to improve the pain assessment and management practice continuously.

Figure 1. Clinical Audit Model



Pain Assessment and Management Clinical Audit Process

- The hospital should ensure that clinical audit for pain management practice should be incorporated in the regular hospital wide clinical audit process and program.
- The hospital should conduct a Monthly Pain Assessment Audit; the objective of the audit is to review the practice of the patient's pain assessment in the hospital, both inpatient and outpatient against the Pain Assessment protocol. The Head Nurse/ Matron or Nursing Director of the hospital shall be responsible to coordinate the pain assessment audit in all departments.
- The hospital should conduct a monthly Pain Management Audit. The objective of the pain management audit is to review the pain management practice of the hospital with the standard Pain Management Protocol. This should include inpatient and outpatient from all wards.
- The clinical audit result should be summarized and if there is a discrepancy of pain management practice with the standard; an action plan should be prepared with the appropriate timeline and with the responsible persons.
- Follow up actions should be recorded.
- It is recommended to repeat the above process for 12 consecutive months and when pain assessment and management is well integrated to the routine health service delivery according to the protocol, could be done every quarter.

Section 4 Implementation Checklist and Indicators

4.1 Implementation Checklist

In order to determine if the Operational Standards of Pain Free Hospital Initiative have been met by the hospital an assessment tool has been developed which describes criteria for the attainment of a Standard and a method of assessment.

Table 1 will be used as a tool to record whether the main recommendations outlined above have been implemented by the hospital. This tool is not meant to measure attainment of each Operational Standard, but rather to provide a checklist to record implementation activities.

Table 1; CRITERIA CHECKLIST FOR PAIN FREE HOSPITAL PROPER IMPLEMENTATION

| Indicator | Assessment check list | Recommendation | Source of Data/Method of data collection for supervisor | Scoring Mechanisms | Score |
|---|---|--|---|--|--------------|
| Criteria 1: Implement Pain as the 5th Vital Sign | 1.1 Have a written policy on pain is 5 th vital sign and must be assessed and managed? | This must be part of hospital policy and available at Quality unit, all wards /all departments. | Observe if a written policy with proper approval/approved on management meeting/ exist or not | 0 to 1 0 if there is no written pain policy and 1 if there a written approved document with hospital stamp | 1 |
| | 1.2 Pain score included in the Vital sign charting form (electronic or paper) | Vital sign charting forms must include a column for Pain score. Pain score must be charted whenever other vital signs are charted | Observe the vital sign, nursing chart and other patient history taking charts of 5 department | 0 to 5 0 means none of the departments included pain on their vital sign chart and 5 means all the five departments done properly | 5 |
| | 1.3 policy statements are available in a visible manner | Posters that have information about “Pain is the 5 th vital in the hospital and must assessed every time when vital signs are taken “must be displayed in wards (either on wall or in specified place e.g. folder in wards) | Observe 5 departments if they posted/ displayed or make available policy statement on shelf in a written form | 0 to 5 0 means none of the departments and 5 means all the five the departments done properly | 5 |
| | 1.4 Staff know that Pain is the 5th Vital sign | All staff should know about the policy that Pain is the 5th Vital Sign. Any staff can be asked about this policy. | Ask 5 health workers from 5 departments to tell you list the vital signs | 0 to 5 0 means none of the staff knows 1 means 1 out of five and 5 means all the asked staff | 5 |
| | 1.5 Pain score is charted | In Any chart of a patient pain score is recorded properly for with all other vital signs | Randomly check 5 patients’ chart in 5 departments if pain score is recorded or not | 0 to 5 0 means none of the departments and 5 means all the departments done properly | 5 |

| | | | | | |
|--|--|---|---|---|---|
| | 1.6 Pain score is done (not just charted) | Any adult patient should be asked to report their pain level according to the standard pain assessment tool by hospital staff, the staff should record the pain scores. | Randomly ask 5 patients in 5 departments if staff asked them their pain score and check with the | 0 to 5 0 means none of the departments and 5 means all the departments done properly | 5 |
| Criteria 2: Have standardized treatment protocols for management of acute | 2.1 Adult Pain Management protocol is available in the hospital | Any hospital should have treatment protocol for pain in adult, which clearly state treatment for Acute and chronic pain | Observe if there is a standardized approved pain treatment protocol for adult | 0 to 1 0 if there is no written Adult pain protocol and 1 if there is | 1 |
| | 2.2 Pediatrics Pain Management protocol is Available in the Hospital | Any hospital should have treatment protocol for pain in Pediatrics, which clearly state treatment for Acute and chronic pain | Observe if there is a standardized approved pain treatment protocol for pediatrics | 0 to 1 0 if there is no written Pediatric pain protocol and 1 if there is | 1 |
| Criteria 3: Have Hospital Pain Free focal person or team | 3.1 Have assigned Pain Free Hospital Implementation Focal person or team | Any hospital should have assigned team or focal person to coordinate and monitor pain free hospital in their respective hospital / if the hospital has quality directorate the quality team can take the responsibility to implement pain free hospital; assignment of Pain Free Team should be approved by management meeting and must be known by staff | Check the management meeting agenda to assign pain Free Hospital implementation team or focal person assigned Chairperson and randomly ask staff their knowledge about the team and check the team composition is from different disciplines according to the PFH implementation manual | 0 to 1 0 if there is no Pain free implementation team Or focal person 1 if the has a PFH focal person or team assigned by management meeting | 1 |

| | | | | | |
|---|---|---|---|--|-----------|
| <p>Criteria 4: Carry out regular audit of pain assessment and management practices and outcomes?</p> | <p>4.1 Pain Assessed and recorded properly for all patients</p> | <p>Pain assessment should be done at a minimum in 100% of the patients / at first visit for outpatient and at least once a day for inpatients</p> | <p>Review 10 patients charts in 5 departments, ensure if pain score is recorded on the physical examination sheet and vital sign sheet</p> | <p>0 to 10 0 if there if pain score not assessed in any of the patients 1 if only patient assessed 2 if two patients----- 10 if pain is assessed in all patients</p> | <p>10</p> |
| | <p>4.2 Carried Out regular Pain Assessment</p> | <p>The Pain Assessment Audit is to make sure pain is assessed in all in patient and out patient Pain score should be assessed anytime patient's vital signs taken; for out-patient pain must be assessed and recorded on the patient history taking form and for inpatient on the routine observation sheet/ vital sign chart/ Pain Assessment Audit should be done every month, the audit result and the action plan must be well documented and available for the supervisors in the quality office</p> | <p>Observe the evidence of all audit(s) done should be available, including results and follow-up action,</p> | <p>0-12 if the hospital has not conducted monthly pain assessment audit and 1 if 1 audit 2 for two audits and 12 for 12 audits</p> | <p>12</p> |
| | <p>4.3 Pain is managed according to the standard</p> | <p>Patients pain should be assessed and managed according to the Standard pain management guideline. National pain management guideline adapted from WHO</p> | <p>Review 10 patients charts in 5 departments randomly from different period ensure if pain score is recorded and evaluate the management according to two dimensions Is the medication given and the dosage correct for the pain level according to the standard</p> | <p>0-10 0 if none of the patient's pain management is correct 1 if one is correct out of the ten --- 10 if all the patients' pain is managed according to the standard</p> | <p>10</p> |

| | | | | | |
|--|--|---|--|--|----|
| | | | WHO analgesic ladder? Is the route of administration appropriate according to the standards based on the case of the patient? Is the | | |
| | 4.2 Audit of pain management quality is carried out regularly. | Hospital should do monthly pain management audit by taking representative sample no of patients' chart from all departments, evaluate the management according to the WHO analgesic ladder, summarize the result, develop follow up action and record the findings and follow up action | Observe the evidence of all audit(s) done should be available, including results and follow-up action, | 0-12 if the hospital has not conducted monthly pain management audit and 1 if 1 audit in 12 months 2 for two audits and 12 for 12 audits | 12 |
| Criteria 5: Train all healthcare staff on knowledge and skills in pain assessment and | 5.1 The Hospital have training plan | Hospital should have training plan for all existing health staff and new staffs. Training plan should be o introduced to staff and should be documented well | Review the document of training plan, and ask three staff if they know there is a hospital PM training plan and if they schedule when they will get the training | 0 to 2 0 if the hospital have no training plan 1 if the hospital have training plan but staff doesn't know it, 2 if the training plan is well communicated with staff | 2 |

4.2 Pain Free Hospital Standard Indicators

In addition, the following indicators should be monitored on a regular basis to assess the outcomes of implementation of the recommendations provided in this chapter.

Table 2: PainFree Hospital Initiative Standards Indicators

| S/N | Indicators | Formula | Frequency | Comment |
|-----|---|---|-----------|---|
| 1. | % of patients assessed for pain | Number of patients with pain assessed within 24 hours of admission (inpatient) or for the first visitoutpatient/Total number of patient admissions (inpatient) and outpatient | | Quarterly the hospital should take random representative sample no of patient charts from all wards review if pain is assessed and score is recorded |
| 2. | % Patients Reporting Moderate to Severe Pain at any point of time (after addition) | (No of Patients Reporting moderate to severe Pain/ Number of Patients Assessed at that particular time) *100 | Quarterly | Quarterly the hospital should take random pain assessment taking representative sample of Admitted patients |
| 3. | % Patients in severe pain morphine prescribed “if morphine is appropriate to be prescribed” | (No of Patients Reported Severe Pain and Morphine is prescribed according to WHO analgesic ladder/ Number of Patients Reported severe pain at period of audit) *100 | Quarterly | Quarterly the hospital should take random sample no of patient charts which are in Severe pain and Compare it if the management is morphine according to the WHO analgesic ladder |
| 3 | % time pain medication available | $(\sum \text{[Number of months key pain medicines in all formulation were available]}) / ((\text{Review period in month} * \text{number of key pain medicines in all formulation})) \times 100$ | Quarterly | |

References

- African Palliative Care Association. *Beating Pain: a pocketguide for pain management in Africa*, 2ndEd. [Internet]. 2012. Available from: http://www.africanpalliativecare.org/images/stories/pdf/beating_pain.pdf
- African Palliative Care Association. *Using opioids to manage pain: a pocket guide for health professionals in Africa* [Internet]. 2010. Available from: http://www.africanpalliativecare.org/images/stories/pdf/using_opiods.pdf
- Amery J, editor. *Children's Palliative Care in Africa* [Internet]. 2009. Available from: <http://www.icpcn.org/wp-content/uploads/2013/08/Childrens-Palliative-Care-in-Africa-Full-Text.pdf>
- Kopf A, Patel N, editors. *Guide to Pain Management in Low-Resource Settings* [Internet]. 2010. Available from: http://www.iasppain.org/files/Content/ContentFolders/Publications2/FreeBooks/Guide_to_Pain_Management_in_Low-Resource_Settings.pdf
- The Palliative Care Association of Uganda and the Uganda Ministry of Health. *Introductory Palliative Care Course for Healthcare Professionals*. 2013.
- Amery J, editor. *Children's Palliative Care in Africa* [Internet]. 2009. Available from: <http://www.icpcn.org/wp-content/uploads/2013/08/Childrens-Palliative-Care-in-Africa-Full-Text.pdf>
- Dr. Wayne Morriss, Dr Roger Goucke, *Essential pain Management, 2nd Edition 2016, workshop manual*.
- World Health Organization, *Cancer Pain Relief: A Guide To Opioid Availability* (2nd ed. 1996).
- National Institute for Clinical Excellence, *Principles for Best Practice in Clinical Audit, 2002*, Radcliffe Medical Press. Available on [Internet] <https://www.nice.org.uk/media/default/About/what-we-do/Into-practice/principles-for-best-practice-in-clinical-audit.pdf>