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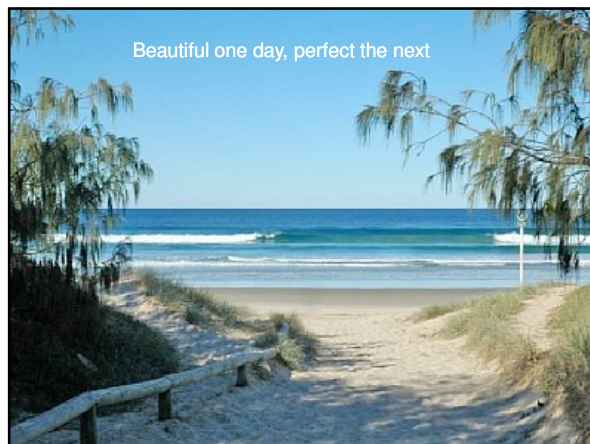
The Acute Postoperative Pain (APOP) project – an Australian quality improvement initiative.

Lisa K Pulver
School of Pharmacy, University of Queensland

in collaboration with

Victorian Department of Human Services/Vic Drug Usage Evaluation Group
South Australian Therapeutic Advisory Group/Department of Health
UMORE, Tasmanian School of Pharmacy, University of Tasmania
New South Wales Therapeutic Advisory Group
National Prescribing Service

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About the APOP project

Acute PostOperative Pain project

National quality improvement initiative involving 62 Australian hospitals (public and private) coordinated by state Therapeutic Advisory/Quality Use of Medicine (QUM) Groups

Supported and funded by the National Prescribing Service – an independent organisation promoting QUM to health professionals and consumers, funded by the Australian Government

Underpinned by best practice guidance from Australian and New Zealand College of Anaesthetists (ANZCA) ⁴

4. ANZCA / FPM. Acute pain management: Scientific evidence, 2nd Ed. 2005.

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APOP project aims

To improve the management of APOP by implementing evidence-based practice

Specific goals:

- Promote recording of pain assessment - pre and postoperative
- Promote safe and effective analgesic/s prescribing
- Improve communication of pain management plan at discharge – to the patient and the general practitioner (GP)

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Methods

Consultation

- Hospital acute pain services, anaesthetists, pain specialists
- Faculty Pain Medicine, ANZCA

Hospitals recruitment and project teams

Drug use evaluation methodology (Oct 06 – Oct 07)

- Data collection
 - Inpatient chart audit
 - Patient phone survey (post discharge)
 - GP postal survey (post discharge)
- Evaluation
- Feedback
- Action/Intervention

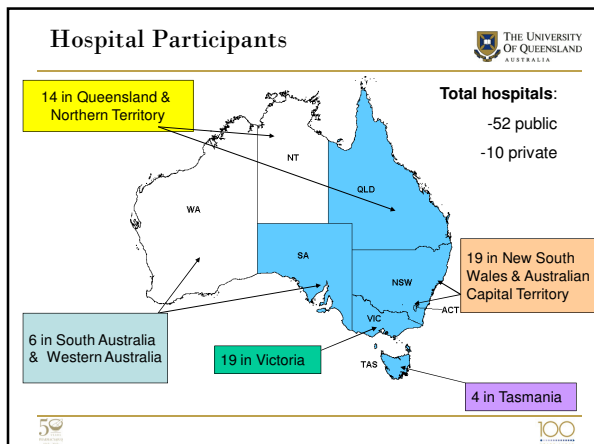
Reproduced from The Society of Hospital Pharmacists of Australia Drug Usage Evaluation Starter Kit, Melbourne, 1998.

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APOP Key Messages

- Optimal postoperative pain management begins in the preoperative period
- Measure pain regularly using a validated pain assessment tool
- Ensure all postoperative patients receive safe and effective analgesia
- Monitor and manage adverse events
- Communicate ongoing pain management plan to both patients and primary health care professionals at discharge

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Multi-faceted interventions

- Face-to-face/one-on-one education
- Group education sessions
- Passive reminders
 - Wall posters
 - Bookmark
- System changes
 - Observation charts, pain management plan template

Pain assessment

- Use patient's own assessment
- Measure pain across both at rest and on movement/function
- Re-assess pain regularly and document/communicate findings
- Include pain assessment in routine observation

Pain Management Plan — discharge checklist

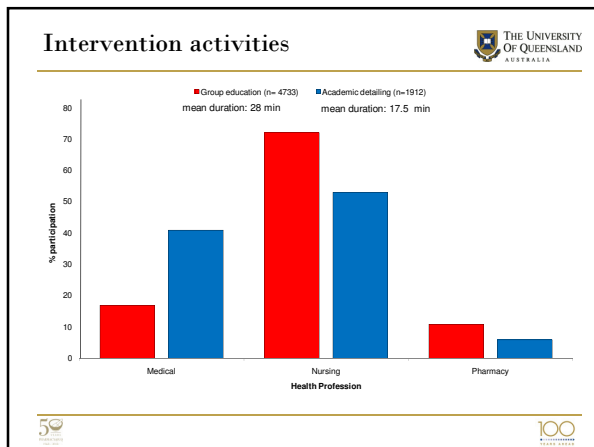
- Communicate plan to patient, GP/physio and other health professionals
- Use analgesics, and discuss on how, when and how long to use
- Include consumer specific information (e.g. allergic drug reactions)
- Consider side effects and management (e.g. constipation)
- Include contact details of person for pain problems

Visual Analog Scale

Pain Scales

Numerical Rating Scale

APQP PROJECT February 2007



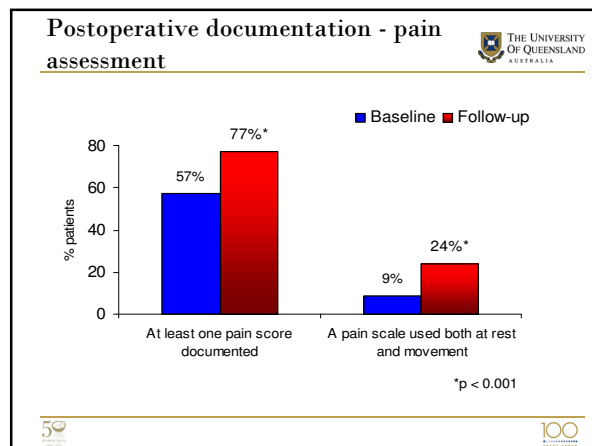
Results - Patient Demographics

	Baseline (n=2704)	Follow-up (n=2780)
Median age (years)	58 (10 -100)	58 (10 -103)
% Gender (female)	59	59
Median length of stay (days)	5 (0 -112)	5 (0 -102)
Surgery type:		
Orthopaedic	31%	31%
Abdominal	24%	22%
Obs & Gynae	18%	17%


Preoperative documentation

Documentation of	Baseline (n=2704)	Follow-up (n=2780)
Pre-existing pain	27%	29%
Regular analgesia prior to admission	18%	20%
Preoperative education	31%	44%* ↑

* p<0.001





Postoperative documentation of sedation scores




Patients prescribed opioid/s	Baseline (n=1231)	Follow-up (n=1601)
At least one sedation score recorded	50%	61%* ↑

* p<0.001






Postoperative analgesic use




	Baseline (n=2704)	Follow-up (n=2780)
Patients prescribed multimodal analgesia	92%	90%
Patients prescribed regular paracetamol	68%	74%* ↑
Patients prescribed only "prn" analgesia (excludes PCA/epidural)	23%	18%* ↓

*p<0.001






Discharge measures




	Baseline (n=2704)	Follow-up (n=2780)
Patients prescribed analgesic at discharge	53%	60% ↑
Patients with documented pain management plan	26%	40%* ↑
- Duration of analgesic therapy specified	31%	45%* ↑
Patients with pain management plan communicated to		
- General Practitioner	18%	31%* ↑
- Patient / carer	22%	34%* ↑

*p<0.001









Conclusion




APOP intervention was moderately successful at improving some aspects of acute postoperative pain management

- Practice improvements:
 - Documentation of pain scores both at rest and on movement
 - Documentation of sedation scores in patients using opioids
 - Prescribing of regular paracetamol
 - Documentation and communication of pain management plan
 - Changes in observation charts to record pain and sedation scores

- ### Enablers & Barriers
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|--|---|
| <p>Enablers:</p> <ul style="list-style-type: none"> Pain team's passion Clinician involvement (local and national organisations) Support from hospital management Multi-faceted intervention strategies Hospital feedback Provision of comparison data at state and national levels | <p>Barriers:</p> <ul style="list-style-type: none"> Scheduling appointments with surgeons, anaesthetists, nurses High staff turnover esp. residents Clinicians' belief of guideline compliance, reluctance to change Variation in assessment tools between hospitals & states Short timeline to fully capture system changes in results |
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Future direction & sustainability





Project materials available from NPS website:

- simple software audit tool for ongoing use by hospitals - stand alone, automated data analysis and feedback in real time

[-http://www.nps.org.au/health_professionals/drug_use_evaluation_due_programs/due_kit_for_hospitals/apop](http://www.nps.org.au/health_professionals/drug_use_evaluation_due_programs/due_kit_for_hospitals/apop)

Continue APOP with further evaluation to capture the effect of any system changes

Acknowledgement



APOP hospitals and hospital project teams

TAS, SA, QLD, VIC & NSW state DUE groups and state project committees

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National Prescribing Service, Sydney, Australia

– Pharmaceutical Decision Support team

– Data analyst



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