**CAP/PBRI/TAHSNp Innovation Fellowship Program**

**Name:** Olivia Logan, RPN

**Project Title**: Total Pain Documentation in a Community Palliative Care Setting

**Mentor(s) & Managers:** Sandra Mckay, Arlinda Ruco, Akil Aade, Enrique Saenz

**Background and Description of Local Context:**

Newly hired visiting nurses have shared and expressed the difficulties transitioning from health care institutions and organizations, into a community setting. They’ve also expressed the increased difficulty of this transition while caring for clients on a palliative caseload. While staff receive the incentive to obtain high quality palliative care education within the first 6 months of hire, there continues to be an expressed need for staff who require support from point of hire to the completion of the comprehensive advanced palliative care education. A large component of the CAPCE education involves the assessment of the 8 domains of issues, including: disease management, physical, psychological, social, practical, spiritual, end of life/death management, and loss and grief. This educational gap was evident when 20 randomly selected palliative care charts were reviewed, and demonstrated 88% of cases were being documented in the progress notes, and not the appropriate pain assessment tools. This can ultimately lead to missed opportunities of beneficial supporting external resources, valuable materials, and achievement of individualized goals of care. Documentation of total pain is critical as it ensures health professionals are incorporating best practice, meeting professional standards from regulatory colleges, and providing client-centered and family-focused care while creating a continuum of communication.

**Aim Statement & Measures:**

To improve the quality of total pain documentation by adhering to the completion of the pain and palliative assessment tools by 15% by March 2018.

Process measures: # of nurses who have viewed the workshop, and # of charts using pain and palliative assessment tools.

Outcome measures: Total pain documentation completion by using assigned forms.

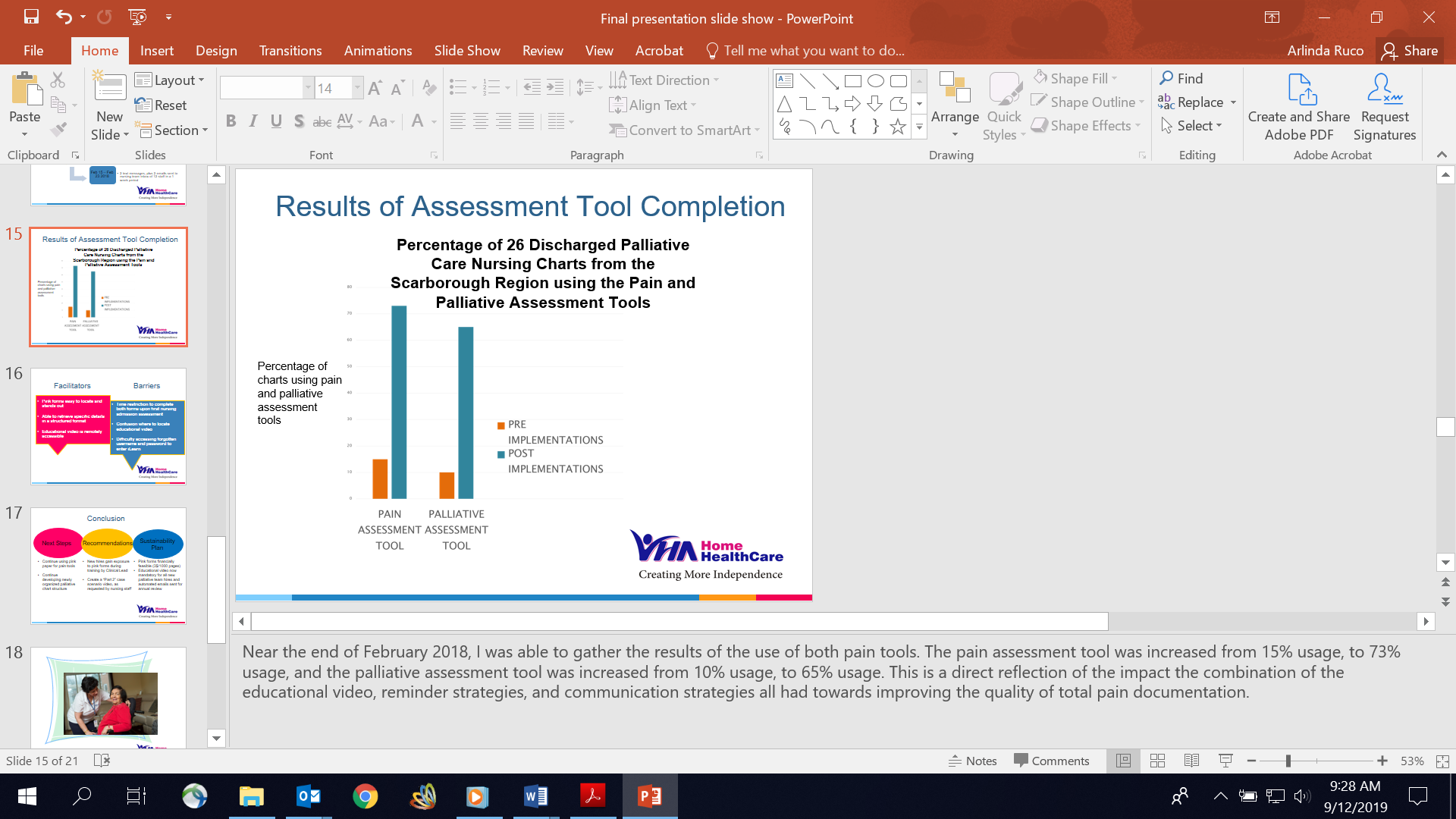
**Change theory, change ideas and interventions explored in your project:**

* Color-coded assessment forms, education workshop, reminder stickers, follow-up phone calls and text messaging.
* Sticker reminder strategy tailored to the visiting nurse’s preference of practical and evident location.
* Phone calls expected to be the least effective, which proved to be the exact opposite. Direct phone calls provided the most feedback.

**Methods and measures:**

* January 15th 2018 introduction to educational video and chart implementations (pink forms + reminder stickers) during team meeting.
* From Jan 15 – 31st 2018: 12 phone call interviews among 8 nursing staff in a 2 week period.
* Feb 1 – 14th 2018: 4 emails to nursing team inbox of 12 staff in a week period.
* Feb 15 – 23rd 2018: 2 text messages, plus 2 emails sent to nursing team inbox of 12 staff in a 1 week period.
* Family and client response to colored forms, increased interest, honest behavior.

**Results**



**Future Opportunities:**

* Reorganized palliative chart in progress, which will further aid the transition to electronic conversion in future plans.
* Pain and palliative tools placed together side by side for sustained reminder.
* Feasible to remain forms pink, low financial impact (3$/1000 pages).

**Sustainability Plan:**

* Educational video is now mandatory for all new palliative team hires and automated emails to be sent for annual review