Improvement of pain management in South African private hospitals

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Context

Pain Management is an essential part of how a patient perceives his/her hospital stay. The improvement work presented is being done in a large acute hospital that handles high volume trauma and elective theatre cases. Bed occupancy on a whole is near the maximum capacity. The facility is thus faced with more patients in need of acute pain management, which would be reflected in the patient satisfaction score relating to the treatment category.

Problem

• Intervention and study design: In May 2010 Discovery launched a version of the 17 question Hospital Consumer Assessment of Health Plans Survey (HCASHPS) survey, renamed the Member Experience Survey for Hospitals (MESH), offering it by email to almost all adult patients discharged from hospitals. MESH retains adherence to validated methodology and content and the possibility of benchmarking internationally. Simultaneously, engaged with private hospital groups to obtain agreement about the validity of results. According to the medical aid’s patient satisfaction surveys, the hospital iPads, emails and SMS surveys calculated for the hospital, general management of pain is not well controlled, which results in low feedback scores.
• The focus was on two questions in the survey:
  o Q 16: Was your pain well controlled during your hospital stay?
  o Q 17: How often did the staff do everything possible to help you with your pain?

Assessment of problem and analysis of its causes

• Ward C - Neurology ward;
• Ward B - Plastic & reconstructive ward;
• Target group - Ward staff, patients, surgeons, anaesthetists and pain specialist.

Strategy for change

Accomplished in ward B and C:

Product:
• Pain information pamphlet developed; handed to patients pre-admission
• Pain training: Continuous monthly training sessions in ward B and C
• Ward specific protocols is in place in ward B and C

Will:
• Unit managers took ownership and lead pain management in the ward
• The teams were motivated to improve the patient satisfaction score

Business process (who, when and where):
• In ward B and C the following similarities in the business process were established by the unit managers:
  o Patients receive pain information
  o Pain assessment tool and protocol were introduced
  o Reinforcement on pain management and daily rounds by unit manager
  o Follow-ups done by pain specialist/clinical pharmacist
  o Continuous pain assessments by nursing staff

Culture change
• A multidisciplinary approach
• Continuous positive feedback and loyalty programmes for the staff
• Enhancing performance development (EPD) & democratic leadership style
• Established communication channel between the nursing staff and the doctors.

Desired end results

• To improve the overall pain score above 80% throughout the hospital by following the strategy for change performed by ward B and C.

Measurement of improvement

• Ipads, SMS and email patient feedback
• Medical aid’s feedback

Effects of change

Ward A – A will to change pain management score in May’s results due to new unit manager (previously worked in Ward B). Ward B – changed Business process in May 2013.

Lessons learned

• Utilise the available products.
• Unit managers must have the will to take ownership, responsibility and leadership to improve pain management in the ward.
• Developing a ward specific pain management business process for each ward can result in a culture change throughout the hospital regarding pain management and improve the patient pain satisfaction score.
• Collaboration between the different hospitals in the group, wards in the specific hospitals and members of the multidisciplinary team regarding improvement of pain and its management.

Message for others

• Pain is subjective and the management thereof is challenging.
• The ward specific pain management business process is the fundamental key to culture change and continuously evolve through the following steps:
  o Develop – Test – Modify – Approve – Implement
• Persistent management of the desired culture change through continuous feedback will determine the success of the process in the hospital.