Alberta Health Services

Critical Care Strategic Clinical Network™

Mazankowski Heart Institute

Delirium poster contributors: Todd McLure NP

BACKGROUND 2016-2017

Cardiovascular Intensive Care Unit

Admissions   1595

Adult open heart (valves, CABG)   1493

Adult transplants: heart 29   lung 67   heart/lung 2

VADs   54

AIM

Every cardiac surgical patient experiences post-operative pain. The severity of pain varies on the nature of the surgery, age and tolerance of analgesia.

Acute pain of various levels contributes of the development of delirium.

Our aim is to improve routine pain surveillance and management of pain by using CPOT scores.

MEASUREABLE GOALS

80% of staff to attend peer to peer CPOT in-services (attendance taken)

To improve our performance level from baseline (25% of patients are in significant pain)

CHANGE IDEAS

Prior to June, data had to be interpreted accounting for patients not assessed a CPOT score if sleeping.
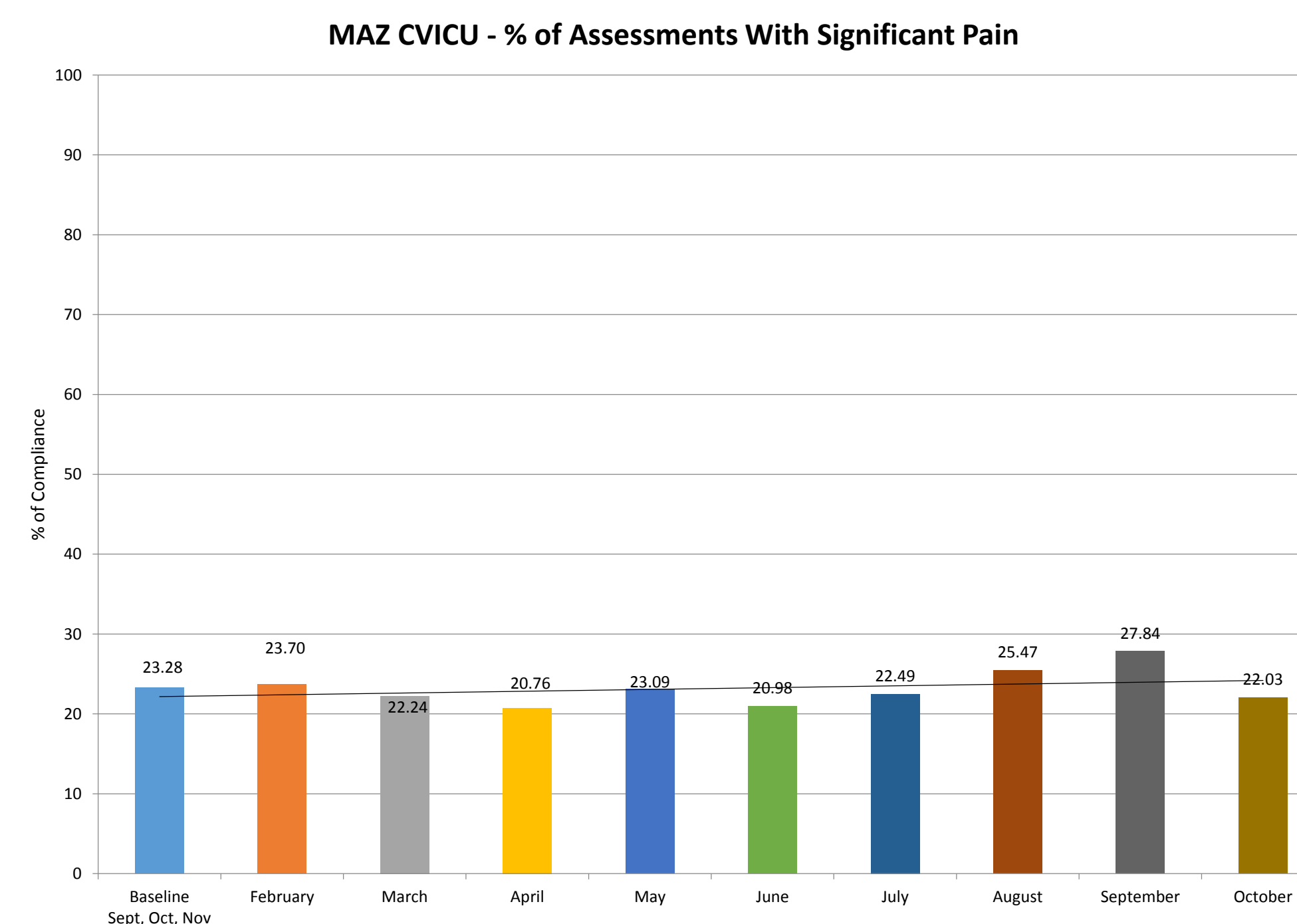
We found that the CPOT scores were subjective and scores varied between staff on same patient.

Peer to peer in-services were created addressing CPOT variability.

In-services were scenario based. 1st CPOT score was independent. Education was then done followed by 2nd CPOT score (as a group).

RESULTS

% of Patients (assessments) with Significant Pain

MAZ CVICU - % of Assessments With Significant Pain

Baseline Sept, Oct, Nov: 23.28
February: 23.70
March: 22.24
April: 20.76
May: 23.09
June: 20.98
July: 22.49
August: 25.47
September: 27.84
October: 22.03

LESSONS LEARNED

CPOT scores varied from staff to staff prior to in-services.

In-services significantly helped to reduce nurse assessment variability with positive feedback from staff.

Staff were unaware to changes to Metavision to account for assessment of pain while patient sleeping.

Night shift education optimal.

Unclear if qshift assessment patients were assessed for pain q4h.

Shift report documentation does not include pain management therefore unclear if significant pain was addressed during patient care rounds.

Difficult to achieve 80% attendance of staff due to unit demands.

NEXT STEPS

Adding "pain management" to patient shift report.

Educating staff on assessing pain in a "sleeping" patient.

Educating staff on documenting assessment of pain in a sleeping patient.

Clarifying assessing pain practices for patients who are qshift assessments.

Aim for reducing significant pain to less than 20% within 6 months.