

# Swiss Quality Award 2013: empowerment

## Act together against pain !

### Collaborative Quality Improvement at Hospital Level for Pain Management

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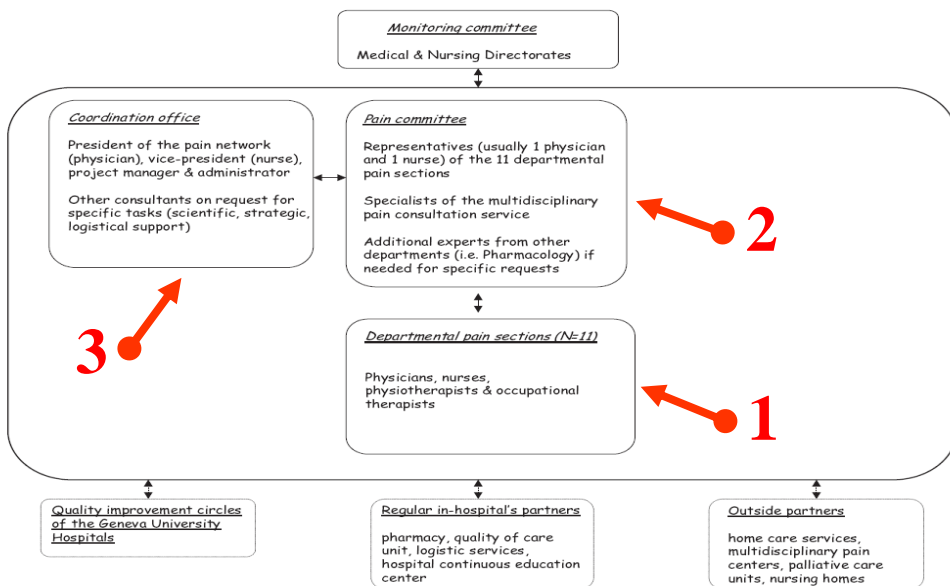
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**Introduction:** The prevalence of pain among hospitalized patients ranges from 40% to 80%, similar prevalence was demonstrated in ambulatory consultations. Pain is a significant source of dissatisfaction and interferes with normal activities and interpersonal relationships.

Numerous strategies have been used to improve pain management in hospitals (*educational material & guidelines, formal audit & feedback, computerized reminders, of formal in-hospital pain specialist consultations*).

Quality improvement collaboratives offer promising perspectives as a new method to enhance pain management at an institutional level. These are collaborative networks of multidisciplinary teams from various healthcare departments who share knowledge and experiences to work in a structured way to improve quality of care.

**Organisation & Objectives:** In 2003, we developed a collaborative quality improvement program aimed at improving overall pain assessment, management and relief. The program was designed to create synergies between departments and health care professionals while taking into account specificities of patients and medical/surgical specialties (Figure 1).



- Multifaceted interventions:**
- pre/post-graduate and continuing education
  - opinion leaders (*physicians or nurses with a special interest and training in pain management*)
  - patient education
  - audit and feedback

- Implementation of:**
- validated pain measurement tools in 11 departments
  - staff education on pain and pain management
  - professional guidelines and formation documents
  - standards for the use of patient-controlled analgesia
  - information leaflets for patients
  - public lectures for patients

Every 12 months, departmental representatives refer to the coordination office to discuss implemented initiatives and interventions at departmental level. Structured feedback on strengths and weaknesses of their management concept are also discussed.

## Examples of achievements:

**Poster in the hospital** (corridors, elevators)

**Leaflet for patients**

Vous avez mal? Agissons ensemble!  
Gérer la douleur est notre priorité

**Pocket guidelines for professionals**

**Recommandations de prise en charge de la douleur nociceptive aiguë isolée**

**Le bon antalgique au bon moment** Adultes

Le dépistage de la douleur induite qui est une problématique sous-estimée dans les soins ambulatoires et hospitaliers. Il s'agit d'une douleur, souvent de courte durée, causée par un soignant ou une thérapie, dont la survenue est prévisible et susceptible d'être prévenue par des mesures adaptées.

**Antalgies et agents anesthésiques**

**Le bon antalgique au bon moment**

**Les stratégies de la douleur**

**Annexes**

**Annexes de prescription et antidépresseurs**

**Annexes de prescription et antidépresseurs**

**Scientific articles**

**REVUE médicale SUISSE**

**Antalgie médicamenteuse et grossesse**

**Recommandations interdisciplinaires du réseau douleur des HUG: approche clinique des céphalées primaires**

**Rotation des opioïdes: de la théorie à la pratique**

**Recommandations interdisciplinaires du réseau douleur des HUG**

**CAPP-INFO**

Bulletin d'information du CAPP

Utilisation pratique des opioïdes chez l'adulte, la personne âgée et le patient insuffisant rénal

Objectif: apporter les données pharmacologiques minimales nécessaires au passage d'un opioïde à l'autre chez l'adulte (rotation d'opioïdes), avec un accent particulier mis sur le traitement du sujet âgé malade et du patient ayant une insuffisance rénale.