

### REASON WHY?

SaTH Trust guidelines recommend reassessment of pain within an hour of intervention. From July 2025 to October 2025, Ward 23 documentation of pain score reassessment within 60 minutes for patients with scores >4 had a compliance rate of 2.13% with a median time of 244 minutes for reassessment. It was not possible to tell whether this was because pain was not reassessed after interventions or whether it was assessed but simply not documented.

### PLAN

The proposed intervention was to display posters and deliver teaching to educate on the requirements for pain assessment.

The compliance rate and median time to reassessment was then monitored weekly with an SPC chart before and after the teaching were delivered and before posters were displayed.

The following meetings were arranged to discuss this intervention:

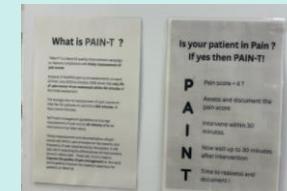
- On 12<sup>th</sup> September 2025 a meeting was had with a member of the pain team following correspondence about the project to discuss the compliance rate and to recommend and create tools ( e.g. teaching sessions, posters) to aid in overcoming the barriers and achieving a compliance rate of 50% by 2nd December

- On 5<sup>th</sup> November 2025 meeting with the ward manager and senior ward nurses to discuss the current compliance rate and possible barriers to reassessment or documentation

### DO

A refresher training session on pain reassessment was carried out for ward 23 nursing staff at their nightly handover on 11<sup>th</sup> November 2025.

A "PAINT" campaign was started to encourage reassessment compliance, and posters spreading awareness of the campaign were published and displayed at vantage points on the ward.



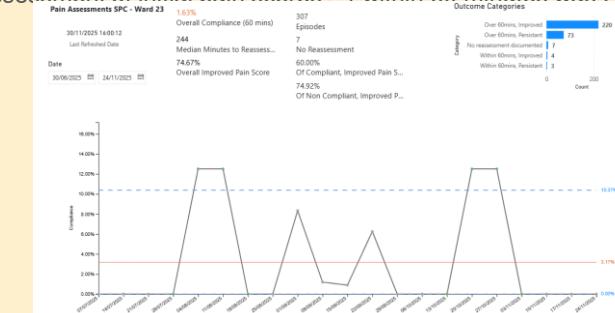
Weekly compliance rates were announced to nursing staff to update them on their progress.

### S M A R T AIM

To improve compliance with documentation of reassessment of pain scores of 4 and above within 60 minutes of initial assessment to 50% by 2nd December 2025.

### STUDY

Before the teaching session and poster publication, the overall compliance rate of ward 23 with reassessment of initial pain scores >4 within 60 minutes was 2.13%.



It was expected that with the proposed interventions this rate will increase, however by the end of the project the compliance rate had decreased even further to 1.63%. Feedback from the nurses identified the following as barriers to achieving compliance :

#### Human Factors:

- High workload and staffing pressures
- Task interruptions during drug rounds and observations
- Cognitive overload leading to missed reassessment steps

#### Workflow Gaps:

- Pain escalation relied on verbal communication so no obligation to document reassessment
- No digital place to document interventions
- Poor visibility of pending reassessments

#### Software limitations ( CareFlow/VitalPAC)

- No algorithmic alert when pain score ≥4
- System design treats pain as a static value not a clinical process requiring evaluation.

### ACT

- Another meeting with the ward manager and senior nurses will take place on 9<sup>th</sup> December 2025 to discuss the results of the project and the training and posters will be revised. Compliance rates will be monitored for 4 more weeks and reassessed again.
- A meeting will be organised with the pain team to discuss the results of the project and possible additions to the pain assessment training programmes. The following recommendations will also be made : Proposed system enhancements on VitalPAC to support clinical workflow such as
  - 1. Automatic alerts for moderate pain >4
  - 2. Mandatory documentation of intervention given and time and result of reassessment.
- Safety-critical escalations ( e.g. repeated pain scores >7 triggers a review)