

Introducing and Integrating the Critical Care Pain Observation Tool (CCPOT) in the Department of Critical Care (DCC)

A. Estherby (DCC Sister), C. Steed (DCC Staff Nurse), S. Fenton (DCC Sister), R. Barnett (DCC Sister), and I. Palana (DCC Staff Nurse)

Background

Pain is a common and traumatic experience for many patients; however, pain assessment and management is a challenge for ventilated and sedated patients due to the inability to self-report pain. The PADIS Guidelines (SCCM, 2018) recommend using a valid and reliable tool to assess pain in these patients in order to optimise pain management. The Critical Care Pain Observation Tool (CCPOT) (Gelin et al., 2006) is one such validated, extensively researched pain assessment tool for use in Critical Care and is used widely around the world.

Baseline audit data showed 57% of I&V DCC patients did not receive any pain assessment and a further 43% had pain inappropriately assessed using either the Abbey Pain Tool or nursing judgement.

Aim

Our aim is to introduce the CCPOT tool specifically for intubated and sedated patients. We aim to assess how regularly it is incorporated into nursing observations (recommended as every four hours) alongside nursing staff confidence levels on using this new pain assessment tool.

PDSA Cycles

PDSA Cycle 1:

- Collect and interpret baseline data on whether staff assess pain in I&V and sedated patients (Questionnaires).
- Preparing staff for its implementation: emails, educational presentation, safety brief
- Audit staff compliance with using CCPOT on all I&V/ sedated patients. During a 1 week snapshot (2 months post implementation).
- Addressed data processing issues.
- Additional education and guidance based on feedback

PDSA cycle 2:

- Re-audited staff on compliance with CCPOT on all I&V/sedated patients in 1 week snapshot (4 months post-implementation)
- Ensuring Drs and the wider MDT were aware of the use of CCPOT so that scores could be addressed
- Obtaining feedback and refresher teaching for staff

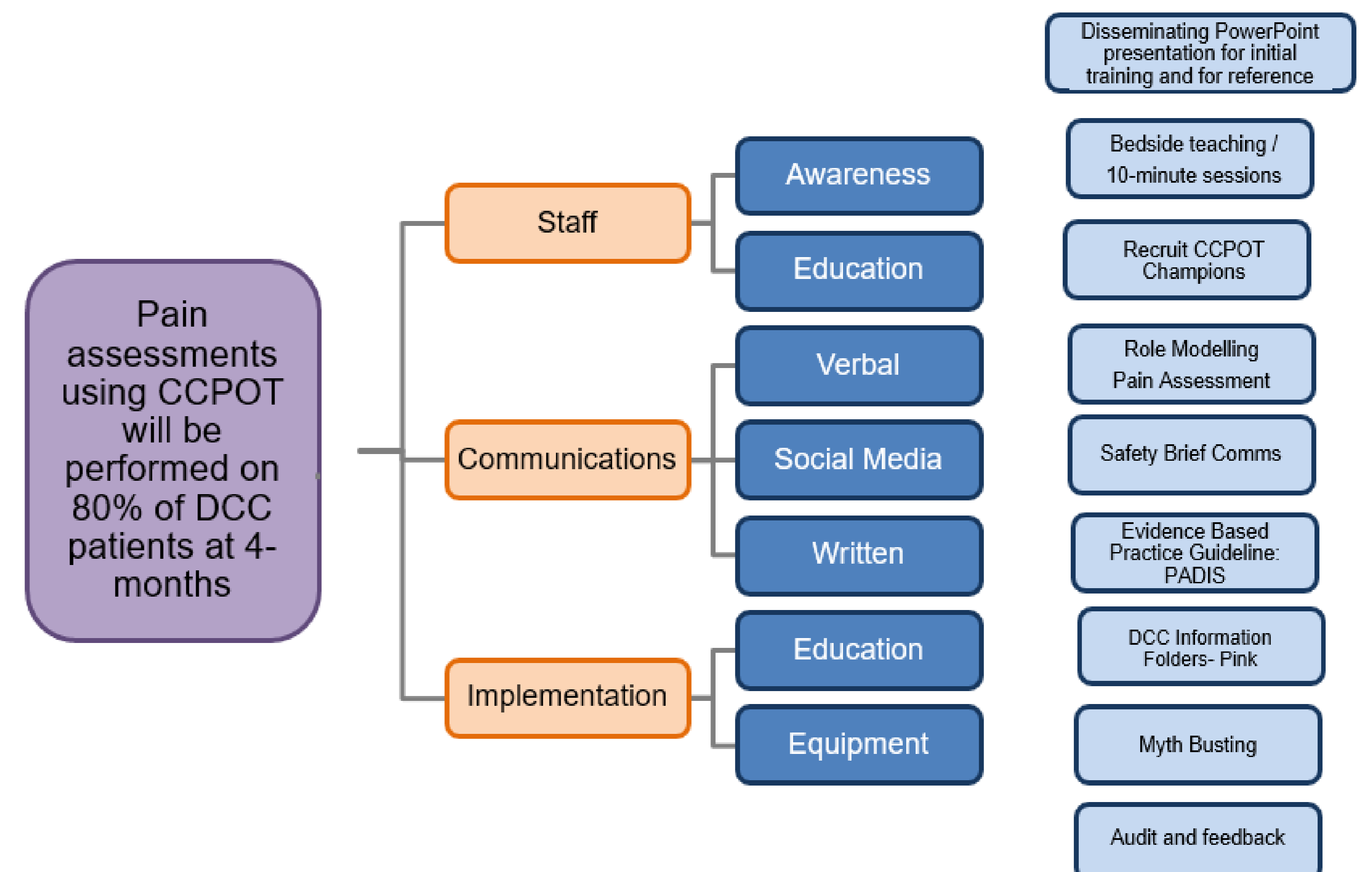
PDSA Cycle 3:

- CPOT fully implemented within unit
- Final audit to assess compliance (at 6 months)

Measures

- Outcome Measure**
 - ✓ 4th hourly CCPOT scores for all level 3 sedated and/or ventilated patients and nurses self reported confidence levels
- Process Measure**
 - ✓ Snapshot audits of 24-hr charts in a 24 hour period over 7 days at bi-monthly intervals undertaken to check if CCPOT being used
- Balancing Measure**
 - ✓ Does using CCPOT as part of regular pain assessment monitoring affect the workload and competence of nursing staff?

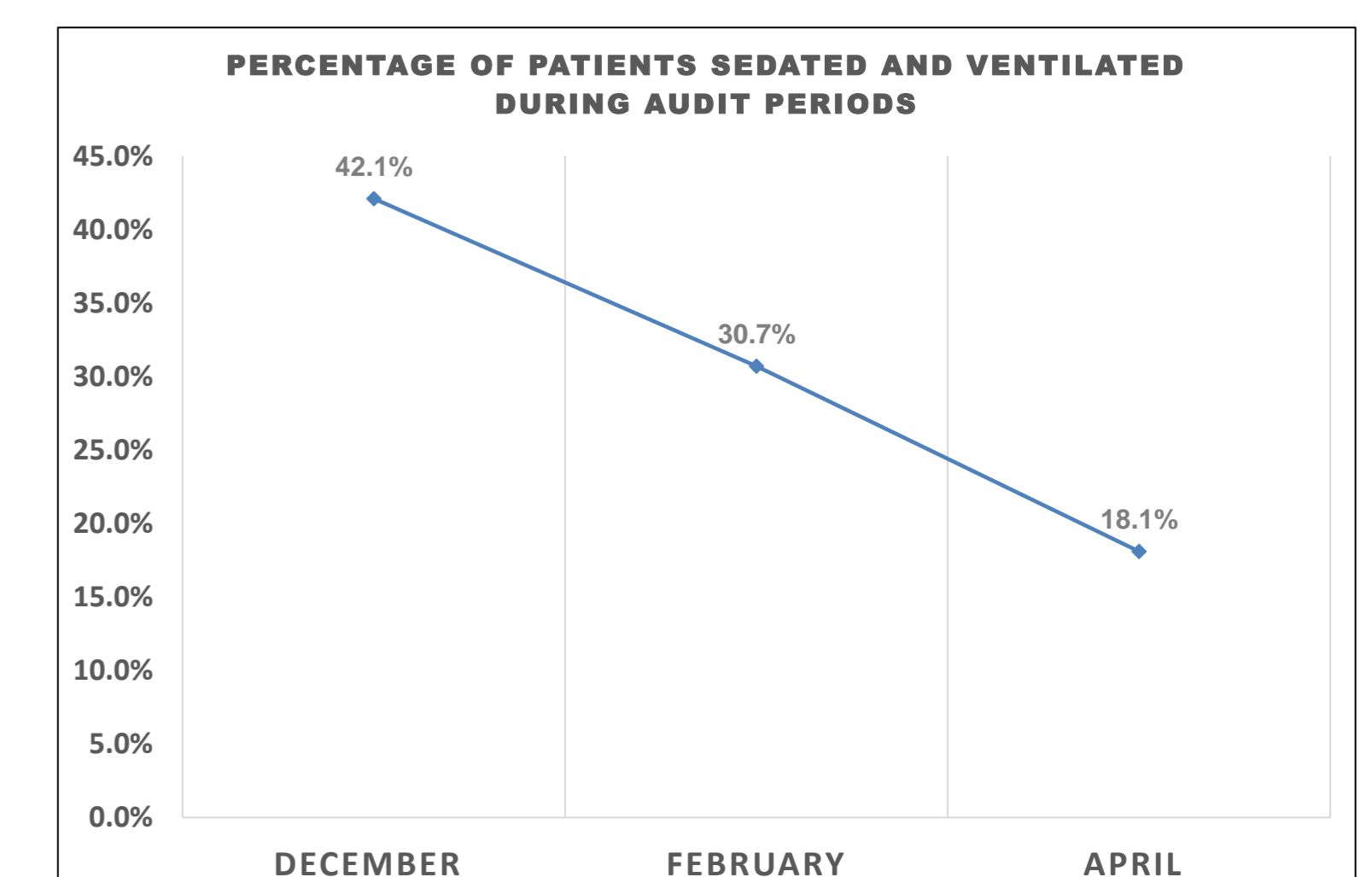
Driver Diagram



Data and Results

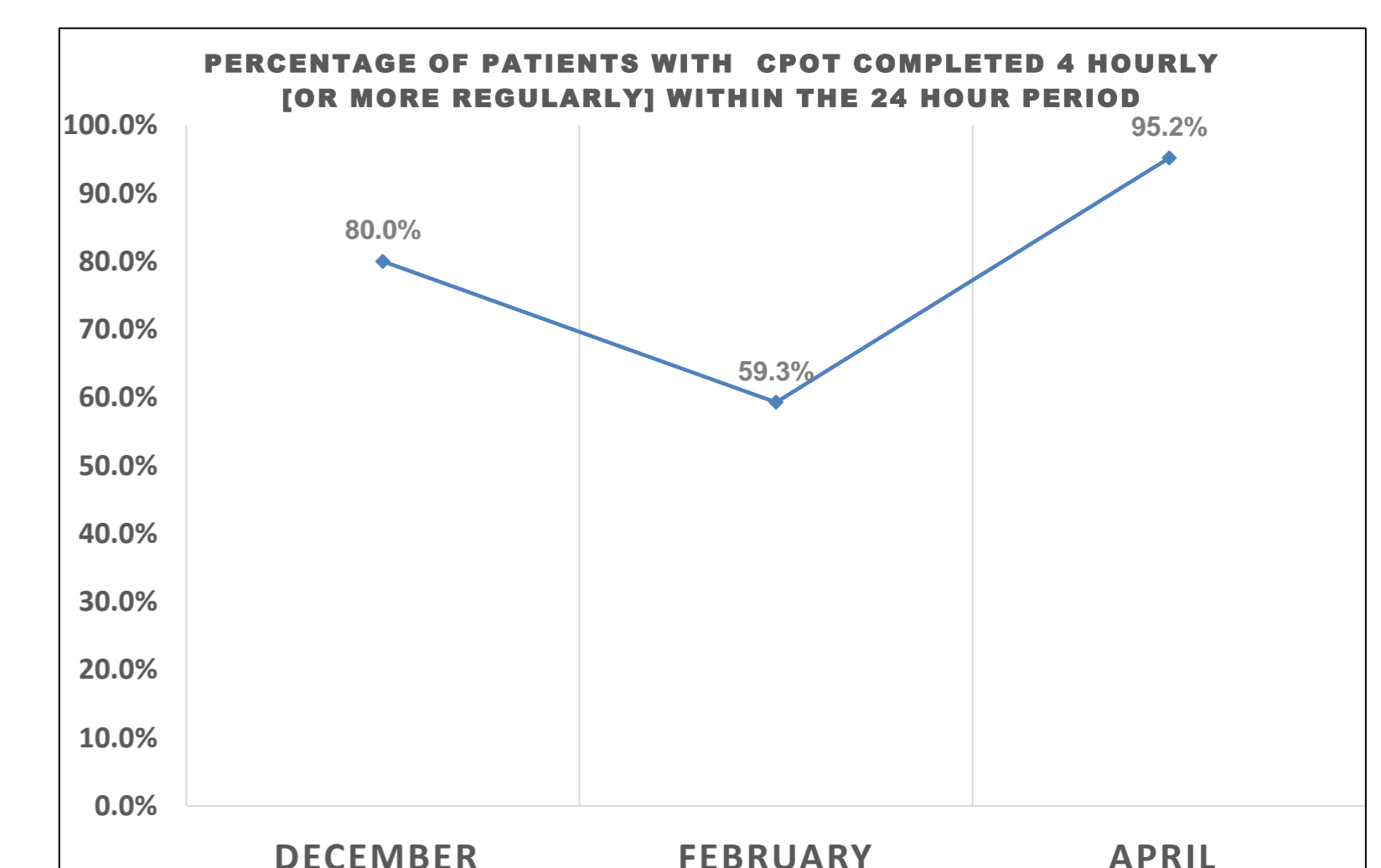
Sample size

There was a notable decline in the number of patients eligible for audit which was anticipated due to the seasonal transition.



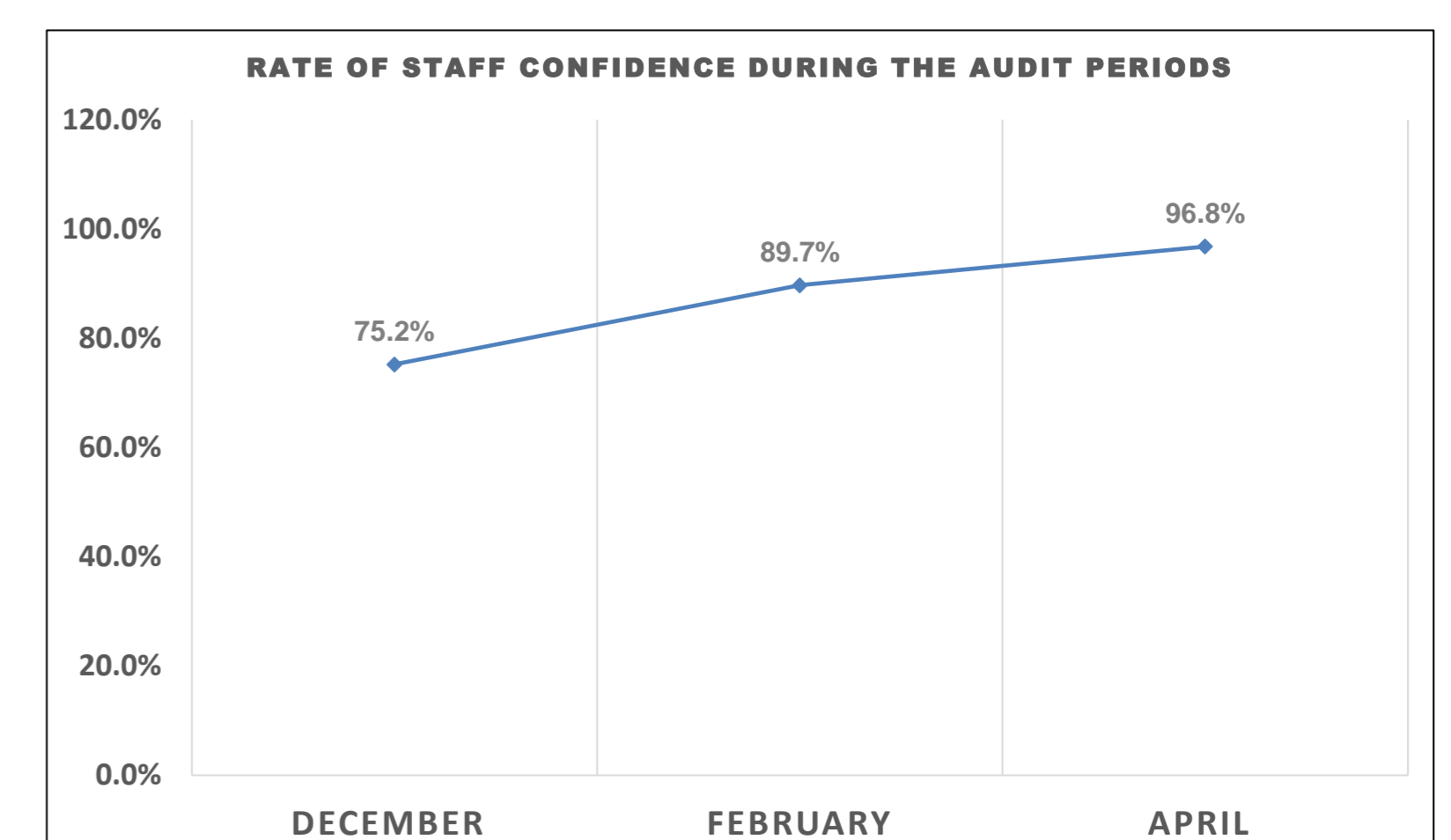
Integrating to Practice

There was a steady improvement in using the tool every 4 hours since it was introduced. However, there was a notable decline in compliance during February, highly due to winter pressures and highly acute shifts alongside other projects also being initiated.



Nurses' Confidence

We gathered positive subjective feedback from nursing staff, stating that this new tool resulted in positive changes observed with intubated and ventilated patients such as improved ventilator synchronization and being able to optimize other pain management options instead of increasing the sedation, among others.



Next steps

- Integrate CCPOT to other QI projects and departmental policies that encompass the management of sedated and intubated patients.
- In 9-12months time run a snapshot audit to ensure CCPOT remains embedded in the practice of DCC staff (doctors and nurses)
- Look into how we can act on CCPOT scores - a possible future QI project into nurses confidence in treating high CCPOT scores