

## 4.2 Percentage of postoperative patients that are given a written pain management plan at discharge and a copy is communicated to the primary care clinician

### Purpose

This indicator assesses the effectiveness of processes intended to ensure that patients and their caregivers receive adequate information for safe and effective medicines management after discharge.

### Background and evidence

Moderate to severe pain commonly occurs in postoperative patients after transfer to community care.<sup>1</sup> One-fifth of postoperative patients report that they did not receive analgesia at discharge and 10-14% report inadequate pain relief from analgesic medication.<sup>1</sup> Additionally, pain that is not well controlled is perceived as impacting on time of recovery from surgery.<sup>1</sup> Ongoing postoperative pain is a risk factor for the development of chronic pain,<sup>2</sup> and poorly controlled pain is a risk factor for myocardial infarction, pneumonia and venous thromboembolism.<sup>3</sup>

Educating patients about their medicines and communication about medicines management between hospital and community practitioners are guiding principles in the Australian Pharmaceutical Advisory Council *Guiding principles to achieve continuity in medication management*.<sup>4</sup> This indicator provides a measure of compliance with these guidelines.

### Key definitions

**A written pain management plan** should be tailored to individual needs, desires, and circumstances,<sup>5</sup> and be easily understood by the patient. Details should include: drug names, dose and frequency; planned duration of analgesia; clear instructions for pain management (eg instructions for managing moderate, severe or ongoing pain and instructions for multimodal therapy); and clear instructions for maximum daily doses. A copy of the plan given to the patient should be included in the medical record, or documentation made in the medical record that an individualised plan was given.

**A copy is communicated to the primary care clinician** means a copy of the plan is sent to the community-based health practitioner nominated by the patient, or included in the discharge summary or discharge letter. Such communication should be explicitly documented in the medical record.

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## Data collection for local monitoring

**Recommended sample selection:** A random sample of records of postoperative patients. Operating theatre lists and medical records codes for selected operative procedures may be some ways to identify patients. Random means each patient has an equal chance of inclusion in the audit. Adult, paediatric and neonatal patients should be included.

**Recommended sample size:** The following sample sizes are recommended based on the number of surgical beds in the hospital:

Number of surgical beds in hospital	Sample size
150 or more	20% of patients
30 - 149	30 patients
Less than 30	All patients

Collecting a larger sample where possible will increase the sensitivity of the data.

**Recommended methodology:** Review of medical records including discharge referral documentation.

## Data collection for inter-hospital comparison

This indicator may be suitable for inter-hospital comparison. In this case, definitions, sampling methods and guidelines for audit and reporting need to be agreed in advance in consultation with the coordinating agency.

## Indicator calculation

$$\frac{\text{Numerator}}{\text{Denominator}} \times 100\%$$

**Numerator** = Number of postoperative patients that were given a written pain management plan at discharge and a copy was communicated to the primary care clinician

**Denominator** = Number of postoperative patients in sample

## References

1. Kable A, Gibberd R, Spigelman A. Complications after discharge for surgical patients. *ANZ Journal of Surgery* 2004; 74:92-97.
2. Acute pain management: Scientific evidence. Second edition. Melbourne, Australia: Australian and New Zealand College of Anaesthetists and Faculty of Pain Medicine, 2005.
3. Unrelieved pain is a major global healthcare problem. Vol. 2006: International Association for the Study of Pain, European Federation of IASP Chapters (fact sheet). 2004.
4. Guiding principles to achieve continuity in medication management: Australian Pharmaceutical Advisory Council, 2005:1-55.
5. Gordon DB, Dahl JL, Miaskowski C, et al. American Pain Society recommendations for improving the quality of acute and cancer pain management. *Archives of Internal Medicine* 2005; 165:1574-80.
6. The Good Clinical Documentation Guide: National Centre for Classification in Health, Commonwealth of Australia, 2003.
7. Safe and Effective: The eight essential elements of an optimal medication-use system. In: MacKinnon N, ed: Canadian Pharmacist's Association, 2007.
8. Medication Safety Self Assessment for Australian Hospitals: Institute for Safe Medication Practices (Adapted for Australian use by the NSW Therapeutic Advisory Group and the Clinical Excellence Commission), 2007.

## Limitations and interpretation

Data collection for this indicator relies on documentation in the medical record. Good documentation supports quality patient care<sup>6</sup> and is a critical component of management. Poor communication can result in adverse drug events.<sup>7</sup> Thus it is assumed that absence of explicit documentation in the medical record means a pain management plan was not provided to the patient or their primary care clinician.

This indicator does not measure the quality of the written pain management plan or whether the patient's primary care clinician actually received a copy of the plan.

Appropriate postoperative pain management is informed by regular pain assessment. Indicator 4.1 *Percentage of postoperative patients whose pain intensity is documented using an appropriate validated assessment tool* may also be relevant. It may be appropriate to collect these indicators concurrently where possible.

## Further information

The *Medication Safety Self Assessment for Australian Hospitals<sup>8</sup> (MSSA)* can help identify potential strategies for improvement with this and other indicators. The MSSA encourages development of robust systems for safe prescribing, dispensing, administration and monitoring of medications. The MSSA is available at [www.cec.health.nsw.gov.au](http://www.cec.health.nsw.gov.au)