

Knowledge of Analgesic Medications after Caesarean Section



**Sinai
Health
System**



UNIVERSITY OF
TORONTO

Project Team

Shirin Dason

Pavan Gill

Shira Gold

Kailyn Brandon-Sutherland

Supervisors:

Dr. Lindsay Shirreff

Dr. Jackie Thomas

Overview

- Key Issue
 - Post-operative pain control is important
 - Patients often lack knowledge around available medications
- A look at MSH...
 - Based on NRC Picker Data, only **72.7%** of patients are satisfied with the management of post-partum pain
 - Hospital target: 78.3% (top 10% performance in pain management)

Why it matters...

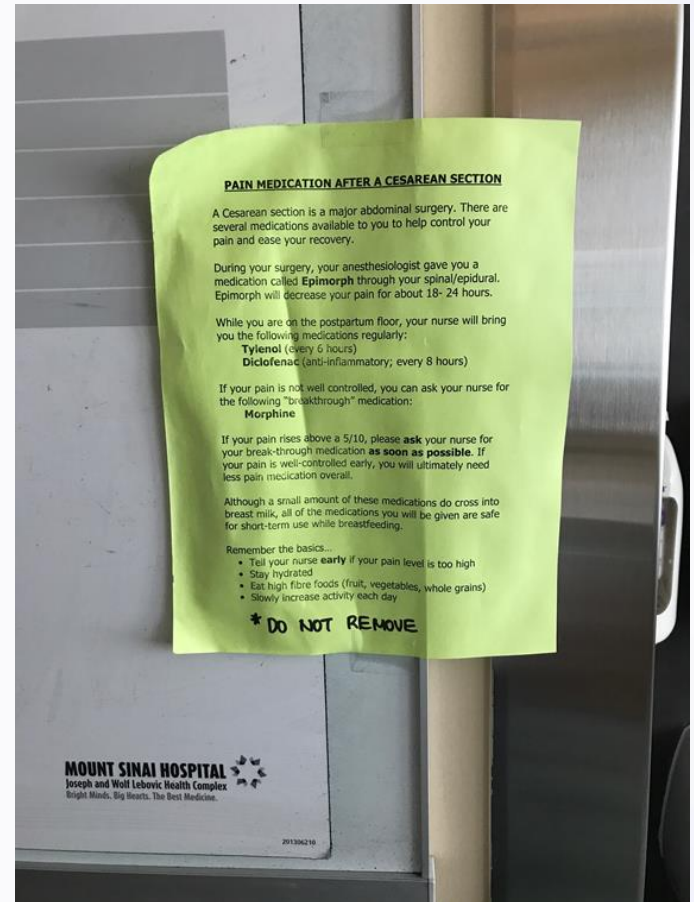


Aim Statement

We aim to increase awareness of postpartum analgesia options among women who undergo a Caesarean Section at Mount Sinai Hospital to 80% by May 2017.

Intervention

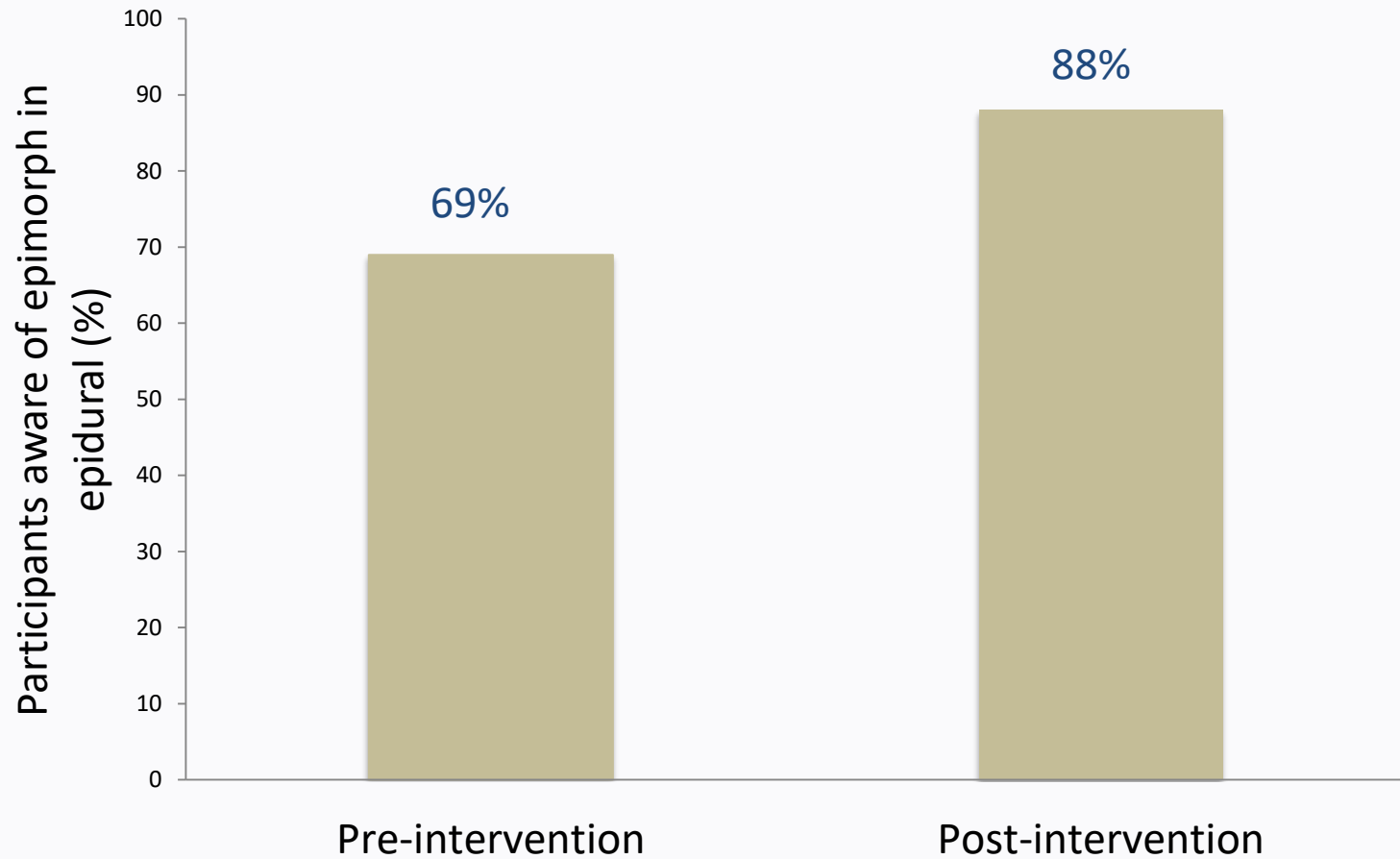
- Poster with information on post-operative analgesia was placed in each postpartum room



Key Features of Intervention

- ✓ **Input:** Met with stakeholders to design intervention.
- ✓ **Awareness:** Adequate education and briefing for postpartum ward personnel.
- ✓ **Easy Uptake:** Simple and inexpensive to implement.

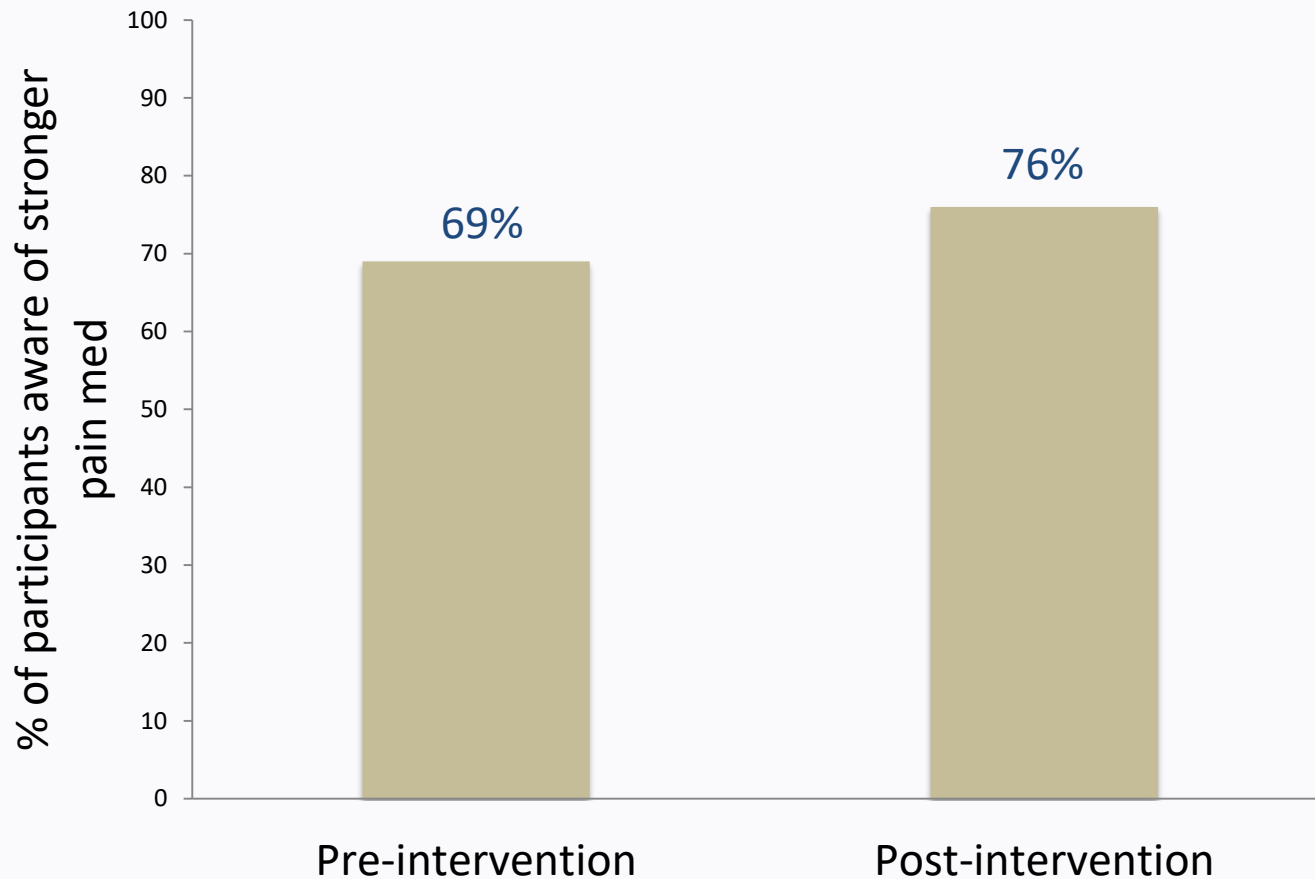
Awareness of long acting analgesia



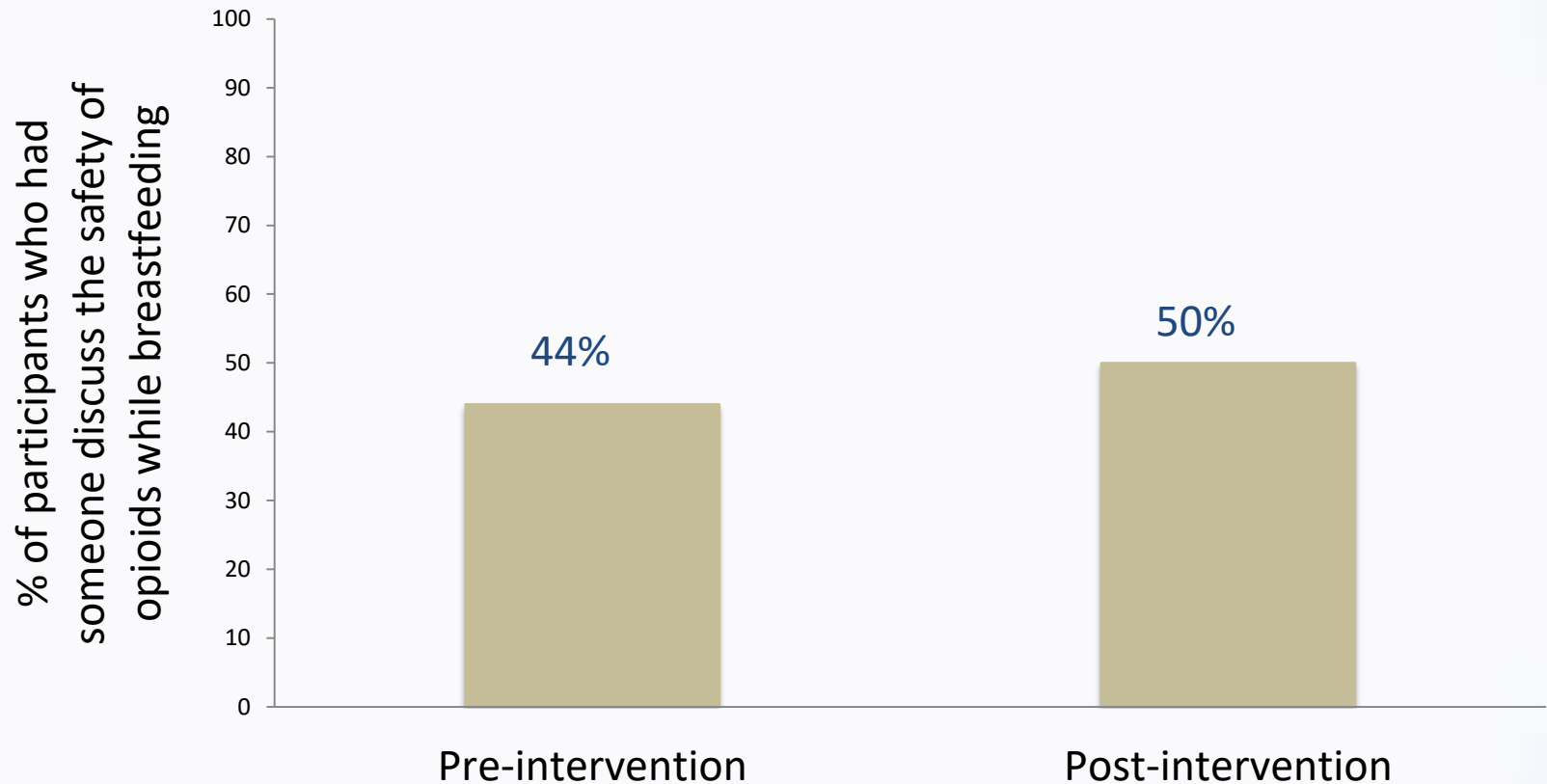
Knowledge about oral pain medications

# of pain medications recalled	Pre-intervention (n = 45)	Post-intervention (n = 34)
One	16 (36%)	6 (18%)
Two	26 (58%)	17 (50%)
Three	3 (7%)	11 (32%)

Awareness of availability of stronger pain medication



Discussion about safety of opioids & breastfeeding



Patients learn analgesia options from...

Healthcare provider	Pre-intervention (n = 45)	Post-intervention (n = 34)
Nurse	37 (82%)	30 (91%)
Anesthesiologist	12 (27%)	10 (29%)
Resident	12 (27%)	10 (29%)
Obstetrician	10 (22%)	9 (26%)
Medical student	3(7%)	1 (3%)
Nobody	4 (9%)	0 (0%)
	Info sheet/board	4 (12%)

Average pain scores

The average score pain score reported by participants while recovering after a C-section was:

4.29±2.48 pre-intervention
4.01±2.48 post intervention



Summary of Results

As a result of our intervention:

- **88%** of participants were aware they received long acting analgesia at the time of their C/S
- **76%** of participants were aware that a stronger pain medication was available to them on the postpartum floor
- A greater percentage of participants were able to recall more of the oral pain medications they received on the postpartum floor

Lessons Learned

Limitations:

- Did not differentiate between Emergent vs. Elective C/S
- Challenges with data collection, timing constraints
- Inability to obtain patient input on intervention
- Unable to do PDSA cycles to further optimize info sheet and questionnaire
- Survey only in English

Strengths:

- Developed our own baseline data
- Interprofessional collaboration
- Adding to limited body of work
- Aligned with hospital goals

Next Steps

- Engage patients in QI process
- Does this QI initiative impact NRC picker data?
- Stratify pain metrics by different patient types (e.g. type of C/S, ethnic background, income status)
- Explore other barriers to understanding prescribed medications

References

Grant, G. Pharmacologic management of pain during labour and delivery. UpToDate. https://www.uptodate.com/contents/pharmacologic-management-of-pain-during-labor-and-delivery?source=search_result&search=post-partum%20pain%20control&selectedTitle=2~150

Li T, Wu HM, Wang F, Huang CQ, Yang M, Dong BR, Liu GJ. Education programmes for people with diabetic kidney disease. Cochrane Database of Systematic Reviews 2011, Issue 6. Art. No.: CD007374. DOI: 10.1002/14651858.CD007374.pub2.

Ryan R, Santesso N, Lowe D, Hill S, Grimshaw J, Prictor M, Kaufman C, Cowie G, Taylor M. Interventions to improve safe and effective medicines use by consumers: an overview of systematic reviews. Cochrane Database of Systematic Reviews 2014, Issue 4. Art. No.: CD007768. DOI: 10.1002/14651858.CD007768.pub3.

Questions?



**Sinai
Health
System**



UNIVERSITY OF
TORONTO