Knowledge of Analgesic Medicationsafter Caesarean Section





Project Team

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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...

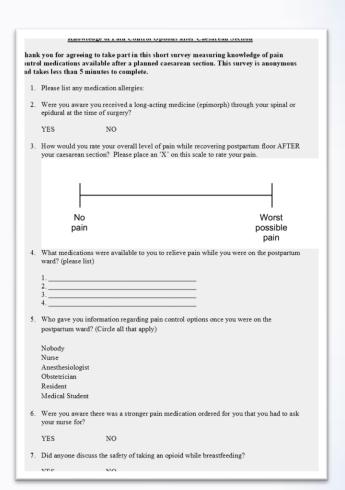


Aim Statement

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.

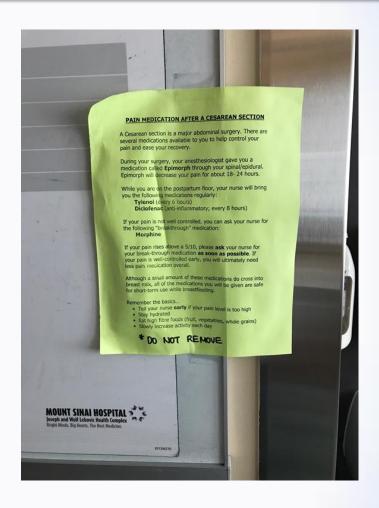
Methodology

- Prospective pre- and postintervention study
- Anonymous questionnaire administered to women on the post-partum floor on day 2 after C/S



Intervention

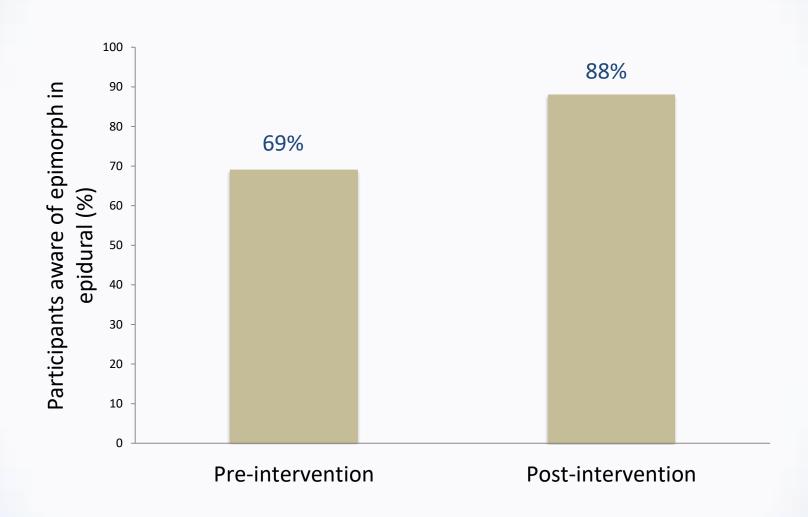
 Poster with information on post-operative analgesia was placed in each postpartum room



Key Features of Intervention



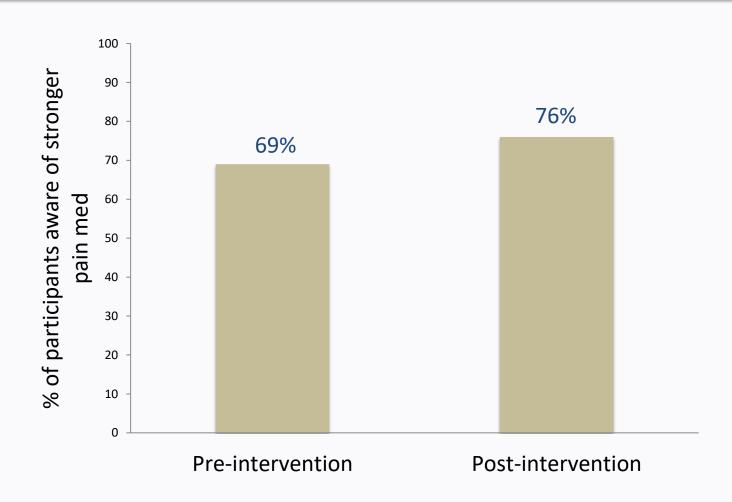
Awareness of long acting analgesia



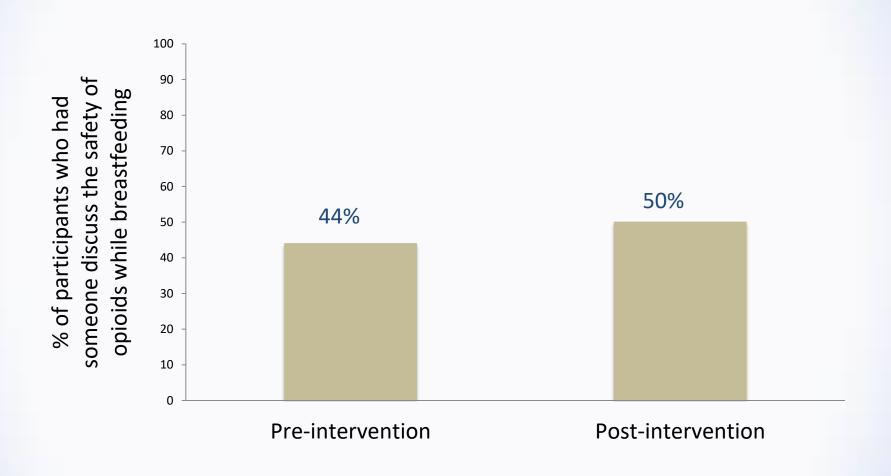
Knowledge about oral pain medications

# 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 & breast feeding



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:

Background

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

Next Steps

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

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Questions?





Background Methods Considerations Challenges Opportunities Recommendations