

IMPLEMENTATION OF THE PAIN PROTOCOL IN A TERTIARY HOSPITAL IN THE SERTÃO OF CEARÁ

IMPLANTAÇÃO DO PROTOCOLO DE DOR EM UM HOSPITAL TERCIÁRIO DO SERTÃO DO CEARÁ

IMPLEMENTACIÓN DEL PROTOCOLO DEL DOLOR EN UN HOSPITAL TERCIARIO DEL SERTÃO DE CEARÁ

✉ *Rafael Fonseca de Queiroz*¹, ✉ *Leonardo Miranda Macêdo*², ✉ *Francisco Daniel Rodrigues da Silva*³, ✉ *Patrícia de Lemos Negreiros Tavares*⁴, ✉ *Odilia Cynara Nobre dos Santos*⁵ e ✉ *José Décio Fernandes de Araújo*⁶

ABSTRACT

This report aims to describe the experience of the pain protocol implemented in a tertiary hospital in Ceará. This is an experience report, which addresses the process of implementation and management of the pain approach and control protocol, carried out by management and assistance professionals at the local hospital in the report, between the years 2022 and 2023. 90% compliance was obtained in the effectiveness rate of protocol measures and 86.2% in the compliance rate for pain reassessment, highlighting adherence rate above 85% in the Hospital units. From this perspective, we consider promising results from the protocol, with a positive impact on the patient experience and better care provided.

Keywords: *Pain; Management; Protocol.*

RESUMO

Este relato tem como objetivo descrever a experiência sobre o protocolo de dor implementado em um hospital terciário do Ceará. Trata-se de um relato de experiência que aborda o processo de implantação e gerenciamento do protocolo de abordagem e controle da dor, realizado por profissionais da gestão e assistência do Hospital, local do relato, entre os anos de 2022 e 2023. Obteve-se 90% de conformidade na taxa de efetividade das medidas do protocolo e 86,2% na taxa de conformidade à reavaliação da dor, sendo destaque taxa de adesão acima de 85% nas unidades do Hospital. Nessa perspectiva, consideramos resultados promissores do protocolo, com impacto positivo na experiência do paciente e melhor assistência prestada.

Descritores: *Dor; Gerenciamento; Protocolo.*

RESUMEN

Este informe tiene como objetivo describir la experiencia del protocolo del dolor implementado en un hospital terciario de Ceará. Se trata de un relato de experiencia, que aborda el proceso de implementación y gestión del protocolo de abordaje y control del dolor, realizado por profesionales de gestión y asistencia del hospital. Hospital local en el informe, entre los años 2022 y 2023. Se obtuvo un 90% de cumplimiento en la tasa de efectividad de las medidas del protocolo y un 86,2% en la tasa de cumplimiento de la reevaluación del dolor, destacando una tasa de adherencia superior al 85% en las unidades del Hospital. Desde esta perspectiva, consideramos que los resultados del protocolo son prometedores, con un impacto positivo en la experiencia del paciente y una mejor atención brindada.

Descriptorios: *Dolor; Gestión; Protocolo.*

¹ Hospital Regional do Sertão Central, Quixeramobim/CE - Brasil.

² Hospital Regional do Sertão Central, Quixeramobim/CE - Brasil.

³ Hospital Regional do Sertão Central, Quixeramobim/CE - Brasil.

⁴ Hospital Regional do Sertão Central, Quixeramobim/CE - Brasil.

⁵ Hospital Regional do Sertão Central, Quixeramobim/CE - Brasil.

⁶ Hospital Regional do Sertão Central, Quixeramobim/CE - Brasil.

INTRODUCTION

Effective pain management in the hospital setting is an area of growing interest and research, driven by the increasingly in-depth understanding of the physical and psychosocial impacts of this debilitating symptom. The implementation of institution-specific protocols plays a crucial role in ensuring standardized and compassionate treatment for patients.

In this context, this report aims to present the experience of the pain protocol implemented in a tertiary hospital in the State of Ceará, incorporating innovative approaches supported by a solid scientific basis. We highlight the fundamental importance of this practice for the adequate treatment of pain and its positive repercussions on different aspects of health care.

Pain, in addition to being a universal experience, is a complex phenomenon that transcends physical limits, impacting the quality of life and well-being of patients. Uncontrolled pain is intrinsically linked to postoperative complications, increased recovery time, and additional costs.

The implementation of an effective pain protocol aims not only to mitigate patient suffering, but also to reduce complications, resulting in tangible benefits for the institution¹. In this context, the implementation of institutional pain protocols emerges as an imperative strategy to ensure a consistent and compassionate approach to the treatment of discomfort.

The relevance of pain protocols is undeniable, and the absence of clear guidelines for pain management can result in significant variations in clinical practice, directly impacting the quality of patient care².

Investigating experiences in large health centers, successful practices of postoperative gynecological pain management in global reference hospitals are highlighted. When analyzing these cases, it was observed that the implementation of specific protocols resulted in a notable improvement in the quality of patient care, evidencing the universal applicability of this approach³.

Regarding alternative modalities, the use of virtual reality is supported by studies that demonstrate that the incorporation of virtual reality in pain treatment and dental procedures not only reduces the perception of discomfort, but also promotes a more positive hospital experience for patients².

On the other hand, the application of Transcutaneous Electrical Nerve Stimulation (TENS), by modulating the transmission of painful signals, has been shown to be effective in relieving both acute and chronic pain, evidencing its potential as a valuable non-pharmacological intervention³.

Within our hospital, we recognize the importance of maintaining an effective institutional pain protocol. The accumulated experience and the results obtained reinforce the need for specific guidelines to ensure excellence in patient care, promoting not only pain relief, but also the strengthening of the doctor-patient relationship and the optimization of institutional resources.

By sharing our experience, we seek not only to highlight the vital importance of the pain protocol in a tertiary hospital setting, but also to inspire reflections on ongoing

strategies to enhance the care provided to patients, providing them with not only pain relief, but a complete and satisfying healthcare experience.

METHOD

This is an Experience Report, which presents the process of implementation and management of the pain approach and control protocol in a hospital located in the municipality of Quixeramobim, Ceará. This Hospital provides tertiary health care and is a reference for twenty municipalities that make up the health macro-region of the Sertão Central.

The experience report, from the methodological perspective, is a form of narrative, so that the author, when he narrates through writing, is expressing an event experienced; It is a knowledge that is transmitted with scientific input⁴.

This report is constructed by the structuring multidisciplinary team responsible for the implementation and management of the Pain Control Approach Protocol in the Unit, composed of: Clinical Director, Medical Coordinator, Nursing Coordinator, Physical Therapy Coordinator, Clinical Nurse and Permanent Education Analyst.

The Pain Approach and Control Protocol, used in the reporting field unit, is methodologically based on ministerial protocols and classic literature of world reference, such as: the Clinical Protocol and Therapeutic Guidelines: chronic pain of the Ministry of Health⁵ and the book Psychopathology: an integrated approach, translation of the work of Barlow and Durand⁶.

The period of implementation and management of the protocol and, therefore, of the description of this report, refers to September 2022 to December 2023. It is important to note that, in 2022, some stages of structuring the protocol took place and, in 2023, the implementation and management itself took place.

It is noteworthy that all records related to the meetings and gatherings, which were sequenced and distributed in the stages of the process, were recorded through minutes and field diaries.

The processes of implementation and management of the pain approach and control protocol followed, systematically and didactically, 06 steps: 1- Construction of a flowchart that directs the protocol; 2- Alignment meetings with managers; 3- Construction of management tools; 4- Continuing Education with the care team; 5- Continuing Education with the administrative assistants of the assistance sectors involved, 6- Implementation and Management of the Protocol.

In the first stage, which took place in September 2022, the structuring team, responsible for implementing and managing the protocol in the unit, met with the objective of building a flowchart that would visually explain the flows to be followed, described in the protocol.

At this stage, it was essential that the entire work process was clearly designed and described, as the result should guarantee evidence in the medical records on the variables that ensure compliance with the protocol. Therefore, the spontaneously reported pain was considered in the report of pain, at the time of verification of vital signs.

After this construction, the second stage began, in November 2022, whose main delivery was the construction of management spreadsheets, based on the flows and

important markers for evaluating the effectiveness of the protocol. The spreadsheet should concatenate the same variables and recording methodology between the sectors, in order to avoid variability.

The third stage of implementation and management of the pain approach and control protocol, which took place in November and December 2022, is directed to a cycle of meetings with managers to present the protocol and the constructions from the previous stages, in order to collect suggestions to adjust the implementation process.

In the fourth stage, moments of realistic simulation were carried out with the care teams of the sectors that make up the adult axis of the Hospital: Medical Clinic, Special Care Unit, Stroke Units, General Surgical Center, Adult ICUs, Surgical Clinic, Traumatology-Orthopedic Clinic, through realistic simulation aimed at the applicability of the protocol of approach and control of pain, structured in: Prior assessment of knowledge, briefing with presentation of the scenario and clinical cases, the simulation itself and debriefing that generated significant discussions and clarification of doubts.

In the fifth stage, another moment of permanent education was held, this time with the administrative assistants, based on the demonstration and handling of the management worksheet and the main flows to be followed from the completion.

After that, it entered the sixth stage in January 2023, in which the implementation and management of the pain approach and control protocol took place. At this point, the teams were already trained, they already knew the protocol and also the management tool. The results presented below refer to the product of this construction, evidenced from January to December 2023.

RESULTS

The institution's pain protocol analyzes two main indicators, namely: the effectiveness rate of the protocol measures and the rate of compliance with pain reassessment. The first indicator shows whether the intensity of moderate or severe pain has regressed to mild or no pain after the administration of the therapeutic measures instituted according to the protocol.

The second indicator shows whether there was a timely reassessment after the interventions, which is essential for new early decisions, with special attention to maintained or worsened pain levels.

In the year 2023, when the management of the protocol became stronger, with greater support from the managerial areas and teams, in addition to the centralized global management having achieved good results.

Regarding the effectiveness rate, there was an average of 90% compliance in relation to an average number of moderate or severe pain notifications of 108, with a median of 115, with a more significant increase in notifications in the second half of the year.

As for the reevaluation rate, there was an average of 86.2%. Units such as subacute stroke, trauma-orthopedics clinic, surgical center and obstetric clinic have greater prominence in effectiveness, but with adhesions of the other units above 85%.

Another metric that analyzes pain in the institution is the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAPS)⁷.

This tool is used to assess the patient's experience, with pain as one of the dimensions of the interview, and has achieved good compliance results, with an annual average of 95%, corroborating the efforts of the pain protocol.

It is also understood that the holistic assessment of total pain, according to the concepts of Dr. Cicely Saunders, a great scholar in Palliative Care, should address physical, social, spiritual and psychic aspects that, although not fully measured, should be present in daily approaches.

In this context, it can be inferred, in the field of collective health practices, that the ambiguities of pain are considered with a focus on a place that humanizes care relationships⁸.

DISCUSSION

It is observed that pain management, both in the care sphere and in its management itself, in terms of numerical results, is a challenge due to the involvement of numerous variables and the need for constant engagement of an entire multidisciplinary team.

The chances of receiving adequate treatment are higher (odds ratio, 3.44; 95% confidence interval, 1.38-8.60) when pain intensity is documented and, although many patients have been prescribed analgesics, they are still inadequate⁹.

As in any process, there is a need for solid structuring, with the choice of viable results that can trigger actions for improvement⁴. In this report, it is possible to perceive this organization of the processes involving pain, with an adequate evaluation scale, training, structuring of management mechanisms, data collection and analysis of results with the main objective of improving the patient's experience, controlling or eliminating their pain.

These one-year results show that the process remains well structured, with a team engaged in assessing pain and has been strengthening in the search for the result of delivery to the patient. However, with regard to opportunities for improvement, it is important to have periodic moments of discussion with the areas involved, in order to standardize practices and align protocol goals and individual therapeutic plan, involving the step-by-step process and focusing on points of non-conformity that require greater attention, such as inadequate prescription of medications¹⁰.

In addition, having a critical eye in loco, such as bringing samples of patients who have been through more than one unit, in order to evaluate the transfer of care and the daily clinical practice in the measurement and treatment of pain in the institution as a whole, is another component of the study's contribution to Science and its implication with the content presented⁹.

CONCLUSION

It is concluded that there is already a well-structured process, with quality indicators, impacting the patient experience and that it is already a model that can help other institutions to further debate this topic, aiming to implement procedural measures and outcome metrics.

There is a need for longer evaluation time, with maturation of the process and internal research with pharmacological and non-pharmacological measures to give greater robustness to the results in the near future.

It is also ratified that, when working on the implementation of the pain protocol in hospital units, since well-established flows and a well-aligned team promote higher quality of care, greater patient safety, better results in terms of recovery and quality of life, in addition to positively impacting the patient's experience in relation to the process of illness and hospitalization.

REFERENCES

1. Gonzales A, Mari M, Alloubani A, Abusiam K, Momani T, Akhu-Zaheya L. The impact of a standard pain assessment protocol on pain levels and consumption of analgesia among postoperative orthopaedic patients. *Int J Orthop Trauma Nurs* [Internet]. 2021 Nov 1 [citado 2024-03-16];43:100841. Disponível em: <https://www.sciencedirect.com/science/article/pii/S1878124120301532>.
2. Ismail S, Siddiqui AS, Rehman A. Postoperative pain management practices and their effectiveness after major gynecological surgery: An observational study in a tertiary care hospital. *J Anaesthesiol Clin Pharmacol*. 2018[citado 2024-03-20];34(4):478–84. Available froDisponível em: https://doi.org/10.4103/joacp.JOACP_387_17.
3. Stein C, Dal Lago P, Ferreira JB, Casali KR, Plentz RDM. Transcutaneous electrical nerve stimulation at different frequencies on heart rate variability in healthy subjects. *Auton Neurosci Basic Clin*. 2011 Dec 7[citado 2024-03-20];165(2):205–8. Disponível em: <https://doi.org/10.1016/j.autneu.2011.07.003>.
4. Schöngut Grollmus N, Pujol Tarrés J. Relatos metodológicos: difractando experiencias narrativas de investigación. *Forum Qual Sozialforschung Forum Qual Soc Res* [Internet]. 2015 abr. 26 [citado 2024-03-16];16(2). Disponível em: <http://www.qualitative-research.net/index.php/fqs/article/view/2207>.
5. Ministério da Saúde do Brasil. Portaria nº 1083, de 02 de outubro de 2012. 2012.
6. Barlow DH, Durand VM. *Psicopatologia: uma abordagem integrada*. Cengage Learning; 2021.
7. Agency for Healthcare Research and Quality. (2006). *Hospital Consumer Assessment of Healthcare Providers and Systems Survey*. Baltimore, MD: Centers for Medicare & Medicaid Services.
8. Campos GW de S. Saúde pública e saúde coletiva: campo e núcleo de saberes e práticas. *Ciênc Saúde Col* [Internet]. 2000;5(2):219–30. Disponível em: <https://doi.org/10.1590/S1413-81232000000200002>.
9. Zoëga S, Ward SE, Sigurdsson GH, Aspelund T, Sveinsdottir H, Gunnarsdottir S. Quality pain management practices in a university hospital. *Pain Manag Nurs Off J Am Soc Pain Manag Nurses*. 2015 Jun[cited 2024-03-20];16(3):198–210. Disponível em: <https://doi.org/10.1016/j.pmn.2014.06.005>.
10. Moreira dos Santos MJ, Machado Batista JM, de Oliveira Belém M. Farmacêutico clínico no cuidado à saúde no hospital público. *Cadernos ESP* [Internet]. 2023 ago. 9 [citado 2024-03-21];17(1):e1097. Disponível em: <https://cadernos.esp.ce.gov.br/index.php/cadernos/article/view/1097>.