

Introduction

1.1. Purpose

The purpose of this policy is to define the expectations for pain assessment and management within the BC Children's and BC Women's Hospitals and Health Centre (C&W). This document outlines key principles that all Healthcare Professionals (HCP) and staff are to adhere to for pain care.

1.2. Scope

All HCP, staff, and volunteers who provide care in partnership and affiliated with C&W to patients/persons and their families. (BC Children's Hospital in-patient and ambulatory services, inclusive of BCW Neonatal Intensive Care Unit (NICU), Medical Imaging, Specimen Procurement and Laboratory, Canuck Place Children's Hospice)

Policy

Pain assessment and management is based on the following principles:

2.1. Guiding Principles

- BC Children's and BC Women's Hospital and Health Centre commit to minimizing pain and distress, prevent when possible, and promoting comfort at every level of care and clinical care encounter.
- Pain assessment and management will provide safe and efficient pain care by;
 - Utilizing evidence-based developmentally appropriate processes and interventions,
 - Acknowledging and optimizing the pain care experience for persons and their families,
 - Facilitating communication consistency across affiliated organizations,
 - Supporting continuous quality improvement, and research,
 - Evaluating and documenting outcomes
 - Provide access to appropriate assessment and treatment of pain without discrimination by adequately trained health care professionals
- Psychological, physical and pharmacological interventions, which are all essential to prevent and treat pain, encourage well-being, daily functioning, and coping, will be provided using a bio-psychosocial approach.
- Pain is variable and subject to change throughout the clinical care trajectory, requiring continual reassessment and evaluation of the treatment.
- The care approach must continually incorporate the changing factors of the persons' condition, clinical context, and the interventions and resources available to optimize the care experience for the individual.
- All healthcare interactions with persons and families will provide person and family-centred care. This approach promotes clinical collaboration, communication, access to information, and education to guide pain prevention and management, with persons and their families.
- Trauma-informed care will provide psychological safety and compassion with pain assessment and management.

- Culturally appropriate and ethical pain care will consider pain within the context of the factors of diversity to promote equity and respect for all people.
- Indigenous, culturally safe care will be implemented with cultural humility to respect personal beliefs, practices and collaboration.
- The concept of pain care must be adapted to accommodate the individual characteristics of persons to which the term developmental disability refers. The engagement and communication for pain assessment and treatment will encourage an inclusive appreciation of the pain experienced and the individual's and family's specific care needs.

Responsibilities

All HCP's and staff are responsible and accountable for pain prevention, assessment, management, and the promotion of comfort with every clinical encounter.

3.1 Organization

Consistent with the PHSA Vision, Mission, and Values, BC Children's and Women's Hospitals will aim to adhere to the following:

- Evaluate and monitor quality indicators for pain assessment and management.
- Provide resources, implement structures and practices that support and promote safe, person, and family-centred approaches for pain assessment and management.
- Provide opportunities to promote interprofessional education and collaboration related to the assessment and management of pain.
- Encourage and empower staff in all settings with the guiding principles of this policy.
- Support a caring culture that is safe, equitable, collaborative, and makes comfort a priority.
- Identify and manage issues and events related to pain assessment and management.
- Provide leadership to the province of British Columbia for the care of pediatric pain care.

3.2 Healthcare Professionals

- Physicians and interprofessional staff will work together and communicate on a frequent and scheduled basis about patients, and be aware of the pain policies, procedures, guidelines, and interventions offered at C&W.
- To the extent possible, pain care will be provided by an interprofessional team with the aim to relieve pain and psychological distress, as well as improve the persons' and family functioning and self-management.
- Physicians and interprofessional staff should participate in continuing education opportunities to enhance evidence-based pain-specific knowledge and skills.
- When caring for Indigenous persons/families, physicians and interprofessional staff will ensure families are aware of this support and refer to the Indigenous Patient Liaison.

- Provide education and resources for persons and families, to promote partnership in their pain care both in hospital and in the community.
- Physicians and interprofessional staff are encouraged to be reflective of subjective unconscious personal bias to mitigate potential racism/discrimination and promote equitable and culturally safe care.
- Physicians and interprofessional staff are responsible to raise concerns about pain assessment and management to their clinical colleagues and supervisors and report any systems issues as indicated through the Patient Safety Learning System (PSLS).

3.3 Hospital Staff

- Hospital staff are expected to take responsibility to learn about the pain and comfort policy, standards for pain practice, and other clinical supporting documents.
- Communicate empathy and understanding in all interactions with persons and families at C&W.

3.4 Pain and Comfort Committee

Reporting to the C&W Quality and Safety Committee, the Pain and Comfort Committee will aim to:

- Provide site-wide representation for the care of pain and be inclusive of patient partners, as stated in the terms of reference.
- Support coordinated evaluation and quality improvement of pain management across C&W.
- The committee is responsible for updating, implementing, and monitoring this policy.

3.5 Patients/Persons and Families

- Persons and families have the right to express themselves and receive appropriate pain relief.
- Persons and families are encouraged to report and share their pain to promote an understanding of the full extent of their pain experience.
- To ensure equitable pain care for persons and families, the Indigenous Patient Liaison can provide advocacy for culturally safe care and emotional and cultural support.
- All documents relevant to pain assessment and management will be reviewed by patient partners and incorporate their perspectives.
- Patient partner representation will be active on the Pain and Comfort Committee as per the terms of reference.

Supporting Documents

- Pain Assessment Standard
- Pain Management Standard
 - Opiate Management Standard **(TBD)**
 - Comfort with Clinical Procedures Standard **(TBD)**
- Person and Family-Centered Care Standard

Definitions

Acute pain: Pain experienced as a result of trauma, surgery, procedures and/or medical condition changes.

Bio-Psychosocial: An interdisciplinary model that looks at the interconnection between biology, psychology, and socio-environmental factors.

Chronic pain: Pain that persists longer than the expected time frame for healing to occur or recurs and is associated with significant emotional symptoms and/or functional interference with activities of daily life.

Comfort: The pleasant and satisfying feeling of being physically or mentally supported with pain and suffering, or something that promotes this feeling when pain persists.

Complex pain: Pain that is persistent and/or amplified and is not consistent with history and/or physical findings. Despite this, the pain is experienced.

Health Care Professional: Is a person who is licensed, certified or registered under the *Health Professions Act* (1996), and/or other prescribed Acts to provide Health Care in British Columbia. Other professionals not covered under the *Health Professions Act*, such as Paramedics, may be included in this definition.

Indigenous Cultural Safety: An outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the healthcare system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.

Cultural Humility: A process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience.

Pain: An aversive sensory and emotional experience typically caused by or resembling that caused by actual or potential tissue injury. (IASP, 2019 revised definition)

- Pain is always a subjective experience that is influenced to varying degrees by biological, psychological, and social factors.
- Pain and nociception are different phenomena: the experience of pain cannot be reduced to activity in sensory pathways.
- Through their life experiences, individuals learn the concept of pain and its applications.
- A person's report of an experience as pain should be accepted as such and respected.
- Although pain usually serves an adaptive role, it may have adverse effects on function and social and psychological well-being.
- Verbal description is only one of several behaviours to express pain; inability to communicate does not negate the possibility that a human or a non-human animal experiences pain.

<https://www.iasp-pain.org/PublicationsNews/NewsDetail.aspx?ItemNumber=9218>

Patient Partner: A stakeholder who participates in projects led by health authorities, health organizations, and non-profit organizations that seek to include patient perspectives to help improve the quality of care.

<https://patientvoicesbc.ca/patient-partners/>

Person and Family-Centered Care: An approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care professionals, patients, and families (BC Ministry of Health, 2015).

Procedure: An activity directed at or performed on an individual to improve health, treat disease or injury, or make a diagnosis.

Psychological pain: Pain experienced with or without a physical source and may cause symptoms of emotional, social, spiritual distress.

Trauma-informed Care: Services provided in ways that recognize the need for physical and emotional safety, as well as choice and control in decisions affecting one's treatment. Trauma-informed practice is an approach to care, or way of being in the relationship, intending to create an environment where service users do not experience further traumatization or re-traumatization. (events that reflect earlier experiences of powerlessness and loss of control) Individuals can make decisions about their treatment needs at a pace that feels safe to them.

Staff: All employees (including management and leadership), medical staff members (including physicians, midwives and dentists), nurse practitioners, residents, fellows and trainees, health care professionals, students, volunteers, contractors, researchers and other service providers engaged by PHSA.

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