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## Towards a Pain-free Hospital: a project to improve the approach to the patient in pain

Although during recent decades important progress has been made in the study and treatment of several painful conditions, pain is still underestimated and under-treated both inside hospitals and in medical practice in the community. This seems to be due to three main reasons:

- Pain is too often considered unavoidable.
- In medical practice pain is not considered a priority.
- Medical staff often lack sufficient knowledge about pain.

As a result the presence of pain among inpatients is extensive (Table 1) [1–4], significantly more than would be expected from the World Health Organization's (WHO) claim that 90% of pain can be controlled [5]. This has led to complaints about "the tragedy of needless pain" [6].

Awareness of this has stimulated campaigns all over the world to improve the control of pain in hospitals. A project called "Towards a

Pain-free Hospital" was first started in Montreal, Canada [7], and was subsequently adopted by various countries, under the co-ordination of the international association Ensemble Contre la Douleur [8]. The main points of the campaign are:

- Pain is a problem common to all medical specialities.
- Every hospital professional is faced with the problem of pain.
- The whole hospital must be involved in the campaign.
- The general public should be involved in the campaign as well.

Following these principles and the guidelines published in the meantime by the Italian Ministry of Health [9], the Italian Group "Verso un Ospedale Senza Dolore" ("Towards a Pain-free Hospital") has formulated a programme to carry out the campaign in Italy. The programme is divided into various stages:

- 1) Creation of a "Towards a Pain-free Hospital" committee, whose

**Table 1** Prevalence of pain among inpatients

Reference	Pain prevalence
Donovan et al. [1]	79%
Abbott et al. [2]	50%–67%
Costantini [3]	43%–56%
Trentin et al. [4]	44%
Italian Towards a Pain-free Hospital Project <sup>a</sup>	46%–91%

<sup>a</sup> Ospedale Senza Dolore, unpublished data

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members must include: a representative of the management of each participating hospital, experts in the study and treatment of pain, professionals representing the various care areas (e.g. internal medicine, surgery, paediatrics) and, in particular, nurses for their key role in the management of patients with pain, and a pharmacist. The Committee's duties are to: co-ordinate the campaign's various tasks, set up an observatory of the problem of pain among the hospital's patients, carry out staff education and training, and guarantee information to the general public.

- 2) Carrying out surveys on the presence of pain among the hospital's patients, and the knowledge and attitudes of medical staff in their approach to and treatment of patients with pain. These surveys are useful as they constitute a starting point for assessing the present needs and for evaluating later the results of the campaign.
- 3) Organising courses for medical staff on the main issues connected with pain, so as to fill the demonstrated gaps in their knowledge [10]. The organisation has to consider various issues such as the different educational needs in various areas, the participation of both nurses and physicians, and the support to be given to professionals after the course. In our experience, attendance is higher for nurses (who appear to be better motivated) but lower for physicians.
- 4) Introducing daily pain assessment for every patient, as "the fifth vital sign". Nurses should ask patients to assess their pain at least twice a day using a unidimensional instrument such as the visual analogue scale or the Numerical Rating Scale (NRS), and register the values on the patients' charts. This is considered the basis for all pain-related therapy practised. Its efficacy in improving communication, attention and treatment has been proved by various studies [11, 12]. The feasibility of this task has been demonstrated also in Italy (preliminary unpublished data collected at Vicenza Hospital): nurses' compliance is high (80% of measurements have been performed) and the procedure is valued by both nurses and patients; in any case it is necessary to attune the implementation protocol to the needs of the specific setting.
- 5) The next step is the identification of guidelines for the treatment of pain, specific to the different medical specialities, and shared by all professionals. They should consider issues like the intensity threshold which should trigger an analgesic prescription, the sequential use of analgesics and the policies for the use of advanced analgesic technologies.
- 6) In the meantime the general public has to be informed about the campaign and be involved in it. In particular citizens and inpatients must be made aware of the possibility and importance of the treatment of pain, the need for co-operation with medical staff and their right to have their pain controlled. Meetings, press campaigns and informative leaflets may be of help.
- 7) All the stages of the campaign are to be monitored with suitable indicators, for instance:
  - Extent of pain before and after the campaign
  - Professionals' knowledge before and after the courses
  - Nurses' compliance with daily pain assessment
  - Percentage of pain therapy practised at patients' request and its effectiveness
  - Organisation of courses and staff participation
  - Preparation of guidelines for pain treatment
  - Preparation of informative material for patients

- Assessment of patients' satisfaction with pain management

While activities of this kind have been carried out in some North American and European countries, where their efficacy has been assessed, in Italy this campaign is at its beginning.

After the Towards a Pain-free Hospital project was first tried in a few Italian health structures [13], in 2000 a promoter group was set up which co-ordinated the initial stages of the campaign simultaneously in 20 Italian hospitals. The data gathered through basic surveys on 3500 inpatients and 4000 health professionals (nurses and physicians) showed that:

- The prevalence of pain in Italian hospitals is higher than that revealed by similar surveys else-

where (91% of patients complain of some degree of pain and 46% of severe pain);

- Pain treatment in hospital is far from being satisfactory, according to WHO guidelines;
- The attitudes and knowledge of medical staff towards pain are inadequate, in particular regarding the use and the effects of opioid drugs.

Therefore we think it is desirable and not deferrable that initiatives aiming at improving the approach to and the treatment of patients with pain be shared and implemented by every hospital and health authority.

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*For the Italian Group Towards a Pain-free Hospital*

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