Improving Palliative, Aged and Chronic Care through Clinical Research and Translation (IMPACCT)

COMMUNIQUE

Cancer Pain Assessment Study (CPAS) Update: November 2018

Dear Investigator Team,

This Communique is to provide you with an update of the Cancer Pain Assessment Study (CPAS). Since we last met, we made some great progress with this study which is detailed below.

Ethics approval

Health South Eastern Sydney Local Health District

Ethical approval for CPAS was granted in May, 2018, by the South Eastern Sydney Local Health District HREC. HREC ref no: 17/322 (HREC/18/POWH/90).

ANZCTR Registration

ANZCTR Australian New Zealand Clinical Trials Registry

CPAS was successfully registered with the Australian New Zealand Clinical Trials Registry (ACTRN12618001103257) in June 2018. Trial web address: http://www.anzctr.org.au/ACTRN12618001103257.aspx

Cancer and Supportive Care Clinical Studies Collaborative (CSCCSC)

CPAS has been included in the Cancer Symptom Trials portfolio, which aims to accelerate the improvement of cancer symptom management and quality of life for all people living with cancer. Cancer Symptom Trials is a multidisciplinary research collaborative with expertise in clinical trial design, symptom interventions and supportive care, with a consumer advisory panel to inform research approaches and priorities.

CPAS Qstream module finalised

Qstream

A 'master' Qstream module has been set up comprising four audit feedback questions and eight case studies (see page 3 for sample question). The master module will be adapted for each site to integrate audit feedback, and personalise 'take home messages'.

Study start up: Concord Centre for Palliative Care

CPAS has commenced at the first site (Concord Centre for Palliative Care) and we currently have 19 participants recruited there. The nursing and medical team at Concord worked closely with the research team to tailor the Qstream module, and the feedback from participants has been very positive so far. We anticipate most participants will complete the Qstream module at Concord by late November/early December.

Organisational support for CPAS granted by HammondCare

In preparation for site specific approval, CPAS has been granted organisational support from HammondCare. We are currently working on securing site specific approval for three HammondCare sites: Braeside, Greenwich and Neringah Hospitals, with a view to launching the project at HammondCare in March, 2019.

CI NSW Trial

Unfortunately, our July 2018, application for CPAS to be included in the Cancer Institute NSW Portfolio was unsuccessful.

Publications and presentations

The study protocol paper was submitted to Trials in August 2018, and is currently under review:

- Phillips JL, Heneka N, Lovell M, Lam L, Davidson P, Boyle F, MaCaffrey N, Fielding S, & Shaw T. (2018). Protocol for a phase III wait-listed randomised controlled trial of novel targeted inter-professional clinical education intervention to improve cancer patients' reported pain outcomes: The Cancer Pain Assessment (CPAS) Trial (Under consideration: Trials).

A systematic review of the Spaced Education methodology as applied to changing clinical practice is also currently under review, with Medical Teacher:

- Phillips JL, Heneka N, Bhattaria P, Fraser C, & Shaw T. (2018). Effectiveness of the spaced education pedagogy for clinician CPD: A systematic review (Under consideration: Medical Teacher).

Two poster presentations have also been given (page 4):

- Phillips JL, Heneka N, Lovell M, Lam L, Davidson P, Boyle F, MaCaffrey N, & Shaw T. (2018). A phase III wait-listed RCT of a novel targeted inter-professional clinical education intervention to improve cancer patients' reported pain outcomes: Protocol. European Palliative Care Association10th World Research Congress, Bern, Switzerland, 24-26 May 2018.
- Phillips JL, Lovell M, Davidson P, Boyle F, Lam L, MaCaffrey N, Heneka N, & Shaw T. (2018). A phase lll wait-listed RCT of a novel targeted inter-professional clinical education intervention to improve cancer patients' reported pain outcomes: Protocol. PaCCSC 9th Annual Forum, Sydney, Australia, Feb 27, 2018.

When should you initiate and document a pain assessment for a palliative care patient (tick all that apply)?

Choices

Participants who answered the entire question correctly

37%

Here is the breakdown by individual choice:

You	Key	Choices	Responses
	✗	Every time you assess the patient's pain	50%
●	✗	When a new or existing patient reports a pain score of less than two on a self-reported numerical rating scale	12%
●	✓	When an existing patient experiences a new pain or a sudden, unexpected change in intensity of pain	87%
	✓	When a new patient reports a pain score of two or more on self-reported numerical rating scale	50%
Total			8 responses

Results

This question has been retired

This question has been moved to the Retired Questions section for this Qstream

You can review the answer at this link at any time

Explanation

Australian Cancer Pain Management Guidelines for Adults recommend a comprehensive pain assessment is conducted when:

- A patient has a pain score ≥ 2 on admission
- An existing patient has a new pain or unexpected change in pain intensity

A message from Jessica:

In an audit of pain assessment and documentation practices undertaken at CCPC over one month, 35% of patients with pain on admission had a documented pain score ≥ 2. Unfortunately, a pain assessment was only documented in half (55%) of these patients.

For our existing patients who experienced a new pain, or an unexpected change in intensity of pain during their admission, none of our patients had a pain assessment conducted when the reported pain.

At CCPC there are two types of pain assessment that should be undertaken:

1. A pain assessment, undertaken by the nursing team
2. A comprehensive pain assessment, generally undertaken by the medical team

For nurses, a pain assessment is indicated if a patient reports pain of 2/10 or greater on admission, or if an existing patient reports a new pain or experiences a sudden, unexpected change in pain intensity. Your findings should be documented in the Clinical Notes.

As a doctor, if a patient reports pain of 2/10 or greater on admission, you should undertake a comprehensive pain assessment which includes all the elements listed here and document your findings in the clinical notes. Similarly, if an existing patient reports a new pain or experiences a sudden, unexpected change in pain intensity, a comprehensive pain assessment must be undertaken and documented in the Clinical Notes.

Figure 1: Sample Qstream audit feedback question

Centre for Improving Palliative, Aged and Chronic Care through Clinical Research and Translation (IMPACCT)

A phase III wait-listed RCT of a novel targeted inter-professional clinical education intervention to improve cancer patients' reported pain outcomes: Protocol

Phillips JL,[1] Lovell M,[2] Davidson P,[3] Boyle F,[4] Lam L,[1] McCaffrey N,[5] Heneka N,[1] Shaw T[4]

[1]University of Technology Sydney, Australia; [2]HammondCare, Sydney, Australia; [3]Johns Hopkins University, Baltimore, United States; [4]University of Sydney, Australia; [5]Deakin University, Melbourne, Australia

Introduction

Unrelieved cancer pain continues to be a major problem, with 30-75% of cancer patients experiencing pain at any given time. Variations in care contribute to cancer pain being under-recognised and under-treated in 50% of patients.

International cancer pain guidelines recommend routine pain screening, obtaining and documenting patient reported pain scores, undertaking a comprehensive pain assessment, and regular pain reassessment. **Clinicians' failure to routinely screen and assess pain contributes to the burden of unrelieved cancer pain**.

Building health professionals pain assessment capabilities is a crucial element of addressing the burden of unrelieved pain within the health care system. While numerous clinician targeted cancer pain management interventions have been implemented, none have **targeted cancer pain assessment as a distinct learning component**.

Aim

The aim of this wait-listed randomised controlled trial ('RCT') of a novel targeted inter-professional clinical education intervention ('intervention') is to reduce cancer patients' unrelieved pain by increasing cancer and palliative care clinicians' (doctors and nurses) pain assessment capabilities.

Study Design and Methods

Design: A multi-site phase III wait RCT, conducted in six cancer and/or palliative care services in Australia.

The intervention combines:

1. An online spaced learning module that delivers authentic case-based cancer pain assessment scenarios directly to a clinician's mobile device (Figure 1);
2. Real-time site-specific pain assessment audit and feedback, providing de-identified peer to peer comparisons; and
3. Online links to evidence-based pain assessment decision supports.

Primary outcome measure: Mean change in the pain NRS (0-10) scores, from admission to census date.

Secondary outcome measures: clinicians' pain screening/assessment guideline adherence; pain assessment documentation quality score; and clinicians' self-perceived pain assessment capabilities.

Intervention efficacy and resource use data will be determined via economic evaluation.

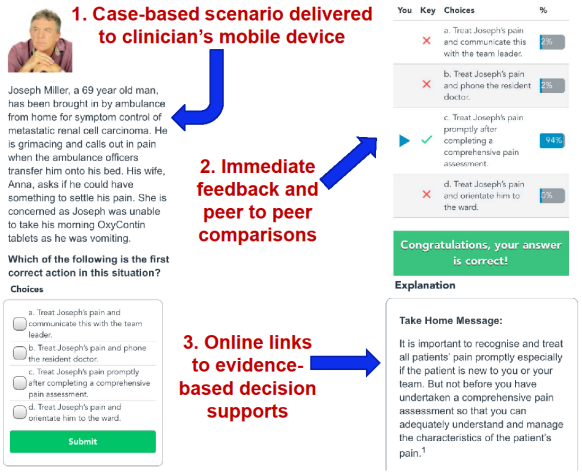

Figure 1. Sample spaced learning case study

Conclusions

An adequately powered RCT is required to determine if this intervention is efficacious and cost-effective compared with the usual pain assessment continuing professional development activities for:

i. reducing patients' reported numerically rated pain scores; and

ii. increasing cancer and palliative care clinicians' pain assessment capabilities.

Funding
This study is funded by a Cancer Australia Priority-driven Collaborative Cancer Research Scheme (Application ID 1127011).

uts.edu.au/impacct

Figure 2: Poster presented at European Palliative Care Association10th World Research Congress, Bern, Switzerland, 24-26 May 2018.