PAIN FREE
HOSPITAL
Tranformasi Konsep Rawatan
Pelanggan Bebas Kesakitan

Kami Sedia Membantu
KEMENTERIAN KESIHATAN MALAYSIA

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painfree hospital manual

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Pain Free Hospital Manual

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Foreword

Pain is a common symptom experienced by hospitalised patients, whether it is due to cancer, surgery, trauma, childbirth or medical conditions. Pain causes a lot of suffering and unfortunately many patients in hospitals all over the world still experience unrelieved pain, despite the availability of many analgesic medications as well as advanced surgical and anaesthetic
techniques.

The Ministry of Health (MOH) is aware of the challenge of unrelieved pain in our hospitals and is committed to the improvement of pain management in the MOH. In 2008, the MOH issued a Director General of Health's Circular to implement "Pain as the 5th Vital Sign", and in 2011 the concept of Pain Free Hospital (PFH) was introduced. The PFH concept promotes holistic pain management using a multidisciplinary team approach incorporating improvements in surgical and anaesthetic techniques, and utilising pharmacological and non-pharmacological methods including traditional and complementary medicine for the relief of pain.

The PFH concept was piloted in 3 hospitals in 2011, and based on the response to this initiative and the interest generated among other hospitals, the MOH felt that it is time for all MOH hospitals to come on board and participate in this exciting program. Although we have used the term "Pain Free" hospitals, we acknowledge that it is not possible to achieve a completely pain free state in many cases - our pledge to patients is that we will ensure that their pain is controlled to a level at which they are comfortable and able to recover from their surgery or procedure and return to normal activities as soon as possible.

The publication of this Manual is an important resource for hospitals aspiring to be certified as "Pain Free Hospitals", as it gives clear guidelines on the concept and principles of PFH, outlines the role of all the different healthcare providers involved in the multidisciplinary team approach to PFH and includes guidelines on pain assessment and management of different types of pain. I would like to congratulate and thank the Quality Division of the MOH and the National Pain Free Hospital Committee for their hard work in putting together this Manual.

However, this Manual alone is not enough. In order to achieve our vision of Pain Free Hospitals, all healthcare providers need to commit themselves to the principes of PFH, be sensitive to patients with pain, and be proactive and innovative in our management of these patients. I sincerely hope that all MOH hospitals will take up the challenge to provide a "pain free" experience for our patients.

Datuk Dr. Noor Hisham Abdullah
Director General of Health Malaysia

Pain Free Hospital Manual
Preface

The Pain Free Hospital (PFH) initiative was launched by the Minister of Health at the end of 2011. This initiative, an important milestone in the efforts to improve pain management in Ministry of Health (MOH) hospitals, promotes holistic pain management using a multidisciplinary team approach and incorporating the latest developments in surgical and anaesthetic techniques, and utilising pharmacological and non-pharmacological methods including traditional and complementary medicine for the relief of pain. In 2011 the PFH initiative was piloted in three hospitals - Hospital Putrajaya, Hospital Raja Permaisuri Bainun Ipoh and Hospital Selayang - and in 2013 an additional five hospitals joined in the initiative. While initially only doctors and nurses were involved in the National PFH committee, other allied health professionals - physiotherapists and pharmacists - were included in the national committee in 2013.

As the national PFH committee grew, other hospitals nationwide also showed great interest in implementing the PFH concept. Two further activities have therefore been conducted in order to translate the concept into reality and to spearhead the implementation nationwide. The first was a series of regional "Train the Trainer" workshops on the PFH concept, focussing on the implementation of Pain as the 5th Vital Sign and the operationalisation of the multidisciplinary team approach, and the second was the production of this Manual.

This Manual is the result of many hours of work and meetings of the National Pain Free Hospital Committee. Although launched in 2011, the PFH concept is still a "work in progress" as we continue to develop innovative approaches to improve pain management using a multidisciplinary team approach. The Manual outlines the concept and principles of PFH, and includes statements and policies that hospitals should adopt and implement as well as a client charter on pain management in our hospitals. It also specifies the role of the different healthcare providers involved in the multidisciplinary team approach to PFH. and includes guidelines on pain assessment and management of different types of pain, including educational materials for ongoing training of staff as well as materials relevant for patient education.

We hope that this Manual will be a useful tool for all hospitals interested in implementing the various policies and programmes that will allow them to be certified as "Pain Free" hospitals.

We further hope that the PFH initiative will benefit patients, healthcare providers and hospitals, not just by improving patient comfort and patient satisfaction but also by reducing complications related to poorly managed pain, and reducing patient length of stay, thereby reducing congestion in our hospitals and reducing the cost of healthcare. In the long run, we hope that the MOH and the nation will benefit from the proper implementation of the PFH concept nationwide.

Dr Mary Suma Cardosa
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9.5 Duties and Responsibilities

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6. Duties and Responsibilities of Primary Unit
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8. Duties and Responsibilities of Obstetric Analgesia Team
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10. Duties and Responsibilities of Physiotherapists
11. Duties and Responsibilities of Traditional and Complementary Medicine (T/CM) Team
12. Medication History Assessment Form (CP1)

1.1 History

* Pain is one of the main reasons why patients are admitted to hospital and unre lieved pain is the reason why patients fear going to hospital, especially for surgery or other painful procedures.

* Pain is generally considered unavoidable. however, with modern drugs and techniques, there are many simple ways of relieving pain. Unfortunately pain is often not well managed in hospitals.

* Some of the reasons for poor pain management include:

a. Pain relief is not considered a priority In medical practice.

b. Medical staff often lack sufficient knowledge about pain and pain management.

c. There are still many barriers to the use of opioid analgesics.

* Initiatives to improve pain management have been started in many countries over many years. In Malaysia, Pain as the 5th Vital Sign was implemented in stages in KKM hospitals from 2008, and subsequently implemented in University hospitals and several private hospitals.

* The Declaration of Montreal, made at the International Pain Summit in 2010, states that "Access to Pain Management is a basic human right"

*Policies and procedures for pain assessment and management is now a requirement for MSQH and JCI accreditation.

*Implementing the concept of Pain Free Hospital has many benefits and promotes the concept of "patient centered care" based on effective integration and optimal utilisation of existing services.

*Specific benefits for the patient:

a. More comfortable and shorter hospital stay (or day stay only).

c. Less risk of nosocomial infection.

d. Decreased anxiety and stress.

*Benefits for the hospital:

a. Better customer satisfaction.

b. Optimal use of Ambulatory Care Centers by promoting the use of day surgery and minimally invasive surgery.

1.2 OBJECTIVES OF PAIN FREE HOSPITALS

1.1.1. Pain free surgery

1.1.2. Pain free labour

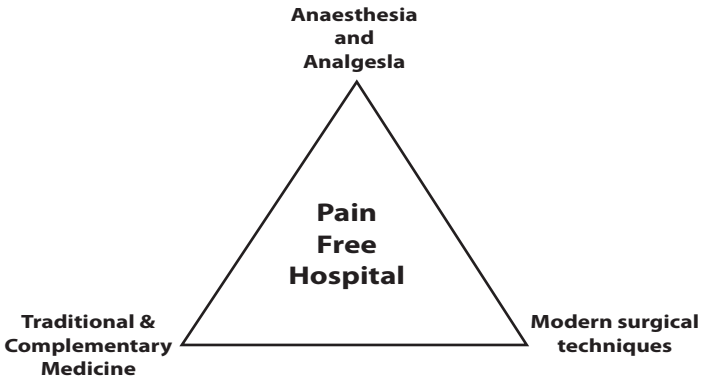
1.1.3. Pain free procedures

1.1.4. Pain free rehabilitation

1.1.5. Pain free discharge

1.3 CONCEPTS

The main components of PFH are shown in the diagram below:



Anaesthesia and Analgesia: Promoting the use of regional anaesthsia and establishment of protocols for treatment of different types of acute pain

Modern Surgical Techniques: Promoting the use of Minimally Invasive Surgery (MIS) and Day Care Surgery (DCS) with excellent pain control.

Traditional and Complementary medicine (T/CM): Promoting the incorporation of non-pharmacological techniques including T/CM techniques (e.g. massage, acupuncture, deep breathing/relaxation) into pain management for all patients.

A Pain Free Hospital will have the following features:

1 Implementing Pain as 5th Vital Sign:

1.1 Ensure standards for pain assessment

1.2 Recognize and treat pain promptly

1.3 Ensure information about pain relief is available to all patients

1.4 Promise patients attentive analgesic care

1.5 Policies for use of advanced technologies

1.6 Monitor adherence to standards

2. Promoting the use of Minimally invasive surgery (MIS) – smaller wounds means less pain.

3. Encourage day care surgery - provides safe and effective perioperative analgesia as well as post-operative monitoring and follow up of patients after discharge.

4. Standardised protocols for analgesia for different types of acute pain.

5. Promoting increased use of regional anaesthesia for peri-operative pain relief.

6. Integration of Traditional & Complementary medicine and promoting non-pharmacological techniques for pain relief and relief of side effects of analgesics.

2. POLICY STATEMENT ON PAIN ASSESSMENT AND MANAGEMENT

1. Pain is assessed in all patients.
2. Healthcare providers should listen and respond promptly to patient's report of pain and manage pain appropriately.
3. Hospital staff should be continually educated & aware about pain assessment & management.
4. Standardized pain assessment tools must be applied consistently.
5. Pain is one of the Vital Signs.

PATIENT CHARTER

- This hospital will endeavour to provide you with a pain free experience.
- We pledge to treat pain from all conditions including pain from acute medical conditions, surgery, trauma, cancer and labour.
- Your pain will be given prompt attention and managed within one hour.
- All patients with pain will be assessed and treated by trained professionals; for those with acute pain conditions, we aim to achieve a pain score of less than 4.
- Pain control will be individually tailored using appropriate medications as well as non-pharmacological methods including traditional and complementary medicine.
- Our health care professionals will enquire about your pain and care for your comfort throughout your hospital stay.

PIAGGAM PELANGGAN

- Hospital ini akan memastikan anda bebas daripada kesakitan.
- Kami berjanji akan merawat semua keadaan kesakitan termasuk yang berpunca dari penyakit akut perubatan, pembedahan, trauma, kanser dan sakit bersalin.
- Kesakitan anda akan diberi perhatian segera dan dirawat dalam masa satu jam.
- Semua pesakit yang mengalami kesakitan akan dinilai dan dirawat oleh kakitangan profesional terlatih; bagi kesakitan akut, matlamat kami adalah untuk mencapai tahap kesakitan kurang daripada 4.
- Pengurusan kesakitan akan diberi secara individu dengan menggunakan kaedah pemberian ubat dan bukan ubat, termasuk perubatan tradisional dan komplementari.
- Warga profesional hospital akan sentiasa memantau tahap kesakitan dan keselesaan anda semasa berada dihospital

4. PAIN FREE HOSPITAL CRITERIA

4.1 List of Criteria for Pain Free Hospital

Criteria for Pain Free Hospital

Does your hospital.....

- Have a written policy on pain management and assessment?
- Implement Pain as the 5th Vital Sign?
- Have standardized treatment protocols for management of acute pain?
- Train all health care staff on knowledge and skills in pain assessment and management?
- Educate patients and get them actively involved in their own pain management?
- Carry out regular audit of pain assessment and management practices and outcomes?
- Have a policy and guidelines on Minimally Invasive Surgery?
- Have a policy and guidelines on Day Care Surgery?
- Use multidisciplinary team approach in pain management?
- Incorporate non-pharmacological and T/CM into pain management practices?

4.2 CRITERIA CHECKLIST FOR PAIN FREE HOSPITAL ACCREDITATION

Criteria	Assessment checklist	Comments
Criteria 1: Have a written policy on pain assessment and management?	1.1 Availability of Policy Statement on pain assessment and management	This must be part of hospital policy and available at Quality unit, all wards and all departments.
	1.2 Client Charter on Pain management	Must be displayed in all patient contact areas e.g. ED, clinics, wards..
Criterita 2: Implement Pain as the 5th Vital Sign (P5VS)?	2.1 Pain score included in the Vital sign charting form (electronic or paper)	Vital sign charting forms must include a column for Pain score. Pain score must be charted whenever other vital signs are charted
	2.2 Flow charts for P5VS (Doctors and Paramedics) are available in all wards	Flowcharts must be displayed in wards (either on wall or in specified place e.g. folder in pain free corner)
	2.3 Pain score is actually done (not just charted)	Any patient can be asked if they have pain and whether the staff asked them about their pain score.
	2.4 Staff know that Pain is the 5th Vital sign	All staff should know about the policy that Pain is the 5the Vital Sign. Any staff can be asked about this policy.
Criteria 3: Have standardized treatment protocols for management of acute	3.1 APS Protocols for management of post-op pain	APS protocols should be available in APS folder. APS Handbook should be available for easy reference.
	3.2 Analgesic ladder for acute pain management is available in all wards	Analgesic ladder should be easily accessible in all wards (e.g. as poster on the wall or in drug charts or elsewhere, e.g. in folder in pain free corner
	3.3 Regional anaesthesia is used as part of post-op pain management	Statistics on RA should be available

CRITERIA CHECKLIST FOR PAIN FREE HOSPITAL ACCREDITATION

Criteria	Assessment checklist	Comments
Criteria 4: Train all healthcare staff on knowledge and skills in pain assessment and	4.1 Regular P5VS training for doctors, nurses, MAs, other allied health staff.	Statistics on no. of trainings conducted for each category of staff should be available. Target: at least 50% of all staff should be trained
	4.2 Regular APS courses for nurses and doctors.	Statistics on the no. of APS courses conducted and no. of doctors and nurses trained in APS should be available.
Criteria 5: Educate patients and get them actively involved in their own pain management?	5.1 Patient education in all contact areas (Surgical/ Anaesthesia clinic, ward).	Any patient can be asked if they have been educated about pain and pain management techniques.
	5.2 Patient information sheets / posters, videos and other educational material.	Should be available at waiting areas.
Criteria 6: Carry out regular audit of pain assessment and management practices and outcomes?	6.1 Audit of pain management quality is carried out regularly.	Evidence of all audit(s) done should be available, including results and follow-up action, e.g. Pain scores of patients after discharge from day surgery, Pain scores of APS and/or non-APS patients .
	6.2 Nursing audit of P5VS	Nursing audit should be done at least once a year and compliance rate should be >80%.
Criteria 7: Have a policy and guidelines on Minimally invasive surgery?	7.1 MOH or hospital policy on MIS	Should be available in hospital policy and surgical-based disciplines department policy.
	7.2 Training, credentialing and privileging of surgeons in MIS.	Evidence of criteria and procedure for credentialing and privileging of surgeons in MIS. List of surgeons privileged in your hospital should be available..

CRITERIA CHECKLIST FOR PAIN FREE HOSPITAL ACCREDITATION

Criteria	Assessment checklist	Comments
	7.3 Statistics on MIS.	Statistics on MIS procedures done in different units should be available. Some "index" procedures that will be checked are : Laparoscopic cholecystectomy (80% target), Laparoscopic BTL (90% target).
Criteria 8: Have a policy and guidelines on Day Care Surgery?	8.1 MOH policy on Day Care Surgery	Should be available in hospital and in surgical-based departments.
	8.2 Statistics on Day Surgery	Statistics on number and percentage of cases done as day surgery should be available (target > 40%).
Criteria 9: Use a multidisciplinary team approach in pain management?	9.1 PFH committee exists and comprises of members from all disciplines and meets regularly.	List of PFH committee members should be available. Frequency of meetings and attendance should be documented (Target: meet at least twice a year)
	9.2 Multidisciplinary team management of pain has been incorporated into regular patient management.	Examples of multidisciplinary team management should be shown e.g. physiotherapist teaches patient how to do incentive spirometry in anaesthetic clinic, multidisciplinary ward rounds for APS patients done once a week, multidisciplinary case discussions etc.
Criteria 10: Incorporate non-pharmacological and T/CM into pain management practices?	10.1 List of types of non-pharmacological and T/CM methods used in pain management.	Information and evidence of types of non-pharmacological techniques used (e.g. massage, acupressure, acupuncture, relaxation, imagery, biofeedback) and who does it.

5. PAIN FREE HOSPITAL COMMITTEE

5.1 Members of PFH Committee

POSITION	
Chairman	Hospital Director
Deputy Chairman 1	Surgeon
Deputy Chairman 2	Anaesthesiologist
Committee members	
Doctors	Anaesthesiologist
	Surgeon
	O&G Specialist
	Paediatrician
	Physician
	Specialists from other disciplines
Allied Health Professionals	Hospital Matron
	Sisters from selected disciplines
	APS Sister or staff nurses
	Physiotherapist
	Pharmacist
	Occupational therapist
	Education officer
	T/CM practitioner (where available)

5.2 Duties and Responsibilities of PFH Committee

1. Coordinate and conduct Training for Pain as 5th Vital Sign for nurses and doctors.

2. Monitoring of implementation of P5VS in wards e.g. by nursing audit.

3. Monitoring of Day Care Surgery: numbers and quality (phone call to patient at home)

4. Monitoring of MIS:

    a. Number of surgeons trained

    b. Number of procedures performed per year.

5. Overseeing the formation of Multidisciplinary teams to do clinical rounds (e.g. APS team + surgical team + physiotherapist + pharmacist do a round once a month) or multidisciplinary discussion on selected patients once or twice per month.

6. Monitoring the use of non-pharmacological techniques and T/CM (where applicable) for pain management

7. Monitoring the use of regional anaesthesia for post-operative pain management

8. Conducting training workshops on non-pharmacological methods for pain management (relaxation, massage, cryotherapy, etc.)

9. Patient education activities – information sheets, public talks and exhibition, Medic TV

6. TRAINING

6.1 Training of Hospital Staff

1. At least 50% of hospital staff must have attending the appropriate training for Pain as the 5th Vital Sign.

2. A regular training program must be in place for all hospital staff.

3. Existing staff who have not been trained before must attend at least one training, and all new staff should be trained within 3 months of joining the hospital

4. A refresher course on P5VS is required every 3 years.

5. Training materials should be available in all wards and clinic area and other clinical units.

6. Protocols and guideline on management of pain should be available for reference in all wards and clinics.

6.2 Patient education:

1. Patient education shall start early e.g. In clinics, ED, during admission to the ward etc.

2. Pamphlets, posters or other form of information on pain management shall be available to patients.

3. Information videos on pain management and pain free hospital should be screened at patient waiting areas.

7. IMPLEMENTATION

7.1 Suggested Implementation Timeline

Hospital Task	Year													
	February		March		April		May		June		July		August	
	1	16	1	16	1	16	1	16	1	16	1	16	1	16
Training on Pain as 5th Vital Sign	→	→	→	→	→	→	→	→	→	→	→	→	→	→
Charting Pain Score and assessment	→	→	→	→	→	→	→	→	→	→	→	→	→	→
Implementing Pain Management guideline	→	→	→	→	→	→	→	→	→	→	→	→	→	→
Multidisciplinary ward rounds/case discussions		★		★		★		★		★		★		★
PFH committee meetings			★					★					★	
Audit 1. Implementation of P5VS - Cross audit (inter -department)						↔						↔		
Audit 2. Patient satisfaction survey										↔				
Audit 3. Pain as 5th Vital Sign Staff Survey									↔					

7.2 Multidisciplinary Approach:

1. The hospital shall organise a schedule for multidisciplinary pain manament ward rounds or a for multidisciplinary team discussions for selected cases.

2. Attendance records for multidisciplinary ward rounds or case discussions shall be kept.

3. All multidisciplinary case discussions shall be documented and the records kept according to normal procedure in the hospital (paper or electronic). The outcome of the discussions will also be documented and appropriate action recommended shall be taken.

4. The duties and responsibilities of each member of the Multidisciplinary team shall be as outlined in the following documents

   a. Primary unit (i.e. the unit the patient is admitted under - see Appendix 6)

   b. Acute Pain Service (APS - see Appendix 7)

   c. Pharmacist (Appendix 9)

   d. Physiotherapist (Appendix 10)

   e. T/CM staff (Appendix 11)

7.3 Audit and Monitoring:

1. The hospital shall conduct appropriate audit at least once a year, including

   a. Implementation of P5VS (Appendix 1)

   b. Patient satisfaction survey (Appendix 2)

   c. Pain as 5th vital sign staff survey (Appendix 3)

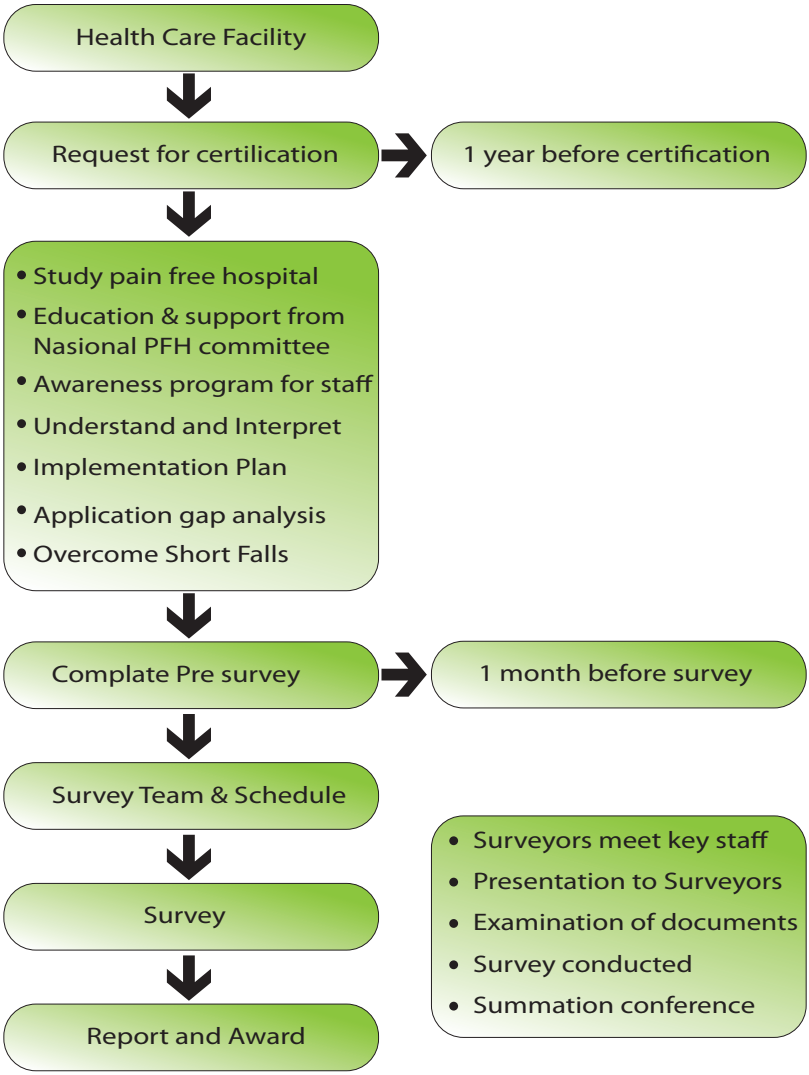
2. The audit result shall be available in Quality Unit of the hospital.

3. The audit result shall submitted to 'Clinical Audit Unit,Quality in Medical Care Section Medical Development Division Ministry Of Health every year.

4. Quality improvement programmes: The hospital is encouraged to produce additional quality improvement programs and audits or studies to measure the effectiveness of the PFH program.

8. PAIN FREE CERTIFICATION

8.1 Process Flow Chart



8.2 PFH Certification Gantt Chart

Hospital Task	Year (-1)	Year											
	Oct-Dec	Jan	Feb	Mac	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Hospital Request for certification													
Study The Pain Free certification Standards													
Education & Support from National PFH cttee (TOT)													
Awareness program for staff													
Understand, Interpret and prepare													
Implementation Plan													
Application and Gap Analysis													
Overcome shortfalls													
Complete Pre-Survey Assessment													
Survey Team scheduled													
Survey													
Report and Award													

9. Resource material

9.1 Powerpoint presentations

* Powerpoint presentations on the following topics are in the attached CD.

* The powerpoint presentations can also be retrieved from the MOH website: www.moh.gov.my --> Penerbitan --> Hospital Bebas Kesakitan --> Bahan Pendidikan

1.1.1. Pain 5VS Training Module (Paramedics)

1.1.2. Pain 5VS Training Module (Doctors)

9.2 Lecture notes:

* Lecture notes (pdf format) on the following topics are in the attached CD.

* The powerpoint presentations forms can also be retrieved from the MOH website: www.moh.gov.my --> Penerbitan --> Hospital Bebas Kesakitan --> Bahan Pendidikan

1. Introduction to Pain Free Hospitals

2. Pain Free Hospitals: How To Achieve?

3. Pain Management - the R-A-T Approach

4. Multidisciplinary Approach to Pain Management

5. Role Of Pharmacist In Pain Management

6. Role of Physiotherapist in pain management

7. Role Of Complementary Medicine In PFH

8. Achieving Day Care Surgery thru PFH

9. Minimally Invasive Surgery and PFH

9.3 P5VS Guidelines

* The P5VS Guidelines (2nd edition, 2013) are available in the attached CD. The books have also been distributed to all hospitals with specialists.

* The Guidelines can also be retrieved from the MOH website: www.moh.gov.my --> Penerbitan --> Hospital Bebas Kesakitan --> Garis panduan

9.4 Audit forms

* The following Audit forms are available in the attached CD and also in the Appendices of this book.

* The Audit forms can also be retrieved from the MOH website: www.moh.gov.my --> Penerbitan --> Hospital Bebas Kesakitan --> Garispanduan

1.Borang Audit Pelaksanaan Kesakitan sebagai tanda vital ke 5: Appendix 1

2.Borang Soal Selidik Pesakit: Appendix 2

3.Pain as the Fifth Vital Sign: Staff Survey / Borang soal selidik anggota kerja: Appendix 3

4.Laporan Tahunan Pelaksanaan Tahap Kesakitan Sebagai Tanda Vital Kelima:Appendix 4

5.Application form for Pain Free Hospital Survey: Appendix 5

9.5 Duties and responsibilities

*Duties and responsibilities of different members of the Multidisciplinary team are outlined in the Appendices and include the Duties and Responsibilities of the following:

1.Primary unit (Appendix 6)

2.Acute Pain Service (Appendix 7)

3.Obstetric Analgesia Team (Appendix 8)

4.Pharmacists (Appendix 9)

5.Physiotherapists (Appendix 10)

6.Traditional and Complementary Medicine staff (Appendix 11)

9.6 Other forms

*Other forms that may be useful in the implementation of PFH are also included in the Appendices and in the CD attached.

1.Medication History Assessment Form For Pharmacy (CP1) (Appendix 12)

2.Pharmacotherapy Review (CP2) (Appendix 12)

Appendix 1
Borang Audit Pelaksanaan Pain As the Fifth Vital Sign (P5VS)

BORANG AUDIT PELAKSANAAN *PAIN AS THE FIFTH VITAL SIGN* (P5VS)

SOALAN			YA	TIDAK
I: Implementasi				
1.	Adakah buku garis panduan P5VS (doktor/ paramedik/ pediatrik) ada di dalam Fail *Pain Management Kit*?			
2.	Adakah anda (pesakit) telah diperkenalkan tentang tahap kesakitan? Cth: pembaris skala, tahap kesakitan (pain score).			
3.	Adakah tahap kesakitan anda (pesakit) diambil oleh anggota kesihatan?			
4.	Adakah tahap kesakitan pesakit dicatat?			
5.	Adakah penilaian semula (*reassessment*) dilakukan bagi tahap kesakitan 4 dan ke atas? *(Jika tahap kesakitan <4, jawab Ya)*			
II: Ketepatan penilaian tahap kesakitan				
6.	Adakah penilaian tahap kesakitan dilakukan dengan betul oleh anggota kesihatan?			
III: Tindakan yang diambil berdasarkan garis panduan P5VS				
7.	Adakah tindakan diambil seperti yang disyorkan dalam garis panduan? Jika tidak sila jawab soalan 8.			
8.	Jika tidak, kenapa?			
	a)	Pesakit menolak rawatan.		
	b)	Tiada akses pemberian ubat (cth: tiada *IV line*/ pesakit tidak boleh menelan)		
	c)	Ubat tidak boleh diperolehi		
	d)	Tiada arahan daripada doktor		
	e)	Lain-lain, nyatakan……..		
JUMLAH (Soalan 1-7)				
IV: Kesimpulan				
Keberkesanan pelaksanaan P5VS *(Berkesan ==> Jumlah Jawapan 'Ya" adalah 6 dan keatas)*				

Appendix 2

Borang Soal Selidik Pesakit

SOAL SELIDIK UNTUK DIJAWAB OLEH PESAKIT

(Sila jawab semua soalan dibawah. Kerjasama tuan/puan amatlah dihargai untuk menjayakan kajian ini. Terima kasih.)

Objektif kajian ini adalah untuk mendapatkan pendapat anda mengenai penilaian dan pengurusan kesakitan pesakit bagi tujuan meningkatkan lagi mutu perkhidmatan dan kepuasan pelanggan di hospital ini.

WAD : ……..

BIODATA:

a. Jantina : Lelaki / Perempuan

b. Kumpulan Umur :

< 12 tahun	☐	12-20 tahun	☐
21-30 tahun	☐	31-40 tahun	☐
41-50 tahun	☐	51-60 tahun	☐
61-70 tahun	☐	> 70 tahun	☐

c. Warganegara : Malaysia/ Bukan Malaysia

d. Tahap Pendidikan : Sekolah Rendah/ Sekolah Menengah/ Pengajian Tinggi/ Tiada

e. Pendapatan Bulanan :

< RM 750	☐
RM 750- RM 3000	☐
> RM 3000	☐

BIL	SOALAN	YA	TIDAK
1.	Adakah jururawat menilai tahap kesakitan anda : a. semasa kemasukan ke wad (on admission) b. semasa menerima rawatan di hospital		
2.	Adakah penerangan yang diberi oleh jururawat tentang tahap kesakitan dan rawatan kesakitan senang difahami?		
3.	Adakah rawatan kesakitan diberikan pada jangka masa yang anda rasa berpatutan?		
4.	Adakah penilaian tahap kesakitan penting untuk keselesaan anda?		
5.	Adakah anda berpuas hati dengan rawatan kesakitan yang diterima semasa anda berada di hospital?		

Appendix 3

PAIN AS THE FIFTH VITAL SIGN: STAFF SURVEY

PAIN AS THE FIFTH VITAL SIGN: SURVEY

Gender: Male /Female

Post: House Oficer/ Medical Officer/Specialist
JM/ SN/ Sister/ Matron/ PPP

Department: _____

No of years in service:
- ☐ <2 years
- ☐ 2- <5 years
- ☐ 5-<10years
- ☐ >10 years

Age(years):
- ☐ 21-30
- ☐ 31-40
- ☐ 41-50
- ☐ >50 .

Instructions: Please tick (✓) at the appropriate boxes

No	**Question** *Soalan*	**Strongly agree** *Teramat setuju*	**Agree** *Setuju*	**Neutral** *Neutral*	**Disagree** *Tidak Setuju*	**Strongly disagree** *TeramatP tidak setuju*
1.	Pain assessment should be done on admission. *Penilaian tahap kesakitan perlu dilakukan semasa kemasukan ke wad/jabatan kecemasan dan trauma.*					
2.	We should not give patients pain medicine too often because there is a high risk of addiction. *Ubat analgesik tidak wajar diberikan terlalu kerap kepada pesakit kerana risiko ketagihan yang tinggi.*					
3.	Pain assessment should only be done when the patient complains of pain. *Penilaian tahap kesakitan hanya perlu dilakukan kepada pesakit yang mengadu sakit.*					
4.	If pain relief is given to the patient regularly it will mask the signs of complications or worsening disease. *Jika ubat analgesik diberi mengikut jadual, ia akan mengaburi tanda-tanda penyakit yang bertambah teruk*					
5.	Pain as a fifth vital sign is now a policy in the Ministry of Health. *Penilaian tahap kesakitan sebagai tanda vital ke-5 telah menjadi polisi Kementerian Kesihatan Malaysia.*					

6.	Making pain the fifth vital sign will increase current workload. *Perlaksanaan penilaian tahap kesakitan sebagai tanda vital ke-5 akan menambah beban kerja.*					
7.	Making pain the fifth vital sign will reduce the patient's length of stay in hospital**.** *Perlaksanaan penilaian tahap kesakitan sebagai tanda vital ke-5 akan dapat mengurangkan tempoh pesakit tinggal di hospital.*					
8.	Making pain the fifth vital sign will improve patient's satisfaction with the health service. *Perlaksanaan penilaian tahap kesakitan sebagai tanda vital ke-5 akan dapat meningkatkan tahap kepuasan pesakit terhadap perkhidmatan kesihatan.*					
9.	Analgesics should only be given to post-op patients when they complain of pain. *Bagi pesakit selepas pembedahan, ubat analgesik hanya perlu diberikan kepada pesakit yang mengadu sakit.*					
10.	A patient who keeps asking for analgesia must be addicted to the pain medication. *Pesakit yang kerap meminta ubat analgesik adalah seorang yang telah ketagih terhadap ubat tersebut.*					
11.	Patient should only be started on morphine when pain becomes unbearable**.** *Morphine hanya perlu dimulakan kepada pesakit yang mengalami kesakitan yang amat kuat.*					
12.	Have you attended course on P5VS or read the guideline? *Pernahkah anda menghadiri kursus Tahap Kesakitan Sebagai Tanda Vital-Kelima atau membaca garis panduan Pain as 5th Vital Sign?*	**Yes** *Ya*			**No** *Tidak*	

Thank you for your cooperation.

Appendix 4

LAPORAN TAHUNAN PELAKSANANAN TAHAP KESAKITAN SEBAGAI TANDA VITAL KELIMA (PEKELILING KETUA PENGARAH KESIHATAN BIL. 9/2008) / HOSPITAL BEBAS KESAKITAN			
Bil	**AKTIVITI**	**SASARAN PENCAPAIAN**	
		Hospital Berpakar	**Hospital tanpa pakar**
1	Mesyuarat Jawatankuasa Peringkat Hospital secara berkala 4 kali setahun.	50%	50%
2	Kursus latihan bagi Jawa-tankuasa Peringkat Hospital sekali setahun. (Training of trainers)	100%	100%
3	Jumlah anggota yang dilatih mengikut kategori: a. Pakar Perunding a. Pakar Perubatan a. Pegawai Perubatan a. Pegawai Perubatan Siswazah a. Jururawat (semua kategori) a. Penolong Pegawai Perubatan a. Anggota Kesihatan Bersekutu a. Pembantu Perawatan Kesihatan	Bilangan anggota yang dilatih setahun	Bilangan anggota yang dilatih setahun
4	Jumlah latihan/ bengkel/ kursus anggota 12 kali setahun.(cth: kursus perinkat hospital/ jabatan/ CNE/CME)	100%	50%

Bil	AKTIVITI	SASARAN PENCAPAIAN	
		Hospital Berpakar	**Hospital tanpa pakar**
5	Jumlah internal audit yang dijalankan.	Bilangan internal audit yang dijalankan setahun.	Bilangan internal audit yang dijalankan setahun.
6	Audit Pelaksanaan Pain as the Fifth Vital Sign dijalankan sekali setahun.	Melibatkan sekurang-kurangnya 80% daripada jumlah pesakit di hospital.	Melibatkan sekurang-kurangnya 80% daripada jumlah pesakit di hospital.
7	Keberkesanan pelaksanaan Pain as the Fifth Vital Sign-berdasarkan Borang Audit Pelaksanaan Pain as the Fifth Vital Sign.	Keberkesanan pelaksanaan > 50% daripada jumlah responden.	Keberkesanan pelaksanaan > 50% daripada jumlah responden.
8	Jumlah soal selidik kepuasan pelanggan	Melibatkan sekurang-kurangnya 80% daripada jumlah pesakit di hospital.	Melibatkan sekurang-kurangnya 80% daripada jumlah pesakit di hospital.
9	Kepuasan pelanggan-berdasarkan soal selidik kepuasan pelanggan (Q6).	Kepuasan pelanggan >80%	Kepuasan pelanggan >80%
10	Jumlah soal selidik Pain as the Fifth Vital Sign: survey di kalangan pegawai-pegawai kesihatan.	Melibatkan sekurang-kurangnya 50% pegawai kesihatan	Melibatkan sekurang-kurangnya 50% pegawai kesihatan

Appendix 5

APPLICATION FORM FOR PAIN FREE HOSPITAL SURVEY

HOSPITAL NAME:

HOSPITAL ADDRESS:

NUMBER OF DEPARTMENTS		
HOSPITAL BEDS		
YEAR STARTING PAIN FREE HOSPITAL PROGRAM		
REQUEST DATE FOR SURVEY		

APPENDIX 6

DUTIES AND RESPONSIBILITIES OF PRIMARY UNIT

General Duties

1. To be a member of multidisciplinary team.

2. To contribute & facilitate in all activities related to the implementation of the Pain Free Hospital concept.

3. To promote other non-pharmacological techniques of pain management including physiotherapy, deep breathing/relaxation and T/CM.

4. To help in developing awareness, training and education of hospital staff in managing acute pain: use of the analgesic ladder and morphine pain protocol for pain management.

5. To ensure adherence to the standard protocols in pain managment.

6. To implement standard monitoring for patients, including Pain Score and Sedation score.

7. To participate in patient education regarding pain management.

8. To assist in continuing evaluation and audit of pain management in the wards.

9. To assist and facilitate clinical research in pain management.

Additional for Surgical Based Disciplines

1. To identify patients suitable for Day Care surgery
2. To ensure adherence to the guidelines & protocols for Day Care surgery
3. To provide training for minimally invasive surgery
4. To explain to patients about Day Care surgery & minimally invasive surgery
5. To perform continuing evaluation and audit of day care surgery & minimally invasive surgery
6. To conduct and facilitate clinical research on minimally invasive surgery
7. To develop awareness, train and educate hospital staff in minimally invasive surgery
8. To promote the development of new surgical / minimally invasive techniques for day care surgery
9. To improve and facilitate in the assessment and management of pain in the post-operative patients including those after day care surgery.

Additional for Non Surgical Disciplines:

1. To improve the management of non-surgical acute pain.

APPENDIX 7

DUTIES AND RESPONSIBILITIES OF(APS) ACUTE PAIN SERVICE TEAM

1. To be a member of multidisciplinary team.

2. To conduct a proper recruitment, assessment and follow-up for APS patients by providing adequate resources (staff, facility and equipment) in managing pain.

3. To liaise with other clinical departments and other healthcare groups (including T/CM and palliative medicine) in order to provide an individualised, multidisciplinary approach to the management of pain for every patient who needs it.

4. To develop awareness, train and educate hospital staffs in managing acute pain: use of analgesic ladder and morphine pain protocol for pain management

5. To develop, improve and implement standardized protocols in various techniques of pain management

6. To implement standard monitoring for patients including:

    6.1. Pain Score

    6.2. Sedation score (with opioid use).

    6.3. Other vital signs.

7. To liaise with other disciplines in educating patients about pain management.

8. To perform continuing evaluation and audit of pain management services.

9. To conduct and facilitate clinical research in pain management.

10. To promote the development of new analgesic techniques in pain management e.g. regional anaesthesia technique.

APPENDIX 8

DUTIES AND RESPONSIBILITIES OF OBSTETRIC ANALGESIA TEAM:

1. To be a member of the multidisciplinary team.

2. To provide safe and effective labour analgesia using simple technique including non-pharmacology approaches (e.g. physiotherapy, TENS, massage, T/CM).

3. To coordinate the team of healthcare providers who are involved in providing peri-partum analgesia.

4. To provide 24-hour obstetric analgesia service whenever possible.

5. To promote teamwork between the anaesthesiology and obstetric teams.

6. To improve post-partum analgesia in the ward.

7. To participate in patient's education on peri-partum pain relief.

8. To provide continuing medical education on the principles and practice of obstetric analgesia.

9. To conduct audit of obstetric analgesia services.

10. To conduct clinical research in obstetric analgesia services.

11. To contribute & facilitate in all activities related to the implementation\of Pain Free Hospital concept.

APPENDIX 9

DUTIES AND RESPONSIBILITIES OF PHARMACISTS IN PAIN FREE HOSPITALS

The standards of pharmacy services are in accordance to the 'Joint International Pharmaceutical Federation (FIP) and World Health Organization (WHO) Guidelines on Good Pharmacy Practice (GPP). GPP is the very essence of pharmacy profession and it expresses pharmacists' covenant with the patients not only to 'do no harm', but also to facilitate good therapeutic outcomes with medicines. In order to rationalise this, the roles of pharmacists in Pain Free Hospitals must be in line with the Joint FIP/WHO guidelines on GPP. It is recommended that any hospitals that are taking up the Pain Free Hospital concept consider the following roles and activities for pharmacists with regards to medications used in pain management, where appropriate:

A : Obtain, store, secure, distribute & dispense

1. To obtain, store and secure medicine preparations and medical products from the list of hospital formulary.

   - Pharmacists who are responsible for procurement should ensure that the procurement process is transparent, professional and ethical so as to promote equity and access, and to ensure accountability to relevant governing and legal entities.

   - Pharmacists should ensure stock availability and adequacy as well as establish contingency plans for shortages of medicines and for purchases in emergencies.

   - Pharmacists should assure that proper storage conditions are provided for all medicines, especially for controlled substances, used in the hospital.

2. To distribute medicinal preparations and products.

   - Pharmacists should ensure that all medicinal products are handled and distributed in a manner that assures reliability and safety of the medicine supply by establishing an effective distribution system.

3. To prepare & dispense medicinal products.

- Pharmacists should screen all prescriptions received, considering the therapeutic, social, economic and legal aspects of the prescribed indication (s), before supplying medicinal products to the patients.

- Pharmacists should ensure that compounded medicines are consistently prepared to comply with written formula and quality standards for raw materials, equipment and preparation processes, including sterility where appropriate.

- Pharmacists should provide advice to ensure that the patients receive and understand sufficient written and verbal information to derive maximum benefit for the treatment.

- Pharmacists should ensure that patients obtain enough supply upon dispensing.

B: Provide effective pain medication therapy management

1.To assess patients' health status and medication history.

- Pharmacists should ensure that health management,disease prevention and healthy lifestyle behavior are incorporated int the patients' assessment and care process.

- Pharmacists should conduct thorough medication history assessment of prescription medications, non-prescription medications, herbal products, and other dietary supplements consumed by the patient as well as ensurin medication reconciliation where appropriate (Appendix 1).

2.To manage patients' medication therapy.

- Pharmacists should conduct a systematic process of collecting patient-specific information, assessing medication therapies to indentify medication-related problems, developing a prioritised list of medication related problems, and creating a plan to resolve them (Appendix 2).

- Pharmacists should assess, identify and prioritised medication related problems related to:

- the clinical appropriateness of each medication being taken by the patients, including benefit versus risk.

- the appropriateness of the dose and dosing regimen of each medication, including consideration of indications, contraindications, potential adverse effects, and potential problems with concomitant medications.

- therapeutic duplication or other unnecessary medications.

- adherence to the therapy.

- untreated diseases or conditions.

3.To monitor patients' progress and outcomes.

- Pharmacists should monitor and evaluate patients' response to the therapy, including its safety and effectiveness.

- Pharmacists should monitor and assess patients' adherence to the therapy and enforce adherence when necessary.

- Pharmacists should evaluate patients to detect symptoms that could be attributed to adverse events caused by any of their current medications.

- Pharmacists should provide continuity of care by transferring information on patients' medicines as patients move between sectors of care.

- Pharmacists should document and report any adverse drug reactions or medication errors detected.

4.To provide information about medicines and other health-related issues.

- Pharmacists should provide sufficient health, disease and medicine-specific information to patients for their participation in their decision-making process regarding a comprehensive care management plan.

- Pharmacists should communicate appropriate information to the physicians or other healthcare professionals, including consultation on the selection of medications,suggestions to address identified medication problems, updates on patients' progress, and recommended follow-up care.

- Pharmacists should be proactive in providing education and training on the appropriate use of medications and monitoring devices and the importance of medication adherence to other healthcare professionals.

C: Maintain and improve proffessional performance

1.To plan and implement continuing professional development strategies to improve current and future performance.

- Pharmacists should undergo the necessary training for pain management and take steps to update their knowledge and skills in managing acute and chronic pain (cancer/non-cancer) in adult as well as paediatric patients.

- Pharmacists should perceive continuing education as being lifelong and be able to demonstrate evidence of continuing education or continuing professional development to improve clinical knowledge, skills and performance.

- Pharmacists should take steps to update their knowledge and skills about complementary and alternative therapies such as traditional medicines, health supplements, acupuncture, homeopathy and naturopathy.

- Pharmacists should take steps to become informed and update their knowledge on changes to information on medical products.

APPENDIX 10

DUTIES AND RESPONSIBILITIES OF PHYSIOTHERAPISTS

1. To be a member of multidisciplinary team.

2.To liaise with other clinical departments and other healthcare groups (including T/CM and palliative medicine services) in order to provide an individualised, multidisciplinary approach to the management of pain for every patient who needs sit.

3.To contribute & facilitate in all activities in regards of Pain Free Hospital implementation.

4.To promote physiotherapy techniques for pain management.

5.To perform audit on physiotherapy management in peri-operative care and pain management in general ward.

6.To conduct and facilitate clinical research on physiotherapy and rehabilitation for pain conditions.

7.To provide pre-operative and antenatal counseling on the importance of appropriate physiotherapy techniques to patient who are referred by the primary unit.

APPENDIX 11

DUTIES AND RESPONSIBILITIES OF T/CM TEAM

1.To be a member of multidisciplinary team.

2.To follow clinical rounds and case discussion where relevant

3.To administer appropriate treatment (acupuncture, massage etc.)when indicated.

4.To conduct audit on workload and effectiveness of the service where applicable.

5.To conduct and facilitate clinical research in role of T/CM services in pain management where relevant.

6.To contribute & participate in all activities in regards of Pain Free Hospital implementation.

MEDICATION HISTORY ASSESSMENT FORM

CP 1

PHARMACY DEPARTMENT, HOSPITAL.....

FORM TO BE FILLED BY THE PHARMACIST UPON PATIENT ADMISSION

A: PATIENT BIODATA

Full Name : _____

Gender : M / F Age : _____

RN/IC : _____

Address : _____

_____ Phone No : _____

Admission Date/Time : _____

Ward/Bed : _____

PMHx : _____

Last Discharge / Review Date : _____

B: REASON FOR ADMISSION

C: ALLERGY & ADVERSE DRUG REACTION

D: DRUG HISTORY

Patient's own drugs checked?

☐ Yes ☐ No

Source of medication list :

MEDICATION *(Specify strength)*	DOSE	FREQUENCY	BALANCE FROM PREVIOUS SUPPLY	WRITE *C* FOR CONTINUE, *DC* FOR DISCONTINUE, *WH* FOR WITHOLD	COMMENTS

NON-PRESCRIPTION MEDICATION *(Includes Herbal/Vitamin/Other Supplements)*	REASON FOR TAKING	BALANCE/COMMENTS

E: PHARMACIST NOTES

Pharmacist Sign & Stamp : _____

Time / Date : _____

Original : To be kept in patient's folder
Duplicate : To be kept by Pharmacy

COMPLIANCE ASSESSMENT

(Choose either A or B)

A. '8-items Morisky Medication Adherence Scale'

You indicated that you are taking medication for your health problem. Individuals have identified several issues regarding their medication-taking behavior and we are interested in your experiences. There is no right or wrong answer. Please answer each question based on your personal experience with your medication. Interviewers may self identify regarding difficulties they may experience concerning medication-taking behavior. (**Please circle the correct answer**)

No	Question	Answer	
1	Do you sometimes forget to take your pills?	**Yes (0)**	**No (1)**
2	People sometimes miss taking medications for reasons other than forgetting. Thinking over the past two weeks, were there any days when you did not take your medicine?	**Yes (0)**	**No (1)**
3	Have you ever cut back or stopped taking your medication without telling your doctor because you felt worse when you took it?	**Yes (0)**	**No (1)**
4	When you travel or leave home, do you sometimes forget to bring along your medications?	**Yes (0)**	**No (1)**
5	Did you take your medicine yesterday?	**Yes (1)**	**No (0)**
6	When you feel like your disease is under control, do you sometimes stop taking your medicine?	**Yes (0)**	**No (1)**
7	Taking medication everyday is a real inconvenience for some people. Do you ever get hassled about sticking to your treatment plan?	**Yes (0)**	**No (1)**
8	How often do you have difficulty remembering to take all your medication?	Never/ Rarely …. (1) Once in a while… (0.75) Sometimes ……. (0.5) Usually …… (0.25) All the time ……. (0)	
Please refer manual for scoring. **(<6) Low-adherence (6 to <8) Medium adherence (8) High adherence**		**SCORE**	

B. Pill/ Tablet counts

Compliance score is calculated according to the formula:

$$\text{Compliance score} = \frac{\text{No. of tablets dispensed} - \text{No. of tablets not taken}}{\text{Correct no. of tablets should be taken}} \times 100\%$$

Compliance score = (_____) – (_____) / (_____) x 100% = _____

***Compliant to medication when score is ≥ 85%**

PHARMACOTHERAPY REVIEW (CP2)

Pharmacy Department, Hospital _____

Ward: _____ Bed:_____

ALLERGY:

A. DEMOGRAPHIC DATA

Name : **MRN :** **Age :** **Gender : M / F** **Race : M / C / I / Others** **Ht/Wt :** **DOA :**

Chief Complaint:

History of Present Illness:

Past Medical History:

Review of System:

BP:	RR:
PR:	T:
RBS:	SpO2:

Past Medication History:

Compliance Evaluation:

Social/ Family History:

Smoking	
Alcohol	
Drug Abuse	
Pregnant	

Diagnosis/Surgical Procedure:

B. LABORATORY INVESTIGATION

		Date Normal Range	1	2	3	4	5	6	7	8	9	10
FBC	TWBC	4–11 x10/L										
	Hb	11.5-16.5 g/100mL										
	Platelet	150-400 x10/L										
BUSE / Renal Profile	Urea	1.7-8.3 mmol/L										
	Na^+	135-145 mmol/L										
	K^+	3.5-5.0 mmol/L										
	Cl^-	96-106 mmol/L										
	SCr	64-122 umol/L										
	CrCl	105-150 ml/min										
	Ca^{2+}	2.1-2.6 mmol/L										
	Mg^{2+}	0.7-1.3 mmol/L										
	$PO4^-$	0.8-1.45 mmol/L										
LFT	Albumin	35 – 50 g/L										
	T.Bilirubin	<20 umol/L										
	T.Protein	66 – 87 g/L										
	ALP	53 – 141 u/L										
	ALT	<32 u/L										
Coag.	PT	10-13.5 sec										
	APTT	26 – 42 sec										
	INR	<1.5										
CE	CK	24 – 195 u/l										
	LDH	0 – 248 u/l										
	AST	<37 u/l										
ABG	pH	7.35-7.45										
	pCO2	35-45mmHg										
	pO2	72-100mmHg										
	HCO3	22-29mmol/L										
	O2 sat	90-95%										
Others	RBS	< 11 mmol/L										
I/O	Input											
	Output											
	Balance											

C&S

Date (Sampling)	Date (Result)	Source/Sample	Microorganism	Sensitivity	Resistance

C. WARD MEDICATION

	Drug/Regimen	Start Date	Stop Date	Indication/ Reason for Change	Reconciliation Note **S**-Stopped / **W**-Withold/ **D**-Continue on Discharge (+Duration)
ANTIBIOTICS					
OTHER MEDICATIONS					

D. PHARMACEUTICAL CARE PLAN

Date	Pharmaceutical Care Issues	Pharmacist's Recommendations / Plan	Outcome

Pharmacist's Sign &Stamp: **Reviewed by:**