Aim and Scope of the Cancer Pain guideline

- To benefit patients with cancer by reducing pain and improving quality of life.

  - Includes Palliative Care staff, Physicians, Surgeons, General Practitioners, Pharmacists and Nursing staff in hospital, hospice and community-based settings.

- The guideline recommendations indicate where specialist advice should be sought.

- The Guideline does not apply to cancer survivors, to patients who do not have a cancer diagnosis or to other forms of acute or chronic non-malignant pain.

- The Guideline does not apply to children.
Aim and Scope of the Constipation guideline

- To benefit patients with life-limiting conditions by reducing constipation and improving quality of life.

- Healthcare professionals providing generalist or specialist palliative care in hospital, hospice and community-based settings.
  - Includes specialist palliative care providers, physicians, surgeons, general practitioners, nurses, pharmacists and dietitians.

- The guideline recommendations indicate where specialist advice should be sought.

- The Guideline does not apply to children.
Implementation - the challenge… within existing resources

• Phase 1

  • Concentrated on promotion of the guideline, dissemination and production of supporting resources

  • ‘Light touch’….?

• Phase 2
Patient Information Leaflets

Relief from Cancer Pain
National Clinical Programme for Palliative Care

Relief from Constipation
National Clinical Programme for Palliative Care
Quick User Guides
Poster and PowerPoint lecture; Online e-learning modules
Audit tools

The Management of Constipation in Adult Patients Receiving Palliative Care
Clinical Audit Tool

Audit Data for ‘The Management of Constipation in Adult Patients Receiving Palliative Care’ clinical audit

<table>
<thead>
<tr>
<th>Question a</th>
<th>Question b</th>
<th>Question c</th>
<th>Question d</th>
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<tr>
<td>Was an appropriate bowel history taken on initial assessment?</td>
<td>Was a thorough physical examination conducted?</td>
<td>If constipation was identified, were the following components of a comprehensive assessment (completed): onset of symptoms, aggravating and alleviating factors, frequency and pattern of bowel motions, stool volume and appearance, nausea, abdominal discomfort, bloating, flatulence</td>
<td>Was a digital rectal examination (DRE) conducted (DRE training) to exclude faecal impaction in the rectum?</td>
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Data Page: 1/16
Phase 2

• Initial stock take:
  
  • Feedback to the Programme- well received BUT awareness variable, ‘ownership’ problematic, little evidence of systematic data collection to inform QI efforts.

• International experience:
  
  • ‘Although guidelines are needed they do not implement themselves, especially if they are perceived to be complex and require a change in health care professional’s behaviour.’ (Lind et al, 2017)
Phase 2, next steps

- Actions:
  - National point prevalence study of cancer pain and constipation- July 2017.
  - Palliative Care Seminar- Nov 13th 2017.
  - Applying the learning from implementation science in a planned and focused manner.