

Improving perioperative pain management in South Africa: is it feasible to implement a bundle approach to care in a middle-income country? [TU510]

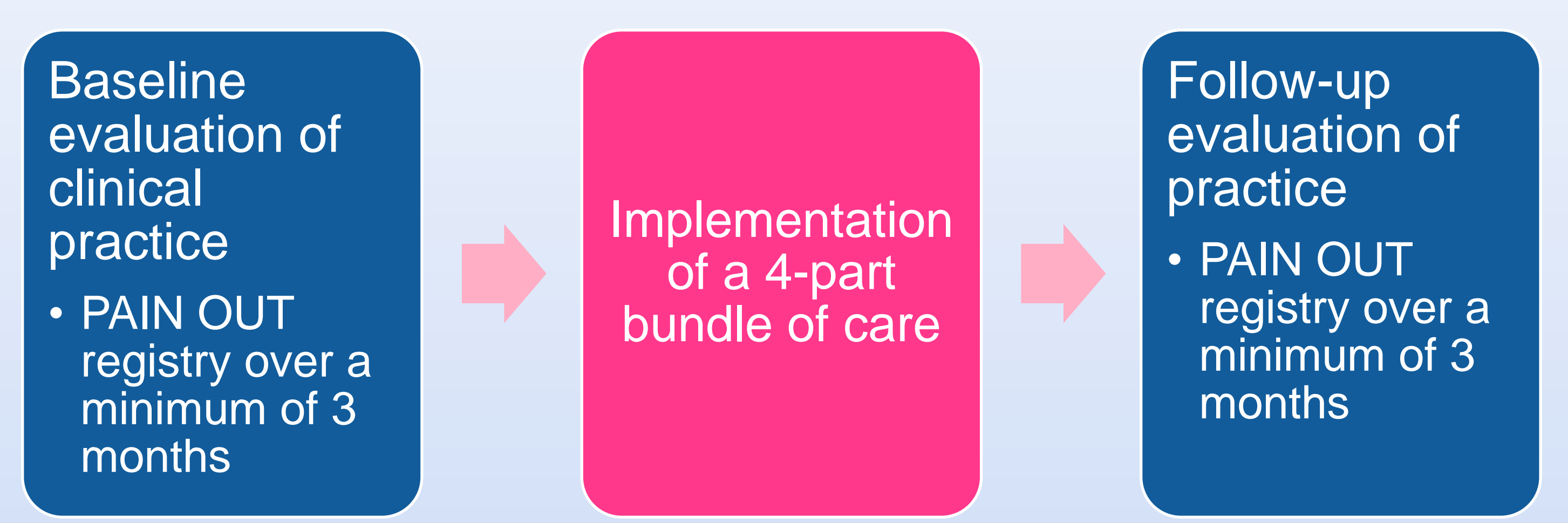


R. Parker, P. Baumbach, K. Sankar, T. Pretorius, M. Saw, C. Mafanya, A. Mallier Peter, N. Biyase, J. Purcell-Jones, S. Bechan, A. de Vaal, T. Leonard, A.S. Isa, W. Meissner, C. Arnold, C. Weinmann, M. Komann, R. Zaslansky, S. Chetty

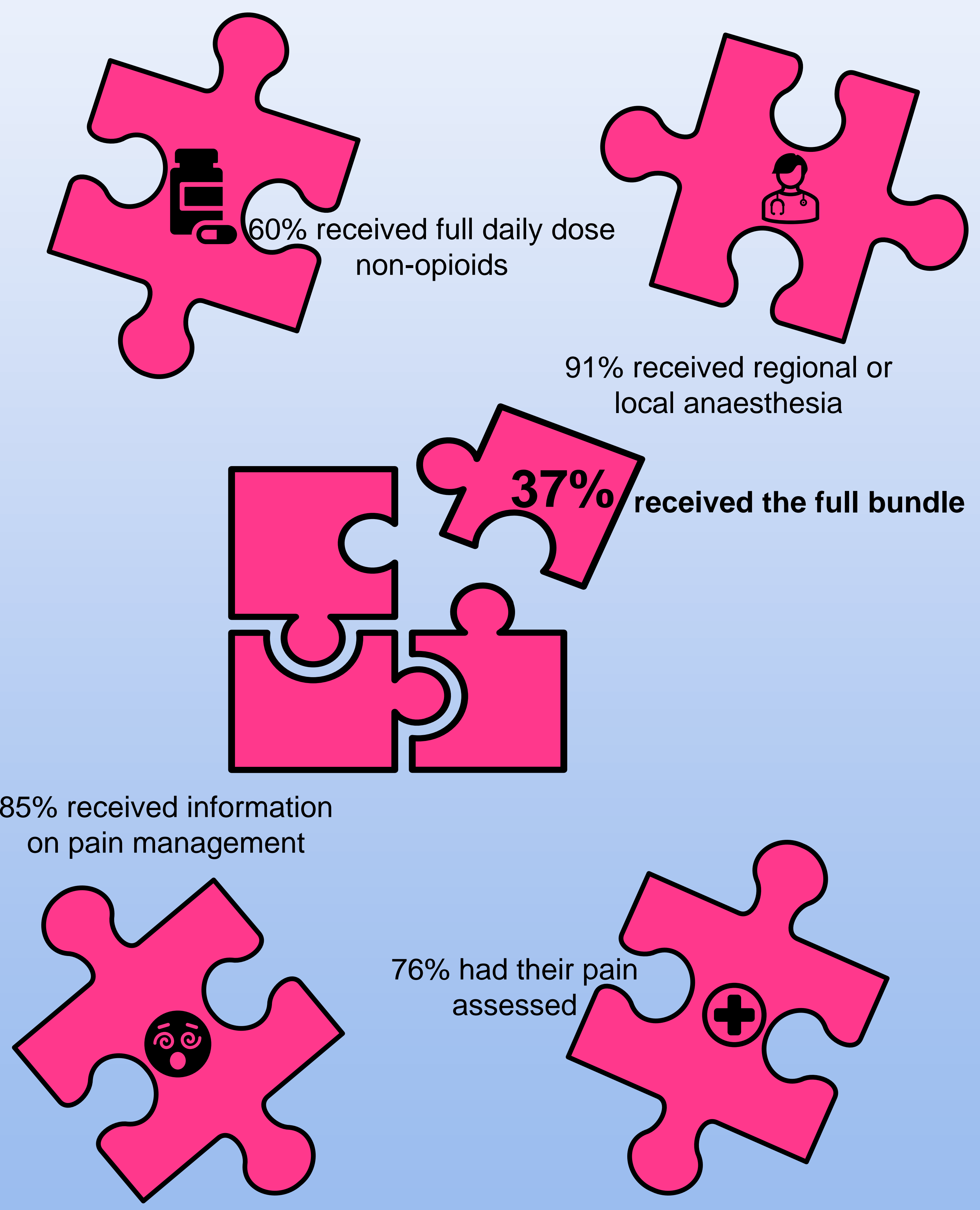
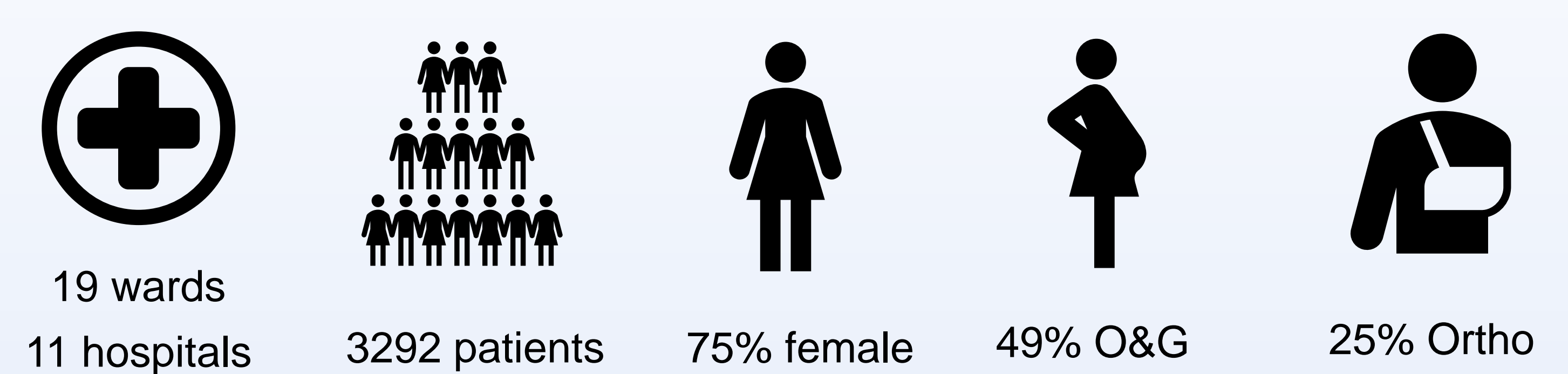
Background

This project explores the feasibility of implementing a bundled approach to perioperative pain management in eleven hospitals. The central aim was to assess fidelity to the four-part bundle. Was it feasible to implement the bundle and what were the challenges of implementation in the unique context of a middle-income country.

Methods



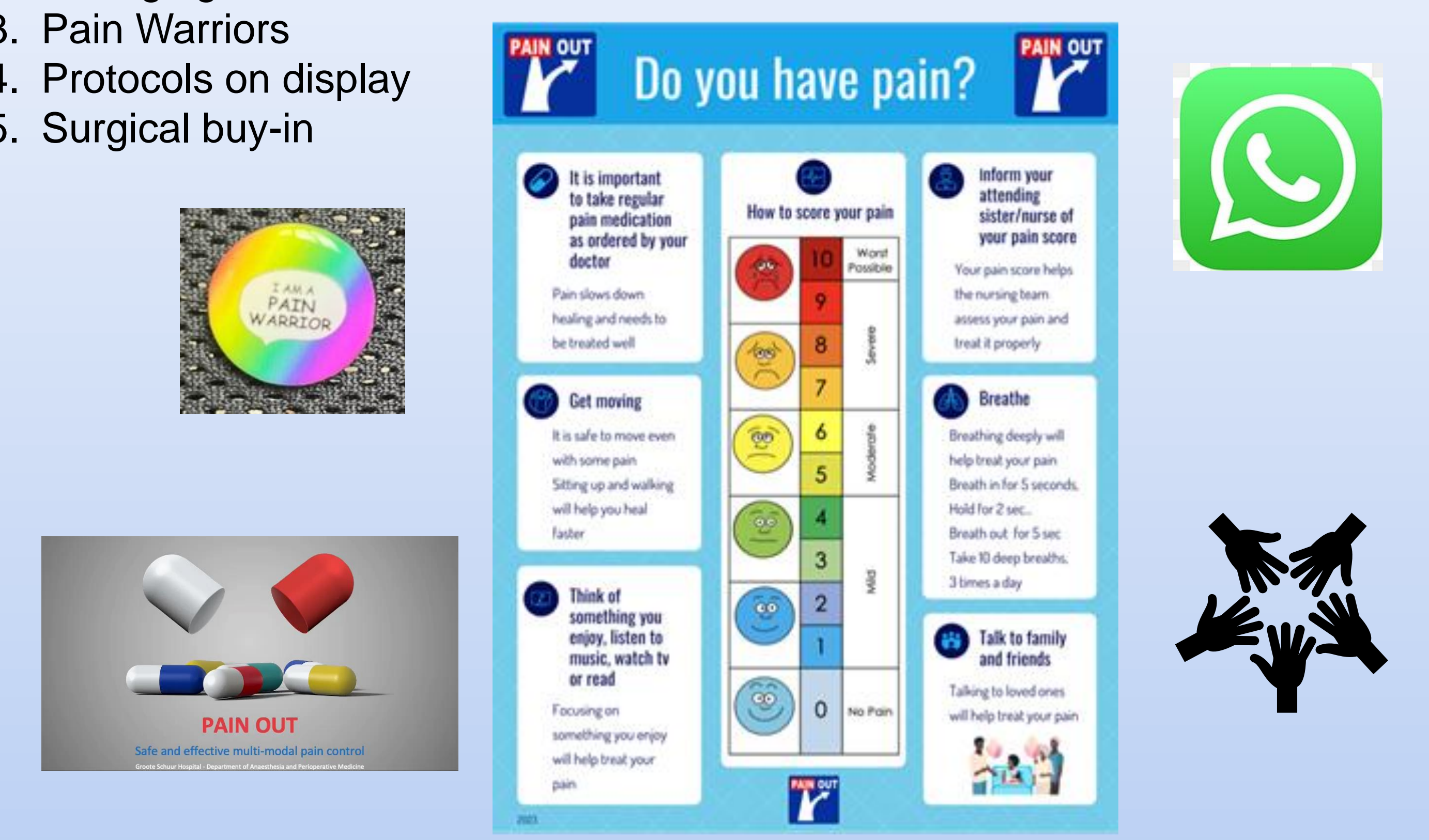
Results



Results

- Challenges to implementing the bundle:
1. Perceptions of risk with NSAIDs
 2. Lack of drug availability at institutions
 3. Opiophobia and fear of multimodal analgesia
 4. Hierarchical team structures
 5. Poor documentation of intraoperative treatments
 6. High staff turnover and staffing cuts

- Facilitators to implementing the bundle:
1. Team education and training with efficient routes of communication
 2. Changing team culture
 3. Pain Warriors
 4. Protocols on display
 5. Surgical buy-in



Conclusion

We have demonstrated that it is feasible to implement a four-part perioperative pain management bundle in multiple wards at a range of hospitals in a middle-income country. Key elements to support bundle implementation included training of multidisciplinary teams, removing hierarchy and facilitating team communication.

Acknowledgements

This work was made possible by an unrestricted educational grant for a quality improvement study from Pfizer Global Medical Grants. PainSA (South African chapter of IASP) has assisted with the financial management of this project. Ethical approval has been granted by the Stellenbosch University Health Research Ethics Committee (Ref N19/10/140).



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