



# COMMUNIQUE 3

## Cancer Pain Assessment Study (CPAS) Update: September 2019

Dear Investigator Team,  
 Since our last communique, the Cancer Pain Assessment Study (CPAS) has made some great progress, which is detailed below.



### HAMMONDCARE ENGAGEMENT

We are pleased to report that three HammondCare sites are now actively participating in the trial, with recruitment completed at two of the three sites (33 participants at Neringah Palliative Care Unit and 34 at Greenwich PCU). Braeside PCU have just begun recruitment, and have accrued 22 participants after just two recruitment sessions. The Clinical Nurse Educators, senior staff and participants at HammondCare have all been very enthusiastic and engaged with the program.



### ECONOMIC EVALUATION

As part of the trial, Dr Nikki McCaffrey from Deakin University is kindly performing an economic evaluation of the intervention to understand the cost involved. With assistance from the project team, Nikki is quantifying and analysing the cost of setting up the intervention, the clinicians' time and the overall cost-benefit of the education program.

### CONCORD CENTRE FOR PALLIATIVE CARE COMPLETES STUDY ACTIVITIES

Our first site, Concord Centre for Palliative Care, has now completed the study and chart audits have been finalised.

Ten intervention participants and seven waitlist control participants completed all the study activities. The project team are currently working on preliminary data analysis to examine the effect of the intervention, and assess the change in pain screening, assessment and documentation in participants.

We look forward to sharing these preliminary findings in the next Communique.



### Liverpool Hospital

Once the intervention begins at Braeside PCU in September, 2019, we will be moving to Liverpool Hospital in October, 2019. Site engagement for Liverpool Hospital has been completed and the application for the Site Specific Assessment (SSA) has been submitted.



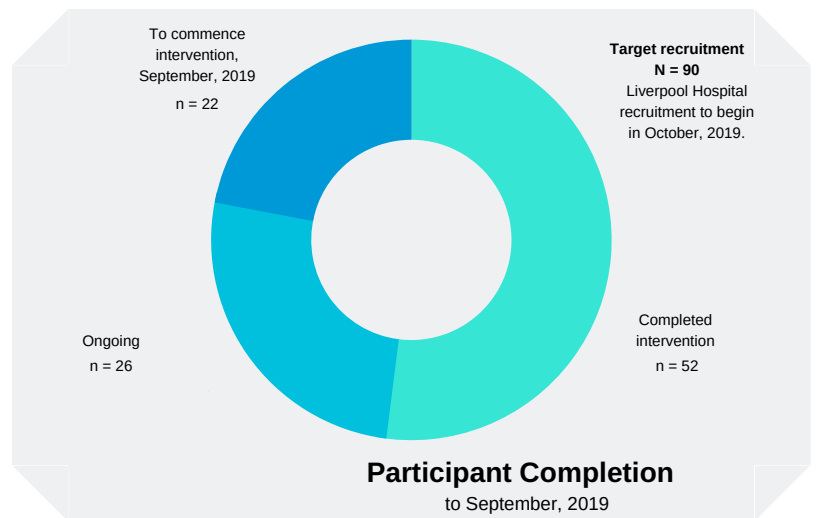
# PARTICIPANT PROGRESSION

We aim to enrol ninety clinical staff in the CPAS study.

With the efforts of our clinical partners, the Cancer Pain Assessment Study will reach its recruitment target of ninety participants across five study sites.

113 nursing, medical and allied health personnel are currently enrolled in the study. We have surpassed 50% of our goal of ninety clinical staff completing the intervention, with a further 26 continuing to progress towards completion.

With the addition of Liverpool Hospital participants in October, and taking into account an estimated 30% attrition rate, we expect to reach our recruitment target by the end of the year.



## KARLA TUDIO

### CLINICAL NURSE EDUCATOR AT NERINGAH PALLIATIVE CARE HOSPITAL

Karla is responsible for the continuing clinical education of nursing staff at Neringah Hospital, a 19-bed palliative care inpatient unit in Sydney's Upper North Shore.

I have been the Clinical Nurse Educator for 6 months at Neringah and I'm loving it. We, as a team, at Neringah are privileged to be a part of the Cancer Pain Assessment Study.

We have always viewed ourselves as experts in pain assessment and management; but after the initial audit, we have realised we had room to improve.

After the start of the Qstream Modules, we have noticed an increase in the quality of documentation of pain assessment and re-assessment by the interdisciplinary team (nursing, medical and allied health clinicians), thereby improving the management of patients' reported and unreported pain.

The majority of the staff have found interest in the complexities of pain. The program has improved our communication with each other, and with patients and their families. It has enabled us to assess and manage patients' pain by team approach.

Pharmacologic and non-pharmacologic interventions have now been implemented and more widely used to better manage patients' pain across the unit. Patients were more inclined to express their levels of pain due to the importance we have put on pain relief and they have reported improved pain outcome and quality of life.

Families have also been more vigilant in reporting their own assessments, especially for unresponsive patients.

We anticipate better results in our second chart audit in the coming months.

