REPORT

ESSENTIAL PAIN MANAGEMENT (EPM) WORKSHOPS

National Referral Hospital, HONIARA, Solomon Islands

Monday 31st June & Tuesday 1st July 2014

Executive Summary

The EPM course was developed by Drs. Wayne Morriss and Roger Goucke to address the problem of pain management in resource poor settings. It is a simple and effective means of teaching health workers to recognise, assess and treat pain, recommending inexpensive and easily accessible techniques of pain management. The course emphasizes early handover to local instructors and includes sessions on overcoming local barriers to pain management.

Solomon Islands

The Solomon Islands is an archipelagic nation – comprising over 1000 islands in 28,400km² of ocean - lying east of PNG and north west of Vanuatu. The population is a little over 560,000 and predominantly Melanesian. Pidgin is spoken throughout the islands, in addition to 70 local languages. English is used in the hospital settings, but only 1-2% of the population speaks English.

The Solomon Islands have been self-governing since 1976, but the last decades have been marked by civil unrest and natural disasters. In 2007, the islands were struck by a major earthquake and tsunami, which mainly affected Gizo, killing over 50 people in the town and destroying infrastructure. In April 2014, an earthquake measuring 7.6 on the Richter scale was reported south of Honiara.

Earlier in April 2014, Honiara was subject to severe flooding from unseasonal rains. There was considerable loss of life and severe property damage. Roads, bridges and houses were washed away, and low lying residential areas were inundated. Honiara's
main hospital was closed for several months in order to cope with ongoing outbreaks of diarrhea from dirty water. There are still some thousands in Honiara living in tents who are awaiting funding for permanent accommodation.

National income per capita is PPP$2130 (2012), placing it in the lower middle income category of countries' wealth. More than 75% of its population is involved in subsistence farming and fishing. Education is not compulsory, and only 60% of school age children have access to primary education. Lack of education is cited as a major barrier to pain management.

Life expectancy at birth is 68 years, with under 5 mortality 31/1000 live births (2012). Maternal mortality ratio is 150/100,000 live births. Government expenditure on health/capita is 6.9% of GDP.

Most of the population lives in small isolated communities along the coasts. 60% live in communities with fewer than 200 people. 10% of Solomon islanders live in urban areas, with 30,000 people live in the capital, Honiara (CIA world fact book, WHO/UN statistics).

The National Referral Hospital (NRH) is the biggest hospital in the Solomons. It has 380 beds, three operating theatres, two of which are in daily use. There is an additional fourth ‘minor ops’ theatre and a separate endoscopy room.

**Background**

EPM courses were held in Honiara in November 2010 and October 2011, teaching 20 and 41 health care workers respectively and training 20 instructors over the two years. Many of the instructors taught are still working at the hospital, so it was decided to not hold an instructors’ course during this visit.

Anecdotally, the effect of the previous EPMs was said to have brought about a gradual change in practice: health workers, especially nurses are more confident in treating pain; there is less ‘blanket’ treatment of pain; and more morphine than pethidine is being used for treatment of pain.

In 2011, there was plans to hold more courses in the provinces, particularly Malaita. However because of ongoing land disputes over the airstrip in Kilo'Ufi, Malaita, flights in or out of the island are still not operating. Due to a dengue outbreak in 2012 and other circumstances, this is the first EPM to be held in the Solomons since 2011.

At this visit, we also held and EPM and an instructors’ course in Gizo in the week prior to the Honiara course – see accompanying report for Gizo.

Dr Alex Munamua and Dr Bata Anigafutu, who had attended previous EPM instructors courses, did much of the teaching during this course. Dr Alex is an orthopaedic registrar, and Dr Bata is a consultant anaesthetist
Local coordinators

1. Dr Kaeni Agiomea,  
   Director of Anaesthesia, National Referral Hospital, Honiara

First EPM Workshop – Monday June 30th

Instructors

1. Dr Kaeni Agiomea  
   Director of Anaesthesia, National Referral Hospital, Honiara

2. Dr Alex Munamua  
   Orthopaedic registrar, NRH, Honiara

3. Dr Bata Anigafutu  
   Consultant Anaesthetist, NRH, Honiara

4. Dr Liz Bashford, Anaesthetist

18 Course Participants - see Appendix 1  
(10 nurses, 4 doctors, 4 medical students)
Feedback forms – see Appendix 2
Pre and Post test results – see Appendix 3  
   Pre-test mean – 16.7/25 – 67%  
   Post-test mean - 21/25 - 84%

Second EPM Workshop – Tuesday July 1st

Instructors

1. Dr Alex Munamua

2. Dr Liz Bashford, Anaesthetist

3. Dr Kaeni Agiomea  
   Director of Anaesthesia, National Referral Hospital, Honiara

19 Course Participants - see Appendix 1  
(11 nurses, 5 doctors, 3 medical students)
Feedback forms – see Appendix 2  
Pre and Post test results – see Appendix 3  
   Pre-test mean – 17/25 – 68%  
   Post-test mean - 20/25 - 80%
Discussion of barriers to effective pain management

Barriers to effective pain management were identified as fear of addiction, limited supply or unavailability of drugs, inadequate education and knowledge, poor communication and lack of guidelines/protocols.

Solutions included further training and education along the lines of EPM. Discussion was held about imparting knowledge gained to colleagues on a one-to-one basis in the wards, and discussion of course content at upcoming ward meetings. The possibility of holding a medical meeting (such as Grand Rounds) on the EPM course was discussed. Further EPM’s planned for later in the year, or early next year.

Recently, morphine was unavailable for more than a month. This was due to a supply problem at central stores, but whether that was due to a failure of supply by the manufacturers, or a health department problem is not clear. Slow release oral morphine is still not available from the pharmacy. Cancer patients are sent home with oral morphine suspension, and current prescribing is not reflecting the need for slow release preparations.

Venue and catering

Solomons Islands cost of living is extremely high at the moment. Recent flooding in April increased food prices, and there are many “big pocket” NGOs and expatriate businesses operating in the capital, pushing prices up. Quotes for catering were as high as Sol$250/head/day (about A$40) for lunch, morning and afternoon tea. Dr Kaeni managed to get the hospital kitchen to cater for lunch on both days for Sol$2400 (A$10/head/day) and he bought food more morning and afternoon teas separately. This involved a lot of extra work for Kaeni, and was not ideal. The lunches were of very good quality but were over-catered. It would be better to try and get the hospital to also cater for morning and afternoon teas, but to ensure that there was not too much food to keep the costs down.

Dr Kaeni arranged the lecture room at the RWSS office (Rural Water Supply and Sanitation) across the road from the hospital. The venue was excellent with air-conditioning and fans, and a pleasant outside area for lunches etc. We had a projector and a whiteboard.

Liaison

Dr Kaeni Agiomea is the Director of Anaesthesia in Honiara, and instrumental in guiding the EPM program in the Solomons.
RECOMMENDATIONS

1. Further EPMs to be held yearly or half yearly, depending upon resources. This EPM was virtually run entirely by Drs Kaeni, Alex and Bata, but funding may be an issue if not supported by the RACS, as printing and catering costs are expensive. Continuing support from Australia would be advantageous but not essential.

2. Lectures elicited more interaction and were more well received when delivered in pidgin. English is widely understood, but is not the preferred language. Where possible, teaching and discussion groups should be held in pidgin.

3. Sister Verzilyn Isom, head of the Nursing School at the Solomon Islands National University, will consider incorporating the EPM into the curriculum for final year nursing students. E-mail correspondence has commenced with regard to this (dsnahs@sinu.edu.sb).

4. The unavailability of slow release oral morphine is an ongoing concern. There is a catch 22 situation as the drug is not prescribed as it is not available, and not available because it is not prescribed. Patients are currently sent home for palliative care with oral morphine suspension. This needs to addressed at a local level.

Logistics

There are direct flights to Honiara from Brisbane, but none of the other Australian capitals. The flight takes three hours and is usually in the afternoon, arriving at a convenient time. Internal flights are expensive and boat travel is apparently uncomfortable and crowded and best avoided.

I stayed at the Kitano Mendana Hotel in Honiara, where the PIP has an account, and which was very comfortable. The hospital is a A$3 taxi ride/3 kilometres from the hotel.

ACKNOWLEDGEMENTS

I am very grateful to Dr Kaeni Agiomea for his assistance. Also the Pacific Islands Program for funding, and Lito de Silva for advice and logistical support.

Liz Bashford
July 2014
lizbashford@mac.com
0417 754751
## Appendix 1

### Participants Monday June 31st, 2014

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<tr>
<th></th>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>1</td>
<td>Gane Rowley SIMBE  (m)</td>
<td>Medical student</td>
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<tr>
<td>2</td>
<td>Angeline NAQU (f)</td>
<td>Medical student</td>
</tr>
<tr>
<td>3</td>
<td>Jude SANGA (m)</td>
<td>Anaesthetic registrar</td>
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<tr>
<td>4</td>
<td>Endrie KOBALA (f)</td>
<td>RN, medical</td>
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<tr>
<td>5</td>
<td>Edna SIPASEKO (f)</td>
<td>RN, orthopaedics</td>
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<tr>
<td>6</td>
<td>Finlyn APAUSAE (f)</td>
<td>RN, gynaecology</td>
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<td>7</td>
<td>Veronica WAELESI (f)</td>
<td>RN Aide, medical</td>
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<td>8</td>
<td>Fredrick SOAKI  (m)</td>
<td>RN Aide, orthopaedics</td>
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<td>Martin FUGUI  (m)</td>
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<td>10</td>
<td>Nildrin IJINI (f)</td>
<td>RN, operating theatre</td>
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<td>11</td>
<td>Hicks BULE (m)</td>
<td>RMO, paediatrics</td>
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<td>12</td>
<td>George TABEPUDA (m)</td>
<td>RMO, orthopaedics</td>
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<td>13</td>
<td>Moqala MAEZAMA (m)</td>
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<td>Jospeh SANGATU (m)</td>
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<td>Michael WAKAKI (m)</td>
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<td>16</td>
<td>Cheryl TAKUTILE (f)</td>
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<td>17</td>
<td>Roselyn MORRIBO (f)</td>
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<td>18</td>
<td>Lilly MEKE (f)</td>
<td>RN, paediatrics</td>
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### Participants Tuesday, July 1st 2014

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<th>Name</th>
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<tr>
<td>1</td>
<td>Mathew BONIE (m)</td>
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<td>2</td>
<td>Benjamin KERE (m)</td>
<td>Medical student</td>
</tr>
<tr>
<td>3</td>
<td>Stallone KOHIA (m)</td>
<td>Intern, anaesthetics department</td>
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<td>4</td>
<td>Kevin RAMO (m)</td>
<td>RN, operating theatre</td>
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<td>5</td>
<td>Wilson HAGA (m)</td>
<td>RN, operating theatre</td>
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<tr>
<td>6</td>
<td>Mathew SANDAKABATU (m)</td>
<td>Intern, orthopaedics</td>
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<td>7</td>
<td>Rebecca PINAU (f)</td>
<td>Medical registrar</td>
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<td>8</td>
<td>Jean LAUGEREMA (f)</td>
<td>RN, orthopaedics</td>
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<td>9</td>
<td>Lilian TAKAKU (f)</td>
<td>RN, orthopaedics</td>
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<td>10</td>
<td>Nancy RUKIA (f)</td>
<td>Medical student</td>
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<td>11</td>
<td>Emily HISIAPA (f)</td>
<td>RN, gynaecology</td>
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<td>12</td>
<td>Janella SOLOMON (f)</td>
<td>Paediatric registrar</td>
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<td>13</td>
<td>Janet WATE (f)</td>
<td>Nurse manager, operating theatre</td>
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<td>Hendrick KANIKI (m)</td>
<td>RMO, medicine</td>
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<td>15</td>
<td>Naomi IKA (f)</td>
<td>RN, surgical</td>
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<td>16</td>
<td>Basil PALUSI (m)</td>
<td>RN, A&amp;E</td>
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<td>17</td>
<td>Belda SAEVE (f)</td>
<td>RN, TB ward</td>
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<tr>
<td>18</td>
<td>Neverlyn GRAY (f)</td>
<td>RN, TB ward</td>
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Appendix 2: Analysis of participant feedback forms

**EPM 1** - forms received – 100% positive feedback

Three most important things you learned?

- RAT – Recognise assess and treat
- Addiction is rare

Will EPM change how you work?

- “not so scared of addiction”
- think about RAT

How can EPM be improved. Comments?

- More/regular training workshops
- Need to involve all health workers
- More case discussions
- More games?role-playing
- More interactive
- Include protocols in handout

**EPM 2** - 16 forms received – 100% positive feedback

Three most important things you learned?

- Recognise Assess and Treat
- “Pain is what the patient says hurts”
- don’t ignore complaints of pain!
- Opioids are safe to give

Will EPM change how you work?

- Treat according to severity and diagnosis
- Give the right pain treatment
- More confident in treating

How can EPM be improved. Comments?

- Refresher every 6 months/regular training
- EPM workshops needed in the provinces
- Invite someone from the Ministry of Health for barriers session
- Train more nurses
- More case studies and group discussions
- Continue workshops for staff unable to attend
Appendix 3: Pre and post test results:

![Pre & post test results 30.6.14](image1)

![Pre & post test results 30.6.14](image2)
Pre & post test results 1.07.14

![Bar chart showing pre and post test results for different participants and medical professionals.](image-url)
Dr Alex teaching