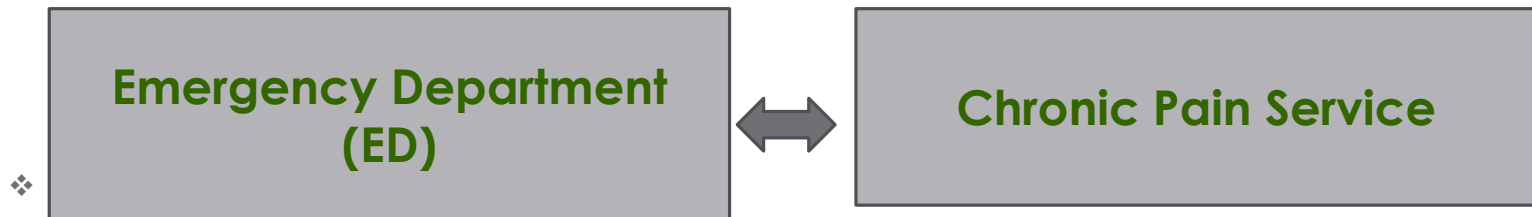


**MEETING NEEDS OF
FREQUENT PRESENTERS WITH
CHRONIC COMPLEX PAIN
TO THE EMERGENCY
DEPARTMENT: PERSPECTIVES
FROM THE WELLINGTON
REGION**

The 24th College of Emergency Nurses NZ
Conference 2015

**ASENI RATNAYAKE, M.N.C., Clinical Nurse Specialist
WELLINGTON Regional CHRONIC PAIN SERVICE 2015**

- ❖ I am Aseni Ratnayake, Clinical Nurse Specialist - Wellington Regional Chronic Pain Management Service
- ❖ One of my roles at Wellington Hospital is to work with the Emergency Department (ED) when Chronic Pain (CP) Patients present to ED



Aim

To showcase a “Model of Care” developed by Pain Management Service that:

1. Improves the Chronic Pain (CP) patient journey through the ED
2. Reduces the number of ED presentations and hospital admissions for CP patients at CCDHB

Definition of Pain

The International Association for the Study of Pain describes pain as:

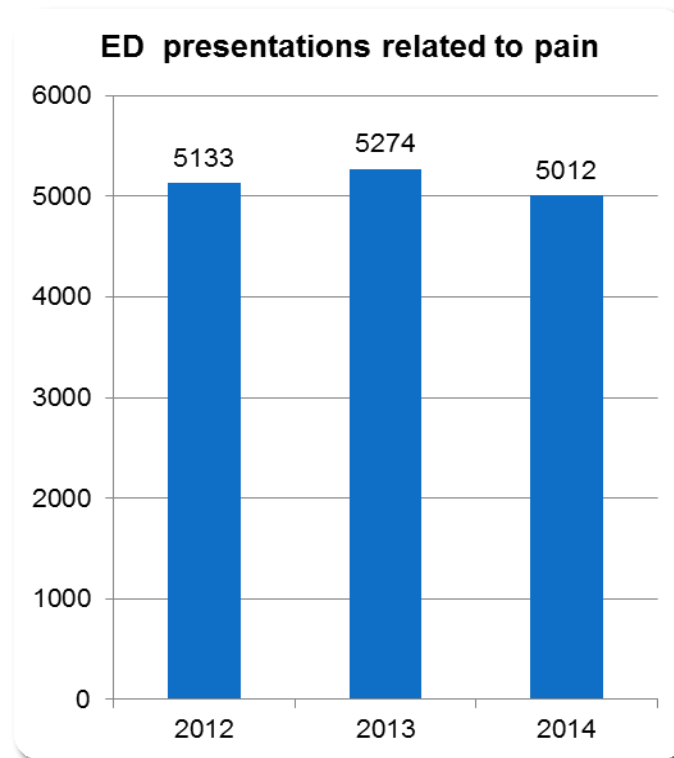
- ❖ An unpleasant sensory and emotional experience with actual or potential tissue damage
- ❖ Always subjective to the patient
- ❖ Probably from subconscious psychological reasons in the absence of tissue damage or any likely pathophysiological cause.
- ❖ Lasting longer than 3 – 6 months beyond the period of expected healing

NZ Statistics - Chronic Pain (CP)

- ❖ 1 in 5 New Zealanders report CP => This represents a significant health issue in New Zealand
- ❖ People with low economic living standards have higher chances of reporting CP
- ❖ Patients attending ED for CP often have comorbid Mental Health Issues e.g. depression and anxiety

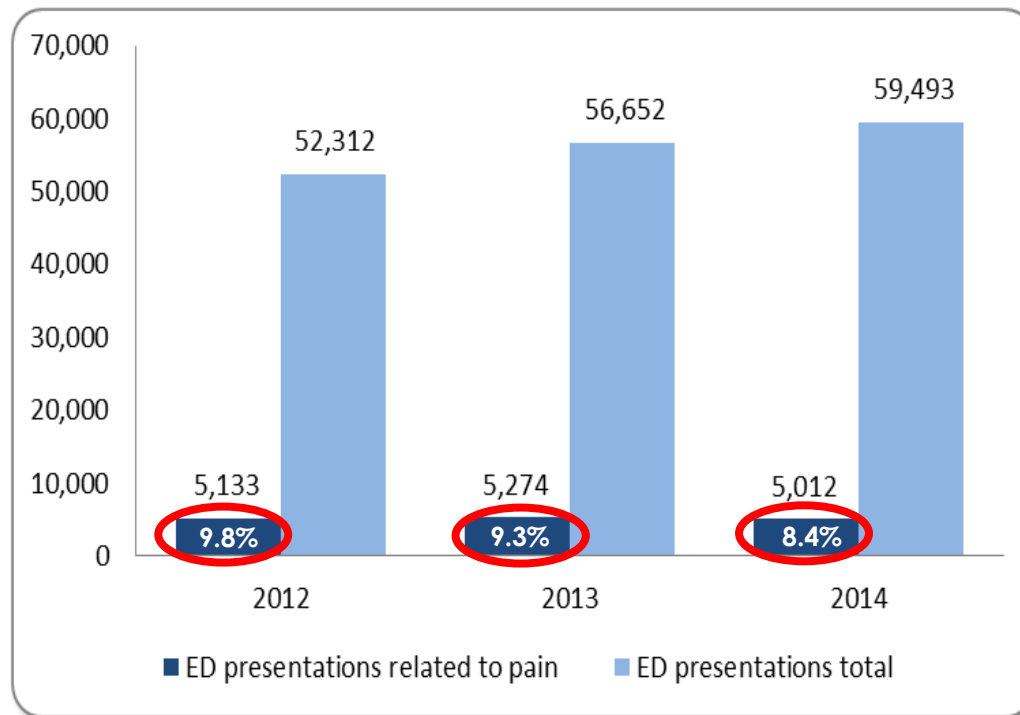
Number of Pain Patients Presenting to Wellington Hospital ED

Admissions to Wellington ED 2012, 2013 and 2014



Percentage of Pain Patients Presenting to Wellington Hospital ED

Admissions to Wellington ED 2012, 2013 and 2014 in relation to Total ED presentations



Issues Concerning CP Patients Presenting to ED

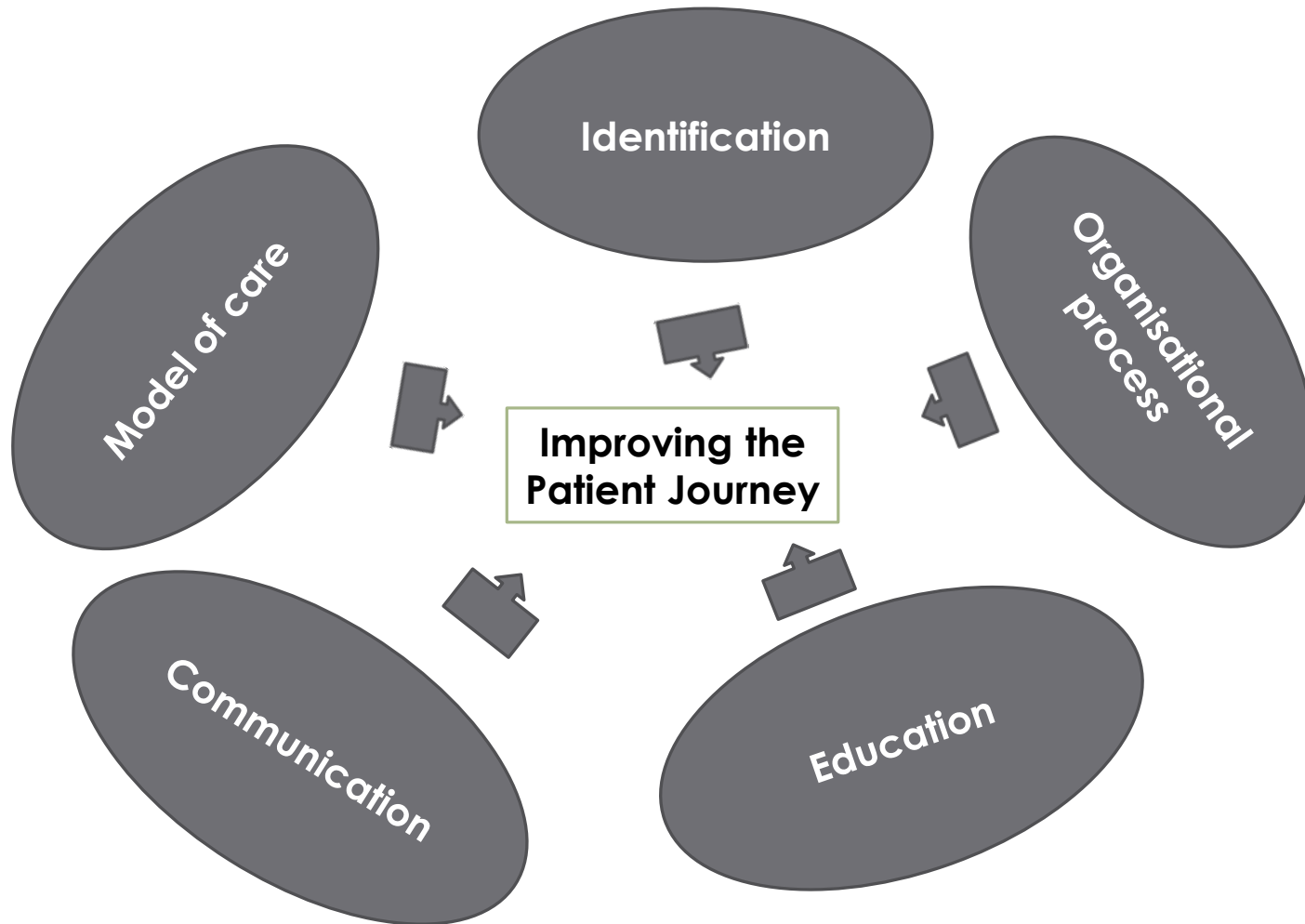
- ❖ Usually present after hours seeking medication
- ❖ Get admitted with burden of costs to CCDHB
- ❖ Complex patients who present frequently
- ❖ Lack of time for staff to provide appropriate assessment
- ❖ Patient expects access to specialists investigations and medications

Issues Concerning CP Patients Presenting to ED - continued

- ❖ CP is a low clinical priority for ED staff
- ❖ Often patients are given opiate based medications which increases hyperalgesia
- ❖ Chronic Pain Service not being made aware of the ED presentations of their current patients
- ❖ Poor coordination between Chronic Pain and ED

Model of Care

Hunter New England. New South Wales Local health network



Model of Care

Hunter New England. New South Wales Local health network

Identification

- ❖ Ambulance
- ❖ GP Triage
- ❖ ED

- ❖ Assessed history
- ❖ Medical Application Portal
- ❖ CP Nurse alerted

Organisational Process

Model of Care

Hunter New England. New South Wales Local health network

Communication

- ❖ With all stakeholders
- ❖ Ambulance
- ❖ ED
- ❖ GP
- ❖ Chronic Pain

Education

- ❖ Staff
- ❖ Patient Education

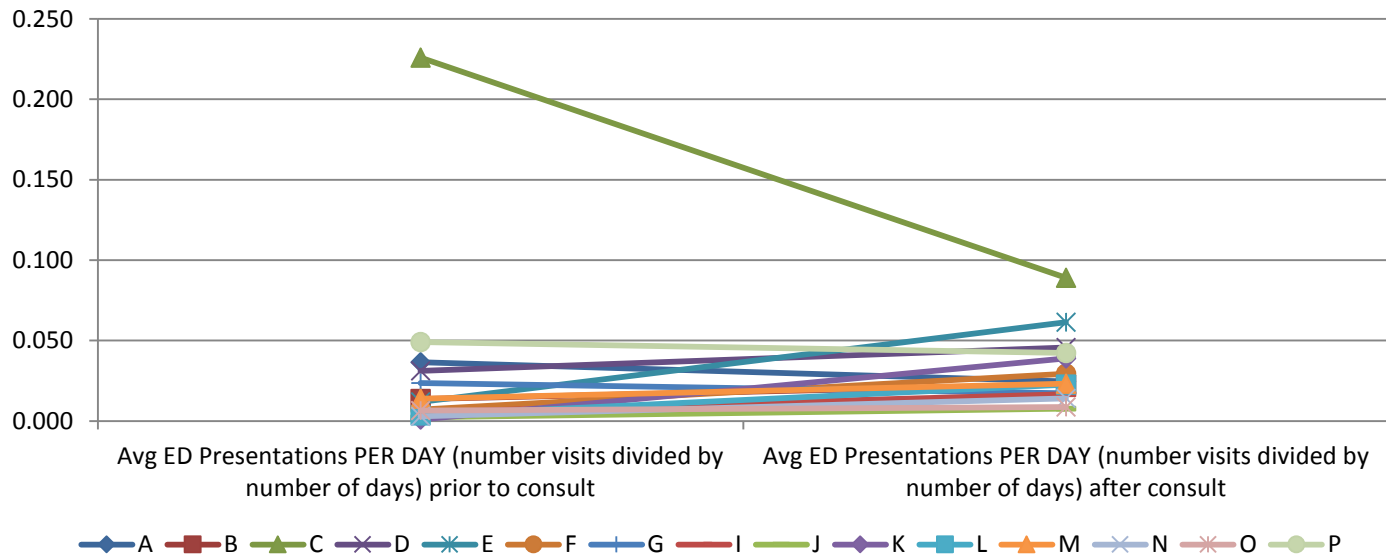
Research Method

- ❖ A group of 15 CP patients who frequently attended ED from 2012 – 2014
- ❖ The number of CP patients presenting to ED was isolated from ED admission statistics
- ❖ Quantitative data was collected from ED presentations, and admission rates of Pain Patients
- ❖ Data was analysed using a pair sampled T-test based on ED visits prior to and after the application of a Model of Care

CP Patient ED Presentations

2012, 2013, 2014

**Number of ED Presentations : Average per day
before and after Chronic Pain Clinic consultation**



Statistical Significance

Statistical Significance		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	visits. Prior - visits. After	21.733	31.102	8.031	4.509	38.957	2.706	14	.017

- ❖ This is the paired sample test which shows there is a significant difference in the mean number of visits prior to Chronic Pain Service involvement (mean = 44.87, s = 37.04) and the number of visits after the Chronic Pain Service involvement (mean = 23.13, s = 14.23); $t = 2.706$, $df = 14$, $p = 0.017$
- ❖ Therefore, we can conclude that, on average, patients visited the ED fewer times after Chronic Pain Service Involvement

Conclusion

- ❖ This study was a pilot study, which requires further development to capture CP patients who attend ED frequently over a longer time period
- ❖ This analysis has highlighted the critical care co-ordination role of Chronic Pain Clinical Nurse Specialist in the ED setting
- ❖ Co-ordination must occur between, GPs, Primary Health Care, Ambulance, Acute Services, CATT team, Consult Liaison, Community Pharmacies, Community Mental Health Services, Disease Management Services, Dieticians, Physiotherapists and Occupational Therapists, Social Workers, Psychologists, ACC, other Specialist Services, and Chronic Pain Services and Patients Family
- ❖ CP patients must be connected to relevant services as per the Model of Care

Recommendations

- ❖ Establish regular planning meetings with Ambulance Service, ED staff, Inpatient teams and the Chronic Pain Service
- ❖ Broaden the idea of the care plans to other chronic and complex patients frequently presenting to ED
- ❖ Monitor closely the efficacy of the care plans of individual patients and use outpatient services to supplement patient education
- ❖ Establish the role of care coordinator specific to frequently presenting ED patients
- ❖ Ensure electronic access to management plans
- ❖ Monitor the financial benefits of the care plan system

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Thank you for your time.

