‘EMBRACING THE ENEMY WITHIN’ MANAGING CHRONIC/COMPLEX PAIN WITHIN THE ACUTE SETTING

Joanne Angus, RGN, BSc Hons
Specialist Nurse, In-Patient Pain Service
The James Cook University Hospital
Middlesbrough

DEMOGRAPHICS

TRUST ME IT'S NOT ALL BAD……..

WHERE IT STARTED……

- "Comprehensive acute pain services no longer see only the post-operative, obstetric and trauma patients *British Journal of Anaesthesia Editorial (Vol 96, No.1, Jan 2006)*

- An audit at JCUH demonstrated that chronic pain patients represented 20% of the acute pain round

  (*Date, A. Br. J. Anaesth. (2006) 97 (2)*)

- Staffing levels, their knowledge and skills, and the availability of drugs and equipment should be sufficient to provide safe and effective pain relief for patients with non-surgical acute pain to the same standard as for patients with post-operative pain. The methods used may differ, however, and should be appropriate for the environment. *(Vickers A P 2012, RCA, Raising the standards)*

"If you want something new, you have to stop doing something old"… … ….

Peter F. Drucker

Half the patients who turn up at A&E don't need any treatment

By **Sophie Borland**
Health Reporter

NEARLY half of all patients who go to A&E do not need treatment, shocking new figures reveal.

About a third merely need medical advice while 13 per cent do not even require that.

As casualty departments are braced for a winter crisis, many patients are wrongly going to A&E when they should be going to a pharmacy, a GP or using basic first aid.

The Health and Social Care Information Centre says that 21.7million patients went to casualty last year, up by 57 per cent from 13.8million in 2008/9.

Of these, an astonishing 47 per cent left A&E without needing treatment – up from 33 per cent in 2009/10.

Health Secretary Jeremy Hunt has said the rise in numbers going to A&E is partly due to a disastrous GP con-

around first aid, it shows that people's expectations have changed and there's much more of a sense

capacity to see three-quarters of a million fewer patients than three years ago because we have 370 fewer registrars [senior doctors].

'But the number of patients we

where to access appropriate care and that they get the right advice first time round.

'Key to this is having an effective out-of-hours telephone service, yet the disastrous introduction of NHS 111 replaced a clinician-led servic

STAFF BEAT 4-HOUR ADMISSIONS TARGET WITH A SURGE IN THE LAST TEN MINUTES

A 'SUSPICIOUS' surge in patients being admitted just before the deadline of the Government's four-hour A&E waiting target is exposed by the HSCIC figures. Nearly twice as many patients are admitted to a ward in the ten minutes before they breach the limit than at any other period.

Experts accused doctors and nurses of prioritising patients nearing the deadline ahead of others more seriously ill. In 2012/3, just under 1.6million patients were admitted between three hours 50 minutes and four hours after they arrived.

They are twice as likely to be admitted during these final ten minutes as at any other time. Between 600,000 and 800,000 patients are admitted during each of the other ten-minute slots.

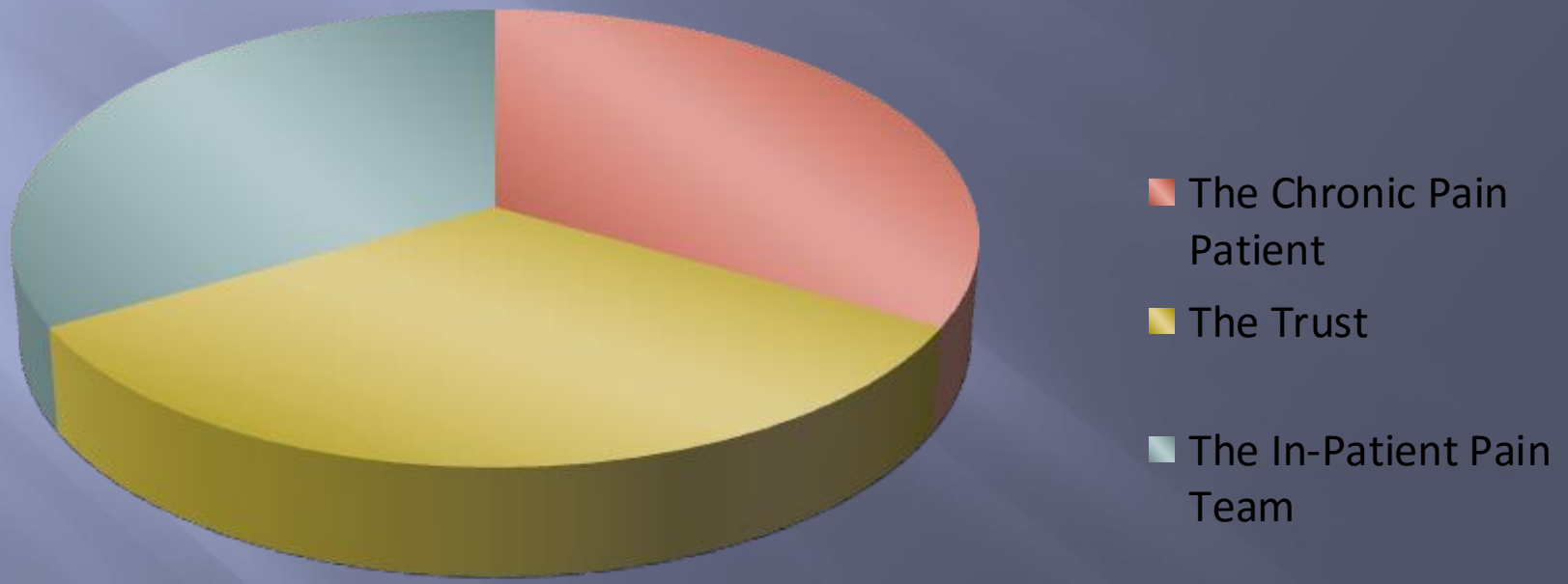
Julia Manning, chief executive of the think-tank 2020 Health, said: 'It's very suspicious. The fact that so many people are admitted in these last ten minutes shows that doctors and nurses are watching the clock and not thinking about the best way to care for patients.'

The four-hour target was 'perverse' and merely encouraged people to go to A&E rather than wait for a GP appointment, she said.

The Government says 95 per cent of patients should be admitted or discharged from A&E within four hours. Hospitals that breach the limit are fined heavily.

Raking in millions: Fixed-odds machines

A 3-Way Spin?



The case for the patient

- Drug dependency/Opioid reduction
- Medically driven model of care ‘*there must be something else*’
- Psycho-social overlay, the ward is a refuge from personal problems
- A&E is open 24hrs…… These patients love the open all hours concept – believing if they turn up often enough someone will do something different
- Lack of community resources

“We can't solve problems by using the same kind of thinking we used when we created them” ……Albert Einstein

The case for the Trust

- Reducing non-acute admissions
- Penalties for re-admissions
- Performance targets and patient flow
- Releasing capacity in clinics
- Pressures in A&E
- LTC management in primary care
- Cost – 3year £90.8m Recovery plan introduced 2014

*"What gets measured gets managed"……***Peter Drucker**

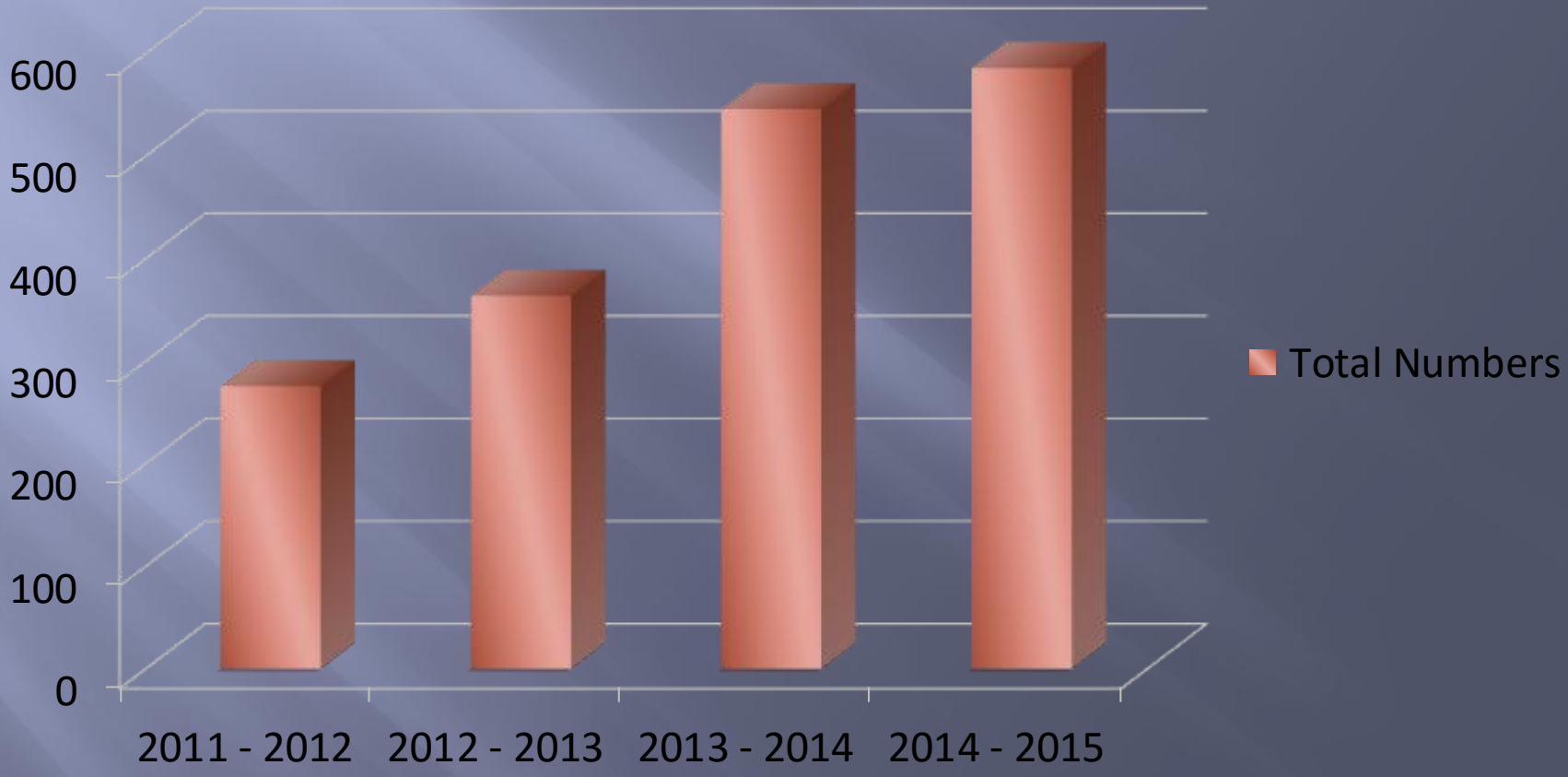
The Case for our Service

- Continued increase in non-acute patients being referred from the wards became the enemy of the acute pain round
- The pain team is the only consistent point of contact – e.g. gastro-enterology is often a different cons / team each admission
- Frequent attenders to A&E …..our top 20 frequent flyers……..we may start issuing a loyalty scheme!!
- The threat of losing the service to outreach teams
- A chance to re-configure and raise the profile – can we survive another 20 years managing epidurals?

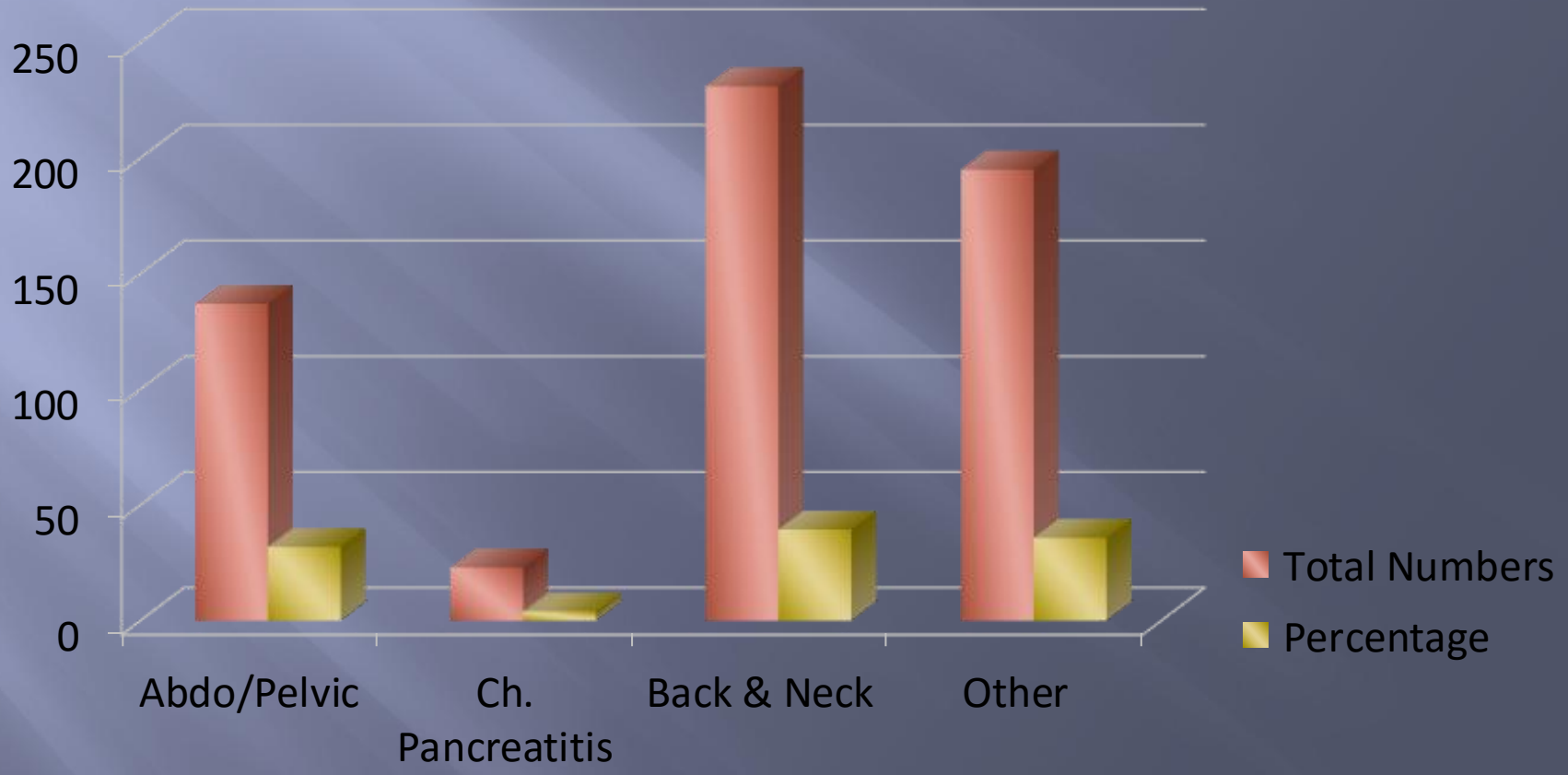
  "Neither a wise man nor a brave man lies down on the tracks of history to wait for the train of the future to run over him."…….

  Dwight D. Eisenhower

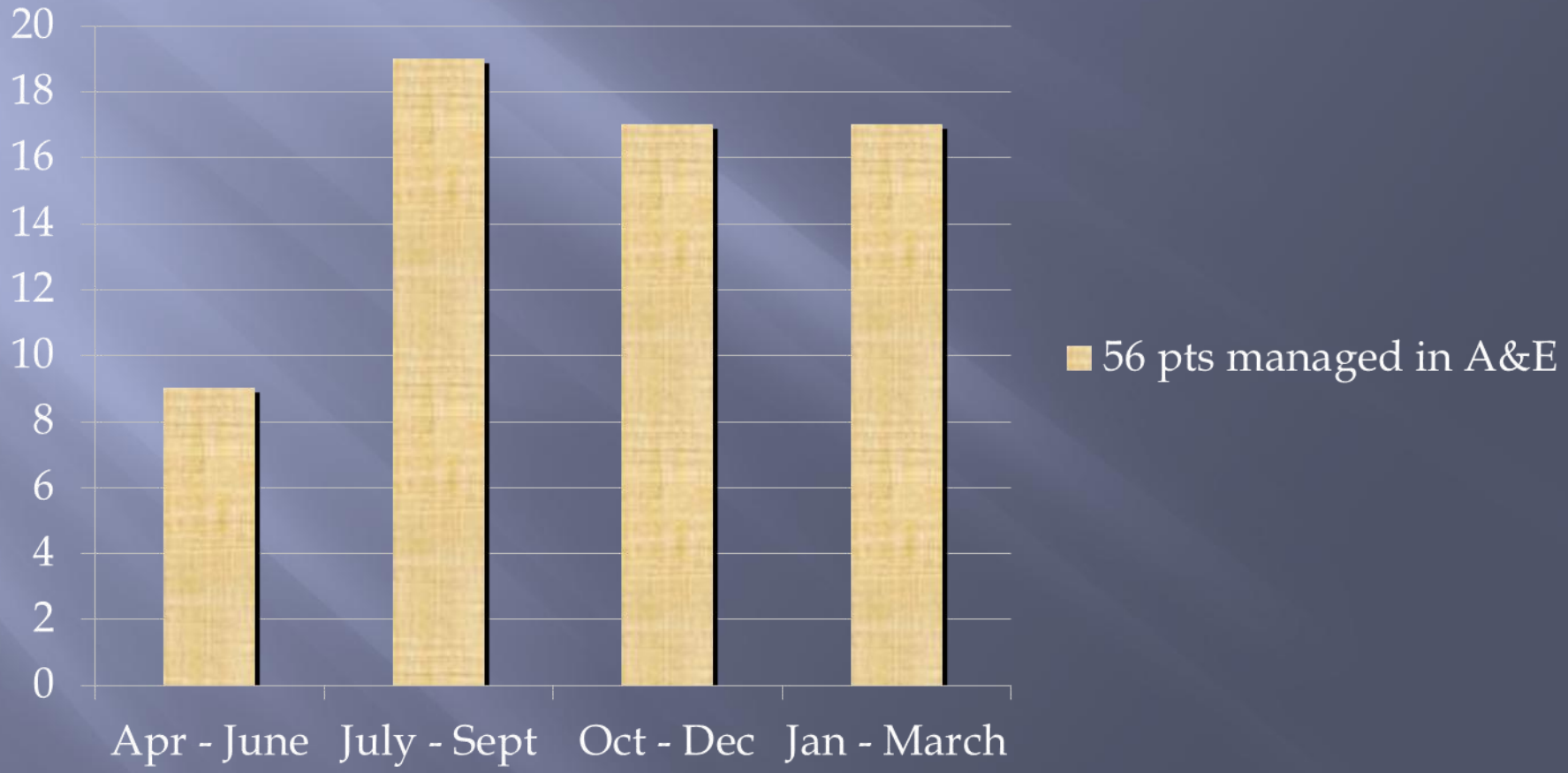
In Patient Referrals



12 Months Data (admitted) 586 new referrals 2014/5



2014/5 Admission Avoided



The Community Pain Service

The key mechanism in this change

- Nurse-Led & Consultant clinics
- Out of the hospital
- 2 week waiting time
- Chance to re-assess and sign post
- Closer liaising with GP's, community nursing staff and therapists
- Accelerated access to patient education "Explain Pain"
- Direct referrals to all elements

"You must be the change you want to see in the world."…… *M.K. Gandhi*

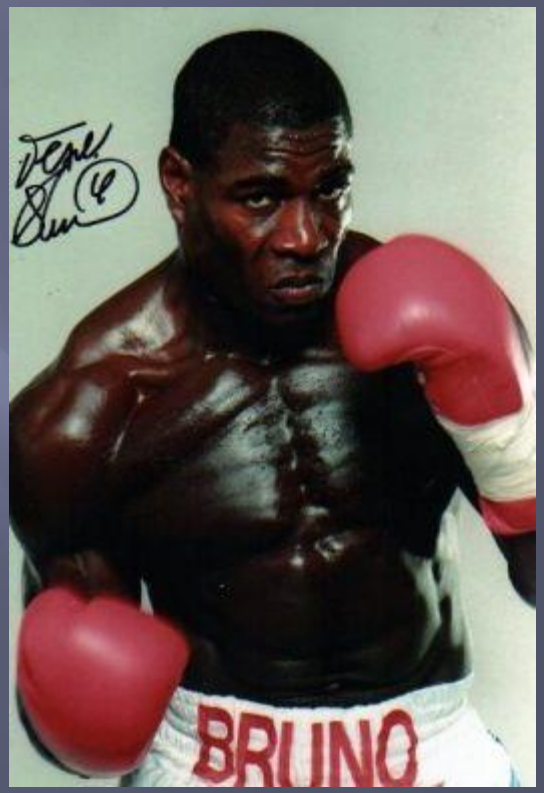
Attack from within

- Referral – timely – admission avoidance or reduced LOS
- Assess - "Frank Discussion"
- Plan
- Early Review – community pain clinic
- Patient Education – Plant the seed……

"The measure of success is not whether you have a tough problem to deal with, but whether it is the same problem you had last year"…….....
John Foster Dulles

Meet Frank!

- Firm
- Realistic
- Appropriate Adjustment to Analgesia
- Negotiate
- Know where we're going



*"Imagination is more important than knowledge"..**Albert Einstein***

Is it worth it?

- Cost per day on surgical ward - £180
- USS - £55
- MRI - £160
- Abdo XR - £33
- Haematology x 1 test - £4.41
- Average cost for 3 day stay = £650
- A&E attendance without admission - £91

"No people come into possession of a culture without having paid a heavy price for it"…….. *James A. Baldwin*

Do the maths!

- Cost of 586 pts = > £380,000
- From the 586 referrals – 176 (30%) could have been discharged from A&E and seen in community setting
- Admitted, and averaging 3 day stay

  Saving /Cost = 176 x £650 = £114,400
- Reducing LOS by one day (586 x £180)

  >£105,00

"He who does not economize will have to agonize." ***Confucius***

Developments to date……

- Improved links with A+E/Front of House/Ambulance Service/Medical wards
- Succinct Treatment Plans/Electronic Alerts
- Administrative Support ☺
- Winner of NELA ‘Emerging Leader 2014’
- Shortlisted Finalists HSJ Care Integration Awards – Pain Management
- MDT approach to care:
  - Case Conference (very complex)
  - HILT/Mental Health
  - Explain Pain
- GP Awareness Event
- Chester Acute Pain Symposium
- Flagship to other hospitals

Moving forwards……

- CCG's – commissioning of appropriate services
- Alternatives route into emergency care…….walk in centres / minor injuries unit
- Dedicated clinical pathways for pain conditions in A&E/Patient contracts/alternative opiate route – S/L Fentanyl
- If consistent messages are given to anyone turning up to A&E or redirecting them to a primary care centre then this may help to change behaviour

Coming together is a beginning; keeping together is progress; working together is success…… Henry Ford

Who dares wins

- The patient
- The Trust
- The GP
- The In-patient pain team
- The Out-patient clinic
- The patient on an elective list
- The national purse

*Success is more a function of consistent common sense than it is of genius…….**An Wang***

A thought to leave you with……

It is inappropriate for patients with pyscho-socially driven flare ups of pain to occupy acute beds and further stretch the resources of front line emergency staff; as pain teams we are equipped to provide a service that is right for the patient, right for the organisation and could secure the future of in-patient pain teams within the current health care dynamic

THANK YOU

ANY QUESTIONS?