NAPS 2018
NATIONAL ACUTE PAIN SYMPOSIUM

NHS
The Royal Bournemouth and Christchurch Hospitals
NHS Foundation Trust

Preoperative Psychological Intervention

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thebmjawards
WINNERS 2018

The Health Foundation

The Royal Bournemouth Hospital

Background

- Acute Pain Round
- Preoperative experience
- RCoA Guidance on provision anaesthesia services for acute pain (2014)
- Integrated approach
  - Naylor report Kings Fund (2016)

Royal College of Anaesthetists

PERIOPERATIVE MEDICINE

2016 Data

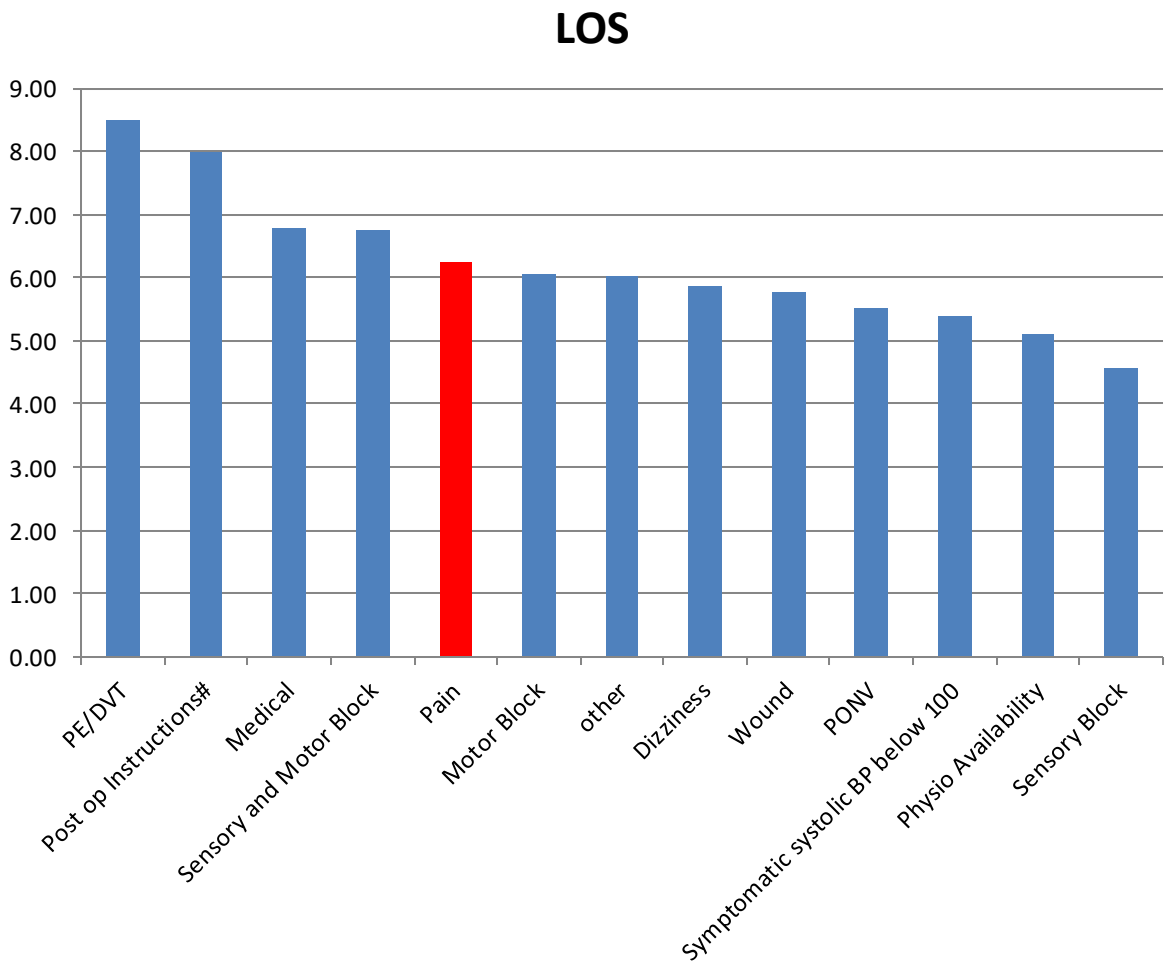
- Total Hip Replacement
  - Median LOS 4.9 days (1 - 35 days)
- Total Knee Replacement
  - Median LOS 5.1 days (2 – 27 days)
- Project targets long staying outliers

RBH arthroplasty ANALGESIA pathway

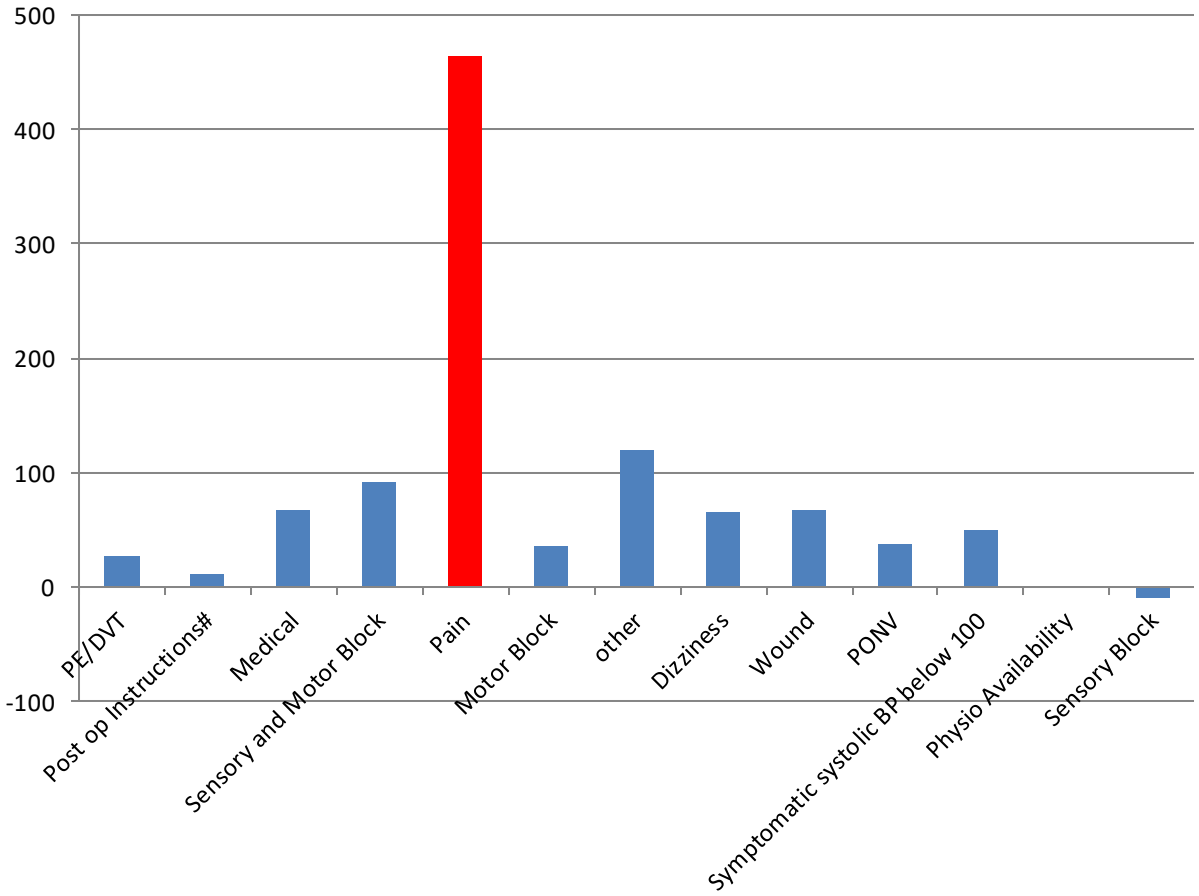
(Version 6)

	THR	TKR / UKR
PREASSESSMENT	PSYCHOLOGY INTERVENTION	PSYCHOLOGY INTERVENTION
PERIOPERATIVE Spinal and Sedation	INTRATHECAL DIAMORPHINE TCI PROPOFOL SEDATION DEXAMETHASONE 0.1mg/Kg ANTI-EMETIC TRANEXAMIC ACID 15MG/KG	INTRATHECAL DIAMORPHINE TCI PROPOFOL SEDATION DEXAMETHASONE 0.1mg/Kg ANTI EMETIC TRANEXAMIC 15MG/KG ADDUCTOR CANAL BLOCK LOCAL INFILTRATION GABAPENTIN 600MG in recovery
REGULAR MEDICATION	PARACETAMOL 1G QDS IBUPROFEN* 400MG TDS OMEPRAZOLE 20MG OD ONDANSETRON 4MG TDS $MG(OH)_2$ + SENNA	PARACETAMOL 1G QDS IBUPROFEN* 400MG TDS OMEPRAZOLE 20MG OD ONDANSETRON 4MG TDS $MG(OH)_2$ + SENNA
OXYCODONE 1MG ORAL OXYCODONE = 2MG ORAL MORPHINE	ONLY ROUTINE IF PATIENT CAN'T TAKE NSAIDS	OXYCODONE MR 5-10MG BD START ON THE NIGHT OF SURGERY WEAN AFTER FIVE DOSES IF PAIN CONTROLLED
PRN MEDICATION	ORAMORPH 10-30MG 4° BUCCASTEM 3-6MG BD PIRITON 10MG TDS	ORAMORPH 10-30MG 4° BUCCASTEM 3-6MG BD PIRITON 10MG TDS
DISCHARGE ANALGESIA	PARACETAMOL 1G QDS IBUPROFEN* 400MG TDS +/- USUAL OPIATE OR ORAMORPH	PARACETAMOL 1G QDS IBUPROFEN* 400MG TDS +/- USUAL OPIATE OR ORAMORPH

Reasons for delayed mobilisation



What caused additional bed days?



The Idea

- Preoperative Psychology service
- All patients screened
- High risk patients offered intervention
- Measurements Baseline & Intervention groups
  - Anxiety & Depression scores, Length hospital admission, Patient satisfaction

Screening

- PROP Score
  - Preoperative Risk of Pain score
- Pre assessment clinic
- Patients telephoned
- Appointment Preoperative Psychology

PROP Score

RISK ASSESSMENT FOR POST OPERATIVE PAIN

Addressograph

RISK FACTORS	Tick
Age *Patient is <65 years old*	
Pain - *Is the patient taking regular Morphine, Oxycodone, Tramadol, Fentanyl* - *Has the patient had a poor past experience of postoperative pain* - *Or does the patient have a history of chronic pain*	
Anxiety - *Does the patient suffer with anxiety, and/or depression or catastrophize about pain*	
Type of surgery - *Is the patient coming in for orthopaedic surgery*	
Total score	

No of Risk Factors (ticks)	Risk Score
1	low
2	moderate
3	moderate
4	high

Date for surgery .....

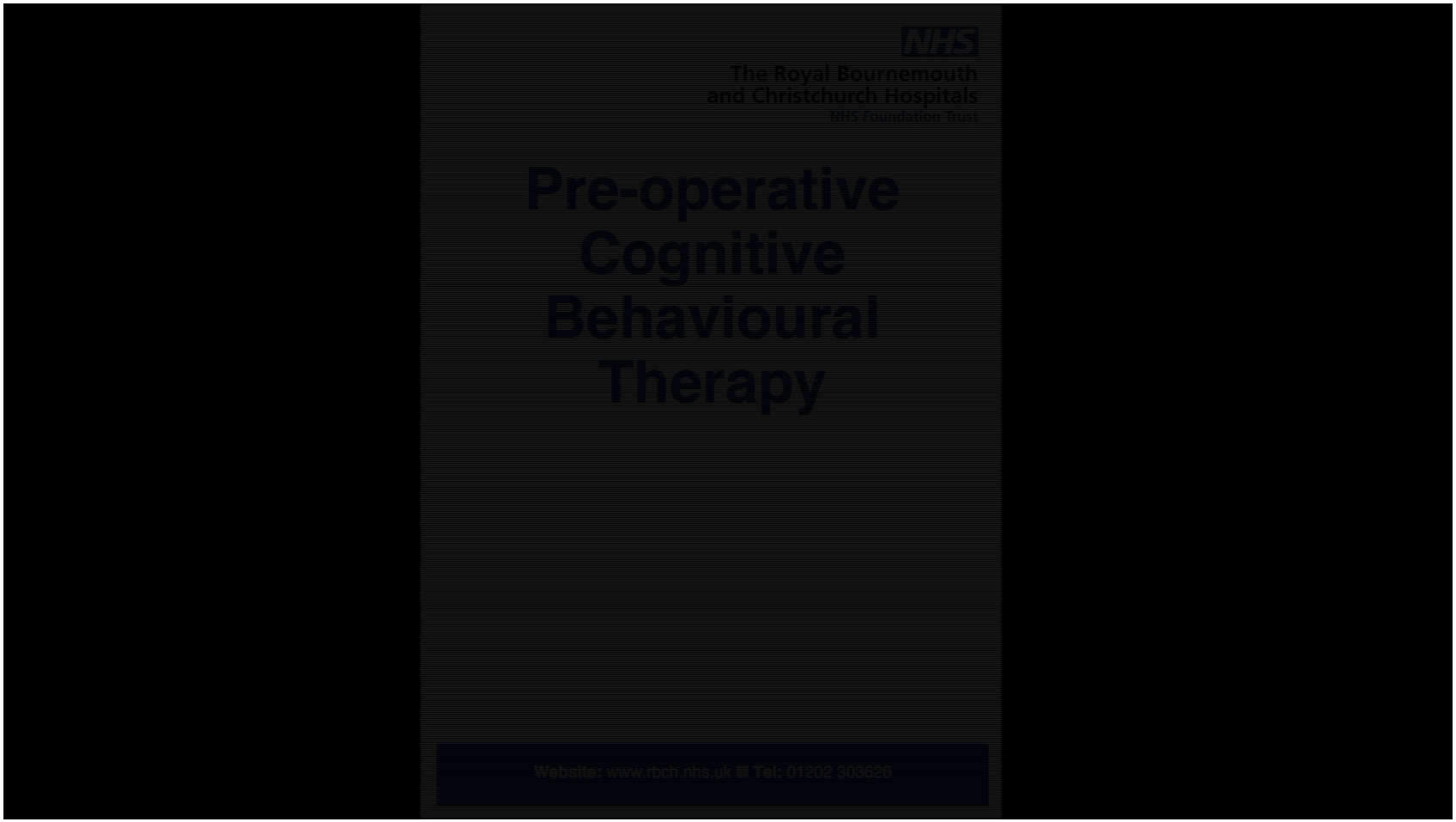
Patients with high risk factors, 3 or 4 from above list, please leave referral form for Acute Pain Team

- PROP 3 & 4 patients offered Preoperative Psychology
- 75% uptake
- Clinic/ Telephone appts

What is the Intervention?

- 1:1 session Psychologist
- Up to 3 sessions offered
- Patient centred approach
- Pain Education
- Cognitive Behavioural Therapy

Patient Information Video



Setting up the new Service

- Patient Engagement with Focus Group
- Psychologists Dorset University Health F/Trust
- Project Manager
- Acute Pain Team
- Preoperative Assessment Team
- Bournemouth University

Results

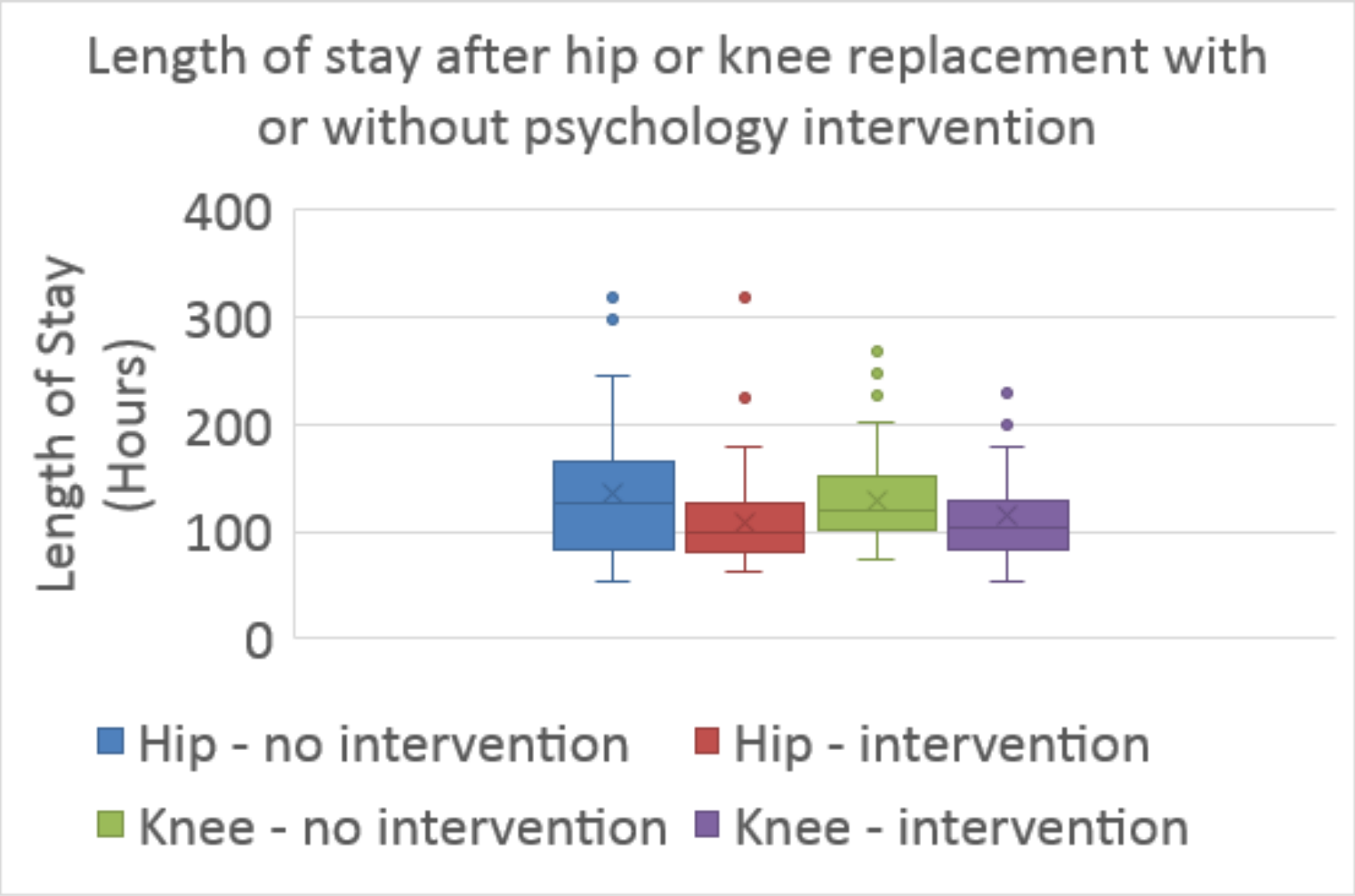
- 166 patients
  - 27 hrs LOS reduction Hip Replacement

    p= 0.006
  - 18 hrs LOS reduction Knee Replacement

    p= 0.009
- >150 bed days saved
- Cost saving £55,000

Results

Patients with high risk scores/complex pain



Patient Feedback

"Most people would feel anxious or concerned about a major operation and this experience was a safe place to voice and discuss those concerns. I found it extremely useful and calming and wouldn't hesitate to recommend it to others".

Patient Feedback

"The pain therapy sessions helped me to understand my part to play in my own healing and I have been able to use it effectively. I was extremely anxious about the operation and this helped me to approach it much more positively and calmly"

Spread

- BBC South Today
- Bournemouth Echo
- National Acute Pain Symposium 2017
- Enhanced Recovery After Surgery Conference
- Winner BMJ Awards 2018

Future Developments

- Other Orthopaedic Operations
- Research Project
- Publications
- Psychologists in Acute Pain Teams

The
Health
Foundation

Health Foundation Innovation for Improvement Award

- August 2016 – November 2017
- Quality Improvement Project
- £ 75000

Challenges & Reflections

Challenges

- Time!
- Communication
- Multiple stakeholders across 2 Trusts
- Logistics
- SLA
- Keeping focussed

Reflections

- The Team
- Patient involvement
- Have a clear vision
- Engage all stakeholders from start
- Find key people to support your idea
- Early vs late adopters
- Regular team updates
- Listen and be prepared to change

Conclusion

- Improved Patient Experience
- Significant Cost Savings
- Ongoing Funding of Service

Thank you

Communicate - Say it, hear it, do it! Improve - Change it! Teamwork - Share it! Pride - Show it!

References

- 1. “Perioperative Medicine – The Pathway to Better Surgical Care” Royal College Anaesthetists (2015)
- 2. Bringing together physical and mental health: A new frontier for integrated care. Chris Naylor et al Kings Fund (2016)
- 3. Kalkman CJ, Visser K, Moen J et al Preoperative prediction of severe postoperative pain. Pain 2003; 105: 415-23
- 4. Janssen K, Kalkman CJ, Grobbee DE et al The risk of severe postoperative pain: modification and validation of a clinical prediction rule. Anesth Analg 2008; 107:1330-9
- 5. L Wang, Y Chang, SA Kennedy et al Perioperative psychotherapy for persistent postsurgical pain and physical impairment: a meta-analysis of randomised trials BJA 2018; 120(6): 1304- 1314