



Chronic Pain: Call the APS!!!

Dr. Mandeep Dhankhar¹, Perry-Woodford Vashti², Elizabeth Murphy³, Marie Flannery³, Susan Celera³, Taurai Zuze³,
Dr. Leena Ali⁴

Department of Anaesthesia, Northwick Park Hospital, London North West Healthcare NHS Trust
1: Specialist Registrar Anaesthesia, 2: Lead Pain Sister, 3: Acute Pain Nurse Specialist, 4: Consultant Anaesthetist

Background

- The traditional role of the Acute Pain Services (APS) was to manage acute pain after surgery only.
- This remit is expanding in many hospitals to include the care of medical in-patients and patients with complex pain problems such as acute-on chronic pain or opioid misuse.¹

Aims and Objectives

- As the APS of a busy District General Hospital, we conducted an audit to establish our workload.
- As well as following up on epidurals and PCA's, APS is also responsible for responding to acute pain calls from across the hospital.
- This audit analyzed data regarding the workload, the type of referrals, time spent on referrals received by the acute pain service team during daytime hours and whether they warranted APS involvement.

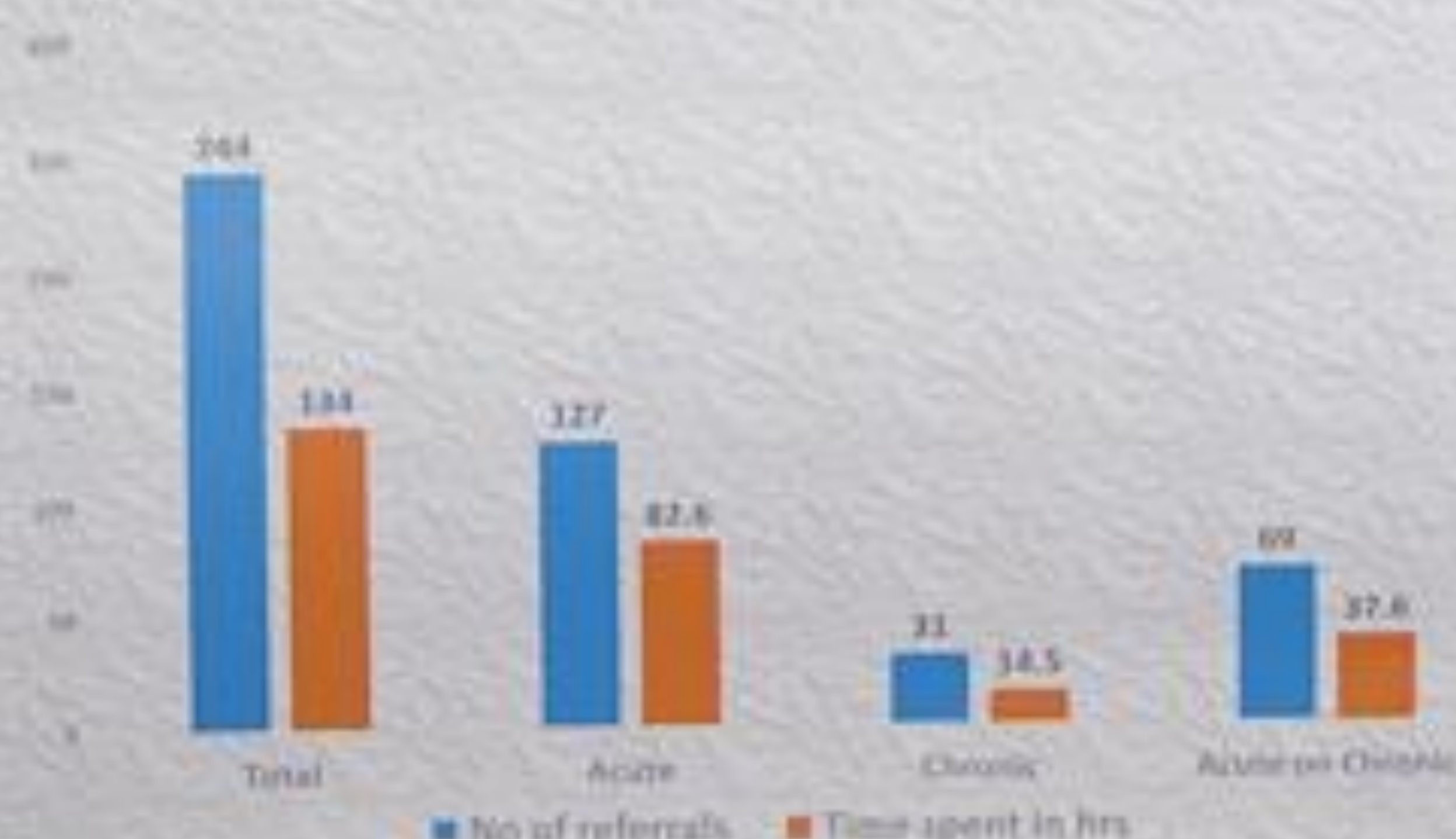
Methods

- Data collected over a period of 7 months from September 2015-March 2016 was analyzed retrospectively.
- Data included type of intervention, time spent on each referral- acute pain, chronic pain or acute on chronic pain.
- The source of referral was also noted. The data was analyzed with an aim to find out the total time spent and the fraction of time spent on each type of calls, location of referrals and type of interventions.

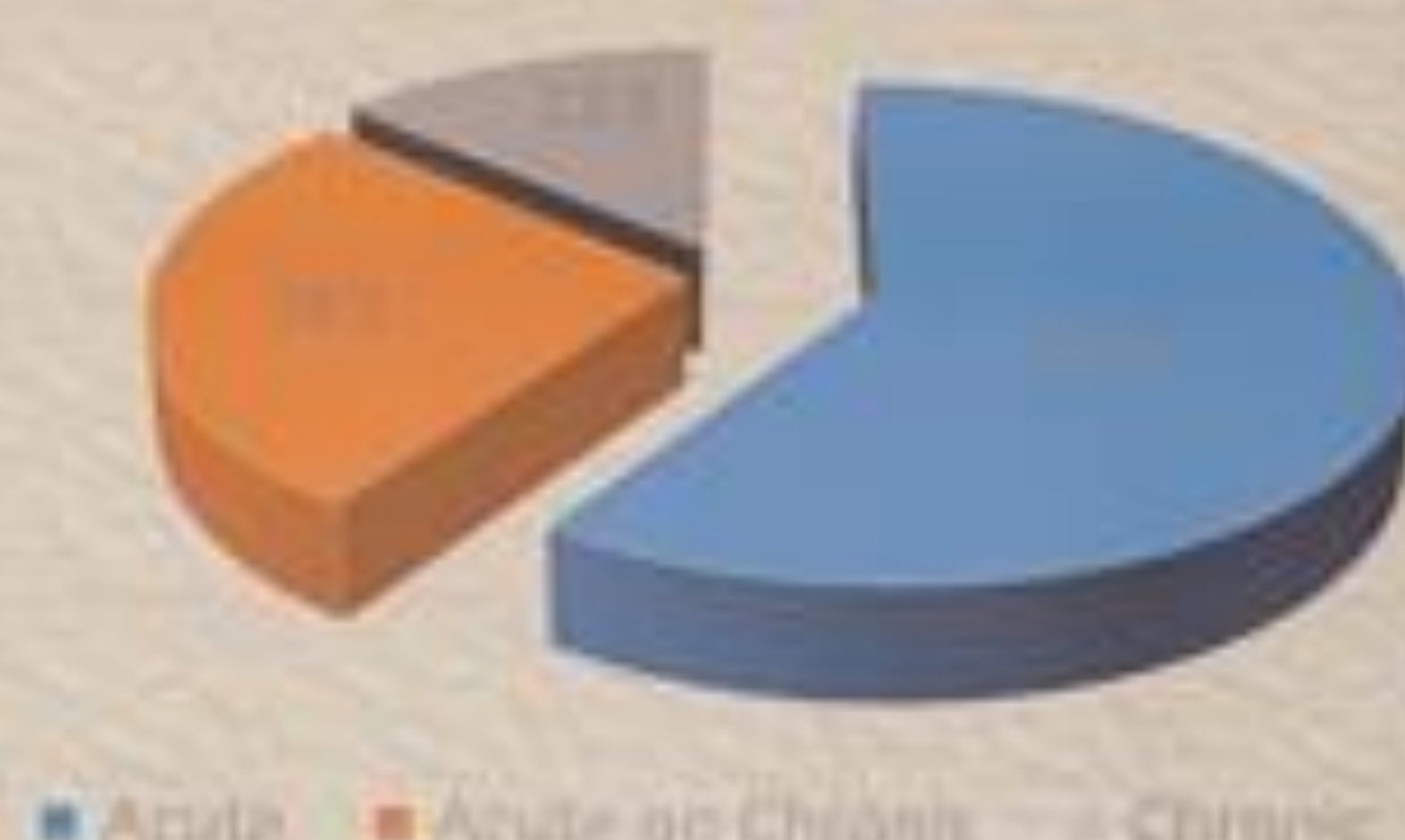
Results

- A total of 244 referrals were received over a period of 7 months.
- 127 (55.9%) referrals were for acute pain, 69 (30.4%) for acute on chronic pain issues and 31(13.7%) for chronic pain issues. Data was incomplete for 17 patients.
- The total time spent on seeing patients was 134 hours out of which 82.6 hours (61.6%) was spent seeing patients with acute pain, 37.6 hours (28.1%) was spent on referrals relating to acute on chronic pain and 13.9 (10.4%) hours on purely chronic pain referrals.

Graph showing no of referrals and time spent on different type of calls

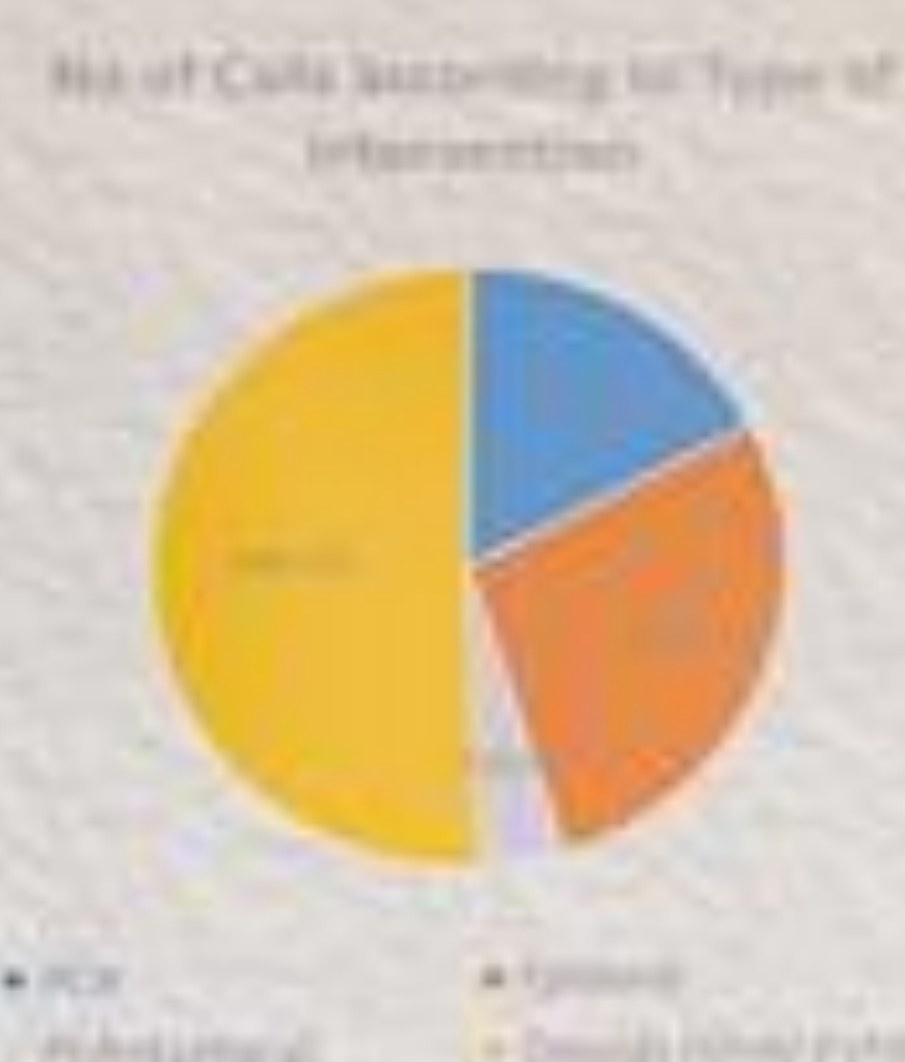


Percentage of Time Spent on Different Calls

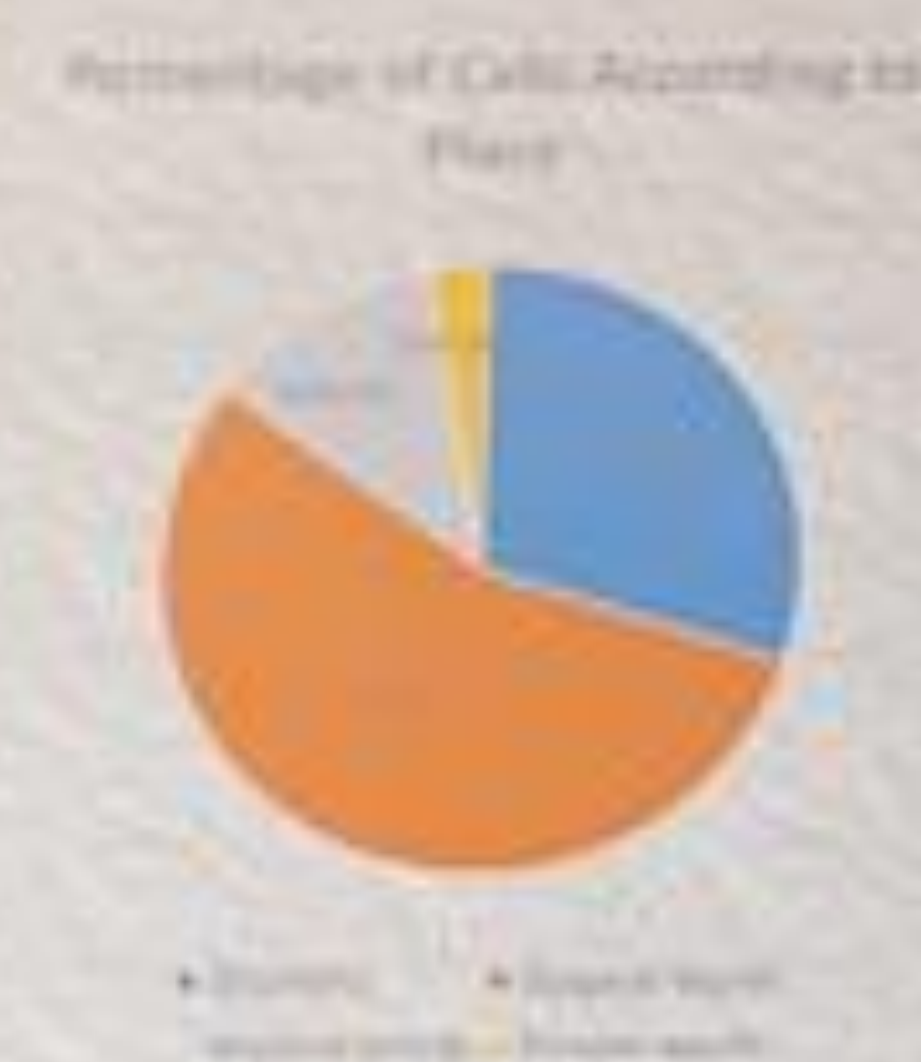


- 39 referrals were due to PCA issues, 63 referrals for epidural, 10 for patients on combined epidural and PCA and 115 referrals for patients on opioid patches/oral medication.
- 68 (30%) referrals came from ITU/HDU, 125 (55.1%) from surgical wards, 27(11.9%) from medical wards and 7(3.1%) from the private ward.

Distribution according to Type of Intervention



Distribution according to Place of Calls



Conclusions:

- Despite didactic hospital policy and a structured acute pain referral form, a need for significant improvement of the quality of referrals was identified.
- Our data shows that 44.1% of the time APS spent was on dealing with issues relating to chronic pain.
- The APS are not trained or equipped to deal with and perform interventions required for chronic pain management.
- This leads to undue pressure on an already short-staffed team and stretches the APS, which may not be in the best interests of the patients.

Recommendation

- Establishing a chronic pain unit within the trust may result in improving the quality of pain services provided.²

References

- Guidance on the Provision of Anaesthesia Services for Acute Pain Services 2016. RCOA.
- Powell AE, Davies HTD, Bennister J, Macrae WA. Challenge of improving postoperative pain management: case studies of three acute pain services in the UK National Health Service. *British Journal of Anaesthesia* 2009; 102 (6): 824-31.