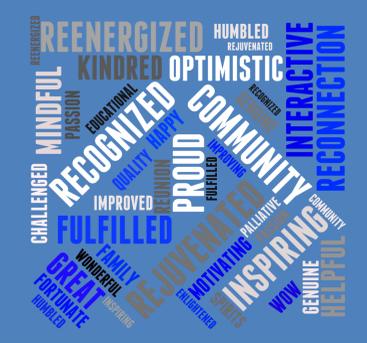




# IDENTIFYING OPPORTUNITIES TO IMPROVE PAIN AMONG PATIENTS WITH SERIOUS ILLNESS

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## OBJECTIVES

1. Identify patient characteristics associated with moderate or severe pain at the time of initial pain assessment by an inpatient palliative care consult team.
2. Describe which patient characteristics are associated with an improvement in pain within 24 hours of an initial palliative care pain assessment.
3. Consider how this information can be used to guide pain improvement efforts for your palliative care consult team.

## BACKGROUND

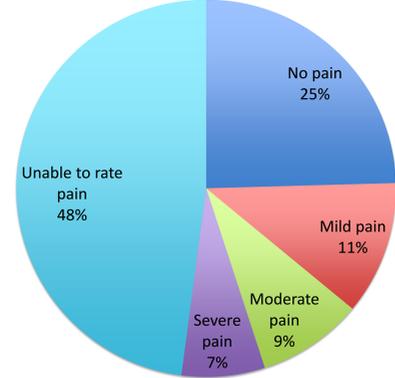
- Pain is a common and distressing symptom associated with lower quality of life, patient and family satisfaction, and longer hospital length of stay.<sup>1</sup>
- Effective pain control is a core competency for palliative care teams and a common reason for inpatient palliative care consultation.<sup>2</sup>
- However, pain control remains challenging and imperfect even for patients who indicate a clear preference for comfort care over invasive treatments.<sup>3</sup>
- To improve the quality of pain management for our palliative care consult teams, we must measure how well we are performing, compare to others in order to create benchmarks for the field, and learn from better performers.

## METHODS

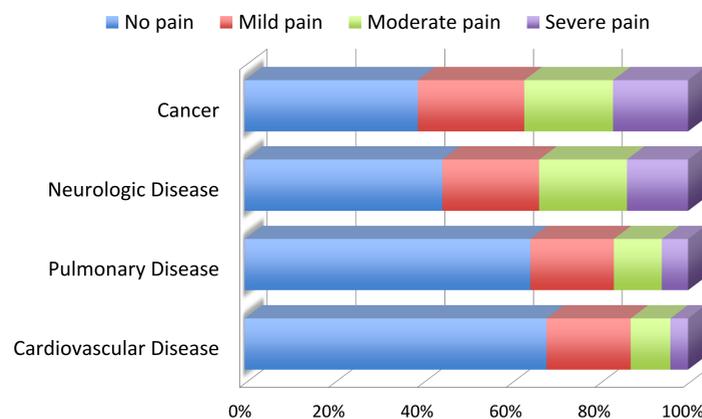
- The Palliative Care Quality Network (PCQN) is a consortium of 27 palliative care teams committed to working together to improve the care of seriously ill patients and their families.
- In 2014 we launched a Quality Improvement Collaborative within the PCQN, through which eight palliative care teams at diverse hospitals are working on a coordinated quality improvement project.
- Together we set an initial goal to improve pain management.
- The eight palliative care teams in the Collaborative entered data into the unified PCQN database from Jan 2013 to May 2014. The 23-item dataset includes demographics, care processes, and outcomes.
- We examined which patient and care characteristics are associated with pain at the time of initial palliative care assessment, as well improvement in pain by the time of palliative care second assessment within 24 hours.

## RESULTS

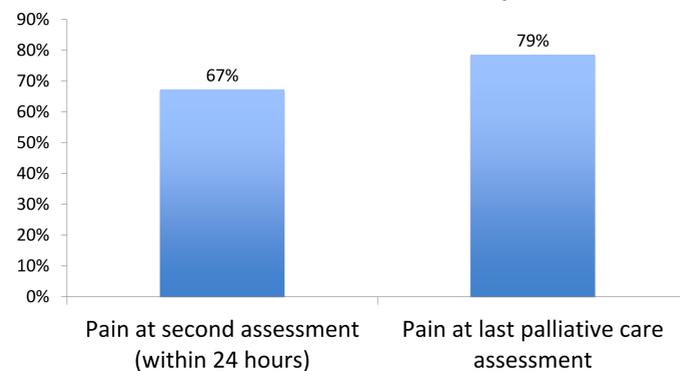
Pain at First Palliative Care Assessment (n=2480)



Severity of Pain by Diagnosis (p=0.0001)

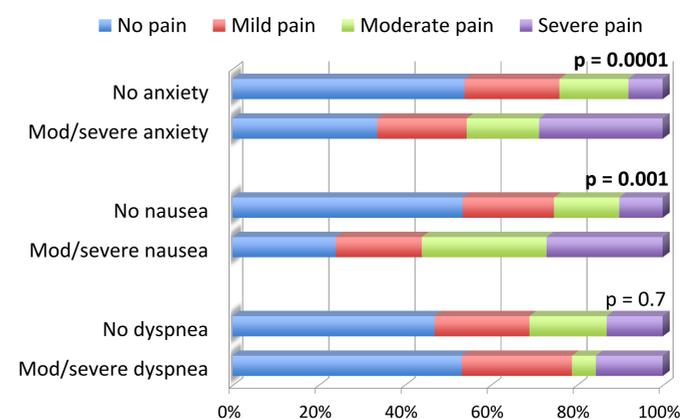


Percentage of Patients with Moderate/Severe Pain who Improve

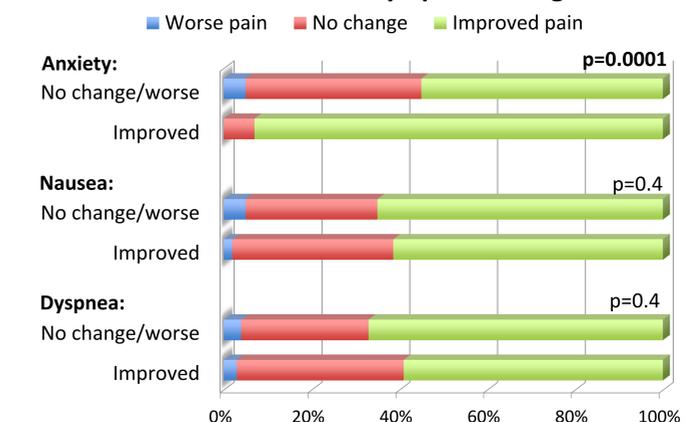


Patient Characteristics	No Pain	Mod/Severe Pain	P-value
Mean age	73 years	60 years	0.0001
Sex			
Female	61%	39%	0.7
Male	60%	40%	
Mean Palliative Performance Scale score	40	44	0.0001
Referral location			
Medical/surgical unit	53%	47%	0.001
Step-down unit	70%	30%	
Critical care	66%	33%	
Status at discharge			
Alive	60%	40%	0.5
Dead	63%	37%	

Association between Pain and Other Symptoms



Associations between Symptom Changes



## CONCLUSIONS

### ASSOCIATIONS WITH PAIN:

- Thirty-one percent of patients who could rate their pain had moderate/severe pain at the time of first assessment.
- Patients with moderate/severe pain were younger, had a higher palliative performance scale score, and were more often on the medical/surgical unit than patients without pain.
- A higher percentage of patients with cancer reported pain than with pulmonary, cardiovascular, and neurologic disease.
- Pain was associated with anxiety and nausea, but not dyspnea.

### ASSOCIATIONS WITH PAIN IMPROVEMENT:

- Sixty-seven percent of patients with moderate/severe pain at the time of first pain assessment reported an improvement in their pain by second assessment within 24 hours. Seventy-nine percent improved by last palliative care assessment.
- Improvement in pain was associated with improvement in anxiety, but not nausea or dyspnea.

## IMPLICATIONS

- Standardized data collection across sites can identify which patient populations are most likely to have marked and refractory pain.
- This information can be used to guide pain control efforts.
- Going forward, we plan to bolster pain management resources on our medical/surgical units and for patients with cancer.
- Given that pain improvement seems to increase with palliative care follow-up visits, we are exploring the association between follow-up visits and pain improvement.
- We are investigating the relationship between pain and anxiety and striving to address anxiety as a routine part of our pain management consultations.

## REFERENCES

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