

Evaluating Post Discharge Pain Complaints to Improve Patient Experience: A Quality Improvement Project

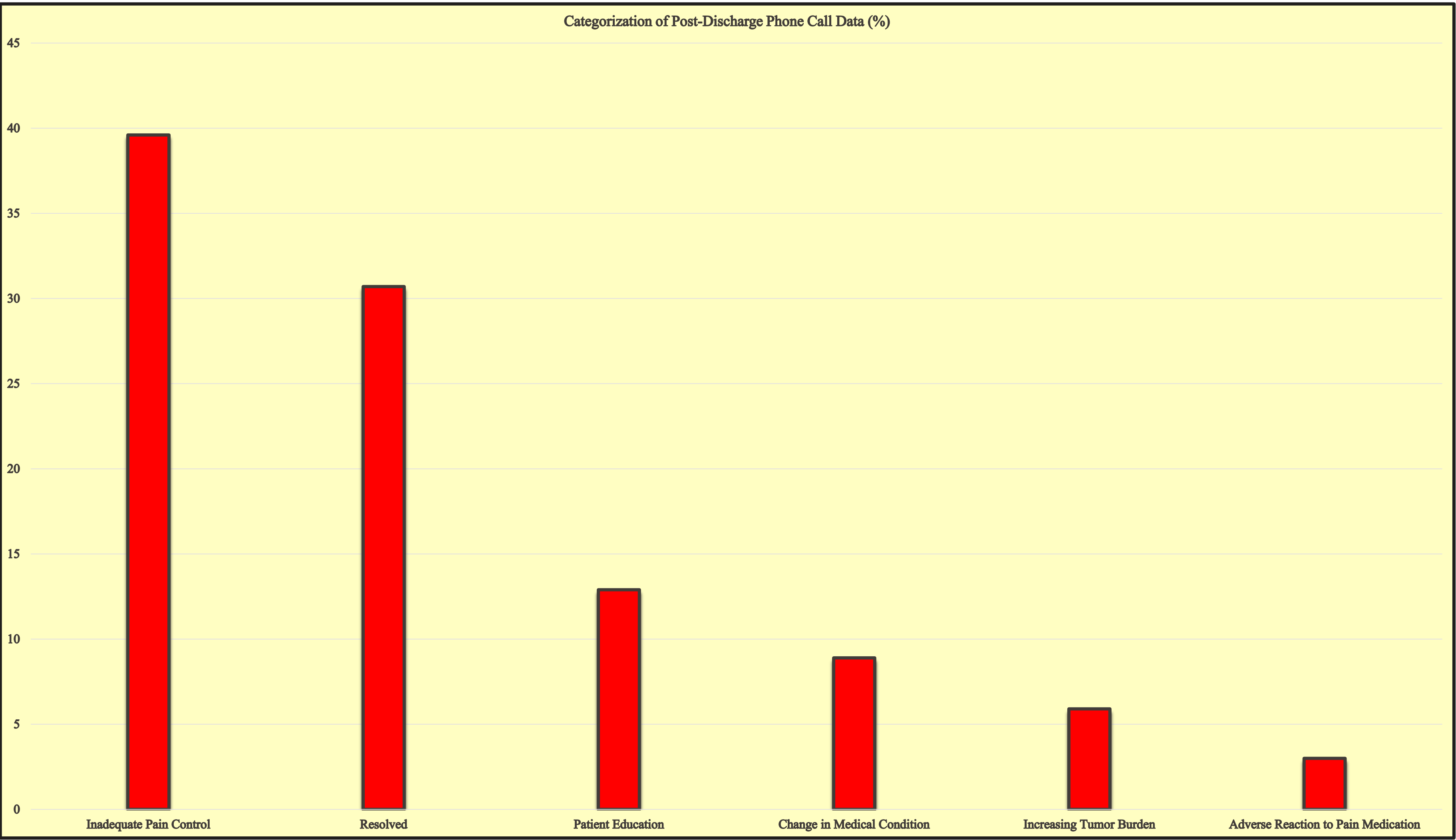
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Introduction

In October 2019, the Centers for Medicare & Medicaid Services (CMS) removed the “Communication About Pain” questions sent to inpatients evaluating their pain management. Currently, there is no way to assess patients' experience regarding their pain management. At a tertiary cancer institution, patients get an automated phone call after discharge. If the patient answers yes to one of the health questions, then a nurse calls the patient to explore the complaint further. This information is then cataloged based on the complaint. We looked at the database for post inpatient discharge phone calls and found that up to 14% of these calls were related to pain.

In this endeavor, we aim to discern exactly why patients call in post-discharge with complaints regarding pain. Knowing the common reasons may allow us to decrease the percent of pain related discharge phone calls, which could serve as a surrogate metric for patient experience related to pain post-discharge. A systematic review conducted by Park et al. suggests that pain post-discharge is a common occurrence that necessitates aggressive clinical and health policy attention [1]. Additionally, opioid overuse ought to be avoided given the long term adverse physiologic, psychological, and economic consequences [2]. As a result, reliance on multimodal analgesics is warranted in conjunction with closer patient monitoring with an individual approach to provide optimal pain management post-discharge [3].



Methods

- Pain related discharge phone call data for inpatients was obtained by representatives from the patient experience team.
- The calls from these 101 inpatients were then further categorized to identify the following 6 categories as to why patients might be calling regarding pain after discharge: pain control inadequate, resolved (did not need any intervention), patient education, change in medical condition, increasing tumor burden, and adverse reaction to pain medication.
- Afterwards, individual patient charts were scrutinized to determine chronic opioid usage (defined as ≥ 7 days pre-op).
- Lastly, readmitted patients (≤ 30 days post-op) were analyzed to determine whether readmission was due to their uncontrolled pain at the time of discharge and/or chronic opioid usage.

Results

- 39.6% of our patient population was deemed to have inadequate pain control.
- 30.7% of cases were resolved.
- 12.9% of patients needed further education following discharge.
- 8.9% of patients experienced a change in medical condition.
- 5.9% of patients experienced an increase in their tumor burden.
- 3.0% had an adverse reaction to the pain medication that was prescribed.
- 22 patients were readmitted to the hospital.
- 6 of these patients were readmitted for severe pain.
- 14 of these patients were chronic opioid users.
- 1 patient at time of discharge either reported a pain score ≥ 7 or reported ≥ 3 consecutive severe pain scores.

Conclusion

With this review we were able to ascertain challenges our patients encounter related to pain management after discharge from an inpatient stay, with almost 40% being due to inadequate pain control. This behooves us to take a closer look at how these patients' pain was controlled while they were admitted in the hospital. As a result, changes can be implemented to achieve our goal of reducing the percent of pain related discharge phone calls and after-hours clinical support calls by 25%.

References

