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Better pain focus at hospital helps cut stays by nearly 5 days

Patients with hip fractures are spending an average 4.9 fewer days in hospital thanks to a project at Austin Health in Victoria that focuses on better pain management and quality of care for patients.

The project will be highlighted at the first meeting of the Perioperative Medicine Special Interest Group, which is holding a combined two-day meeting with acute pain specialists starting in Byron Bay tomorrow.

The meeting will focus on how to improve care of patients before, during and after their surgery and debate whether a new specialty focusing on perioperative medicine needs to be established.

The Austin Health project co-ordinator, Ms Fiona Nielsen, says a multidisciplinary team at the hospital, led by Director of Orthopaedic Surgery Mr Andrew Hardidge, looked at the care provided to elderly patients with hip fractures from the patients' point of view and discovered they were not receiving optimal pain management and were fasting for prolonged periods.

In response, a comprehensive pain plan was created by the head of the hospital's acute pain service, anaesthetist Dr Jane Trinca, ensuring patients received immediate, adequate and appropriate pain relief all the way from arrival in the emergency department through to discharge.

The hospital also developed a "hunger clock" that started when a patient was admitted, which ensured they would not be required to fast for longer than 12 hours. Other improvements included delirium recognition and management, and a reduction in time to theatre to within 48 hours of presentation.

Ms Nielsen says the effective management of pain for these patients had an impact on the likelihood of them experiencing delirium and pressure sores, helped get them mobile sooner, and led to a significant reduction in their average length of stay.

The improvements have been implemented over the past year at the hospital and nearly 300 patients have benefited.

Other highlights of the meeting include:

Post-operative confusion. About one-third of the three million anaesthetics administered in Australia each year are given to patients aged over 65, who are at a greater risk of experiencing delirium and developing post-operative cognitive dysfunction after anaesthesia and surgery. Senior scientist and biostatistician, Ms Lis Evered, from the Centre for Anaesthesia and Cognitive Function at St Vincent's

Hospital, Melbourne, will outline the latest research that shows post-operative cognitive dysfunction occurs in up to 53 per cent of patients at discharge, and in up to 15 per cent of patients three months after discharge. Confusion and delirium during hospitalisation are distressing to patients and families with long term consequences. Ms Evered says there are strategies to reduce these early events and that researchers are investigating pre-operative and post-operative factors, including possible associations with dementia, which might help to reduce the risk of long-term harm.

Do patients have the right to die on the table? Neuroscientist and Professor of Medical Ethics at the University of Otago Medical School, Professor Grant Gillett, has written a paper to be debated at the meeting. His view is there needs to be a context within which these decisions are made, which involves the patient being fully informed about the risks they face and what the surgery can realistically achieve. The surgical team needs to take into account the patient's wishes but also the "Risk of Unacceptable Badness", which would leave patients in a state worse than death as far as they are concerned.

The role of consultation liaison psychiatry in the care of patients who undergo surgical procedures. Psychiatrist Dr Salam Hussain from Perth's Sir Charles Gairdner Hospital will outline the role consultation liaison psychiatry can play to help patients who are presenting for surgery who may have a recognised psychiatric disorder, to detect other vulnerable patients who may have undiagnosed complex needs, and to develop strategies to help these patients during the perioperative period.

- **For more information or to request interviews, please contact ANZCA Media Manager Meaghan Shaw on +61 3 8517 5303, +61 408 259 369 or mshaw@anzca.edu.au. Follow us on Twitter [@ANZCA](https://twitter.com/ANZCA).**