

Analysis of Pain Management Team patient survey

Christine Kahley, Christine Higgins, Alisha Cain
York Hospital, York, PA, USA

Purpose

The purpose of this analysis was to assess the effectiveness of the York Hospital Pain Management Team's (PMT) treatment of pain as reported in patient survey data. The PMT is a pharmacy-based, interdisciplinary consultative service that generates over 1000 patient encounters annually and has been in practice since 2001. The primary outcome was the difference in pain scores reported before and after being seen by the team. Secondary outcome measures included functionality reporting, therapy changes, adverse effect management, patient education, and the presence of chronic pain.

Method

After being seen by the PMT, patients were given the "York Hospital Pain Management Team Patient Survey." The survey form collected information on the pain score before and after pain team consult (analog pain scale with 0 = no pain to 10 = worst possible pain), changes in functionality, changes in patients' pain regimen, adverse effect management, patient education, suggestions to improve their care, and duration of their pain. Patients were asked to place completed surveys in a sealed envelope and leave them with their nurse. The nurse would forward surveys to the Pharmacy Research Assistant, who recorded the response data. The inclusion criteria for the study were all returned surveys from patients seen by the PMT from June 2009 until June 2010. Exclusion from data entry occurred only when a survey response was illegible or when a question went unanswered.

Results

A significant difference in pain score was reported by respondents. The mean pain score before being seen by the team was 8.99 and was 4.81 afterwards ($n=57$, $P<.0001$, response rate 11%). Patients reported positive results for secondary outcomes. For these measures, patients were asked to read a statement and use a Likert scale of 1 to 5 to rank if they agreed or disagreed. When presented with "After being seen by the PMT, I was able to do more," 79% of patients either agreed or strongly agreed. For remaining patients, 17% stated neither or were not sure and 4% of patients disagreed or strongly disagreed. Patients were aware of regimen changes as the following responses were noted for the question "What change(s) did the PMT make that improved your pain the most": added a new medication (60%), changed medication (56%), or increased dosage of medication (51%). Patients also saw improvements in management of side effects as 81% either agreed or strongly agreed with the statement: "The PMT worked to reduce or prevent side effects from medications." In regards to PMT providing education, 80% of patients either strongly agreed or agreed with this statement: "The PMT provided education regarding the management of my pain." Patients commented frequently ($n=111$) on the survey forms with regards to the care they received from PMT. The comments were classified into 4 categories (percent of total): positive remarks 75%, neutral remarks 3%, negative remarks 3%, and suggestions for improvement 17%. The most commonly occurring suggestions for improvement were increasing the hours of pain team availability, making the service available in an outpatient clinic, and spending more time with patients. When patients were asked how long they have been experiencing pain, 86% of the respondents reported pain for a month or longer.

Conclusions

Based on the survey data collected, the PMT made a positive impact on a majority of referred patients. Reported pain scores were significantly decreased following PMT consult. An improvement in functionality and management of adverse effects were perceived by a majority of patients. Patients were also provided consistent education. The survey response with regard to the duration of pain indicates that a majority of patients were experiencing chronic pain. A limitation of the study was a low survey response rate. The survey comments provide evidence that the service is highly valued and responsible for positive patient outcomes.