ECS-CP @ PeterMac

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- New referrals 2009 >600
- Mostly from metropolitan areas

Jan - Jun 2010: Referrals (Metro vs Regional)

- Metropolitan: 74.6%
- Regional: 21.8%
- Interstate: 3.0%
- International: 0.6%

Jan - Jun: Referrals by Region

- Western Metro
- East Metro
- N W Metro
- S E Metro
- N E Metro
- South Metro
- W & S Gippsland
- Central Metro
- East Gippsland
- Loddon
- Interstate
- Goulburn
- Cent Highlands
- North East
- Mallee
- Barwon
- Wimmera
- International
- Corangamite
- Glenelg
Referral Patterns Jan-Jun 2010

Referral Stream by Patient Type

- Gastrointestinal
- Bone and Soft Tissue
- Lung
- Gynaecology
- Breast
- Melanoma and Skin
- Urology
- Haematology
- Head and Neck
- Neuro-oncology

OUTPATIENT
INPATIENT
Ambulatory care

impact of Rapid Response Clinic

- Increase in ambulatory care referrals
- Increase in number of contacts
- Increase in the proportion of referrals from ambulatory care to Pain and Palliative Care
Team Assessment Findings

Team Assessment Findings 2010 Sem1

- Discharge Planning/Liaison
- Symptoms
- Pain
- Psychosocial Issues
- Other
Symptom Burden Pain

Pain >0 on ESAS

Severe Pain (>=8) on ESAS
Pain & Palliative Care Patient

Edmonton Symptom Assessment System (ESAS)

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain</td>
<td>3</td>
</tr>
<tr>
<td>Nausea</td>
<td>0</td>
</tr>
<tr>
<td>Drowsiness</td>
<td>0</td>
</tr>
<tr>
<td>Appetite</td>
<td>0</td>
</tr>
<tr>
<td>Shortness of Breath</td>
<td>0</td>
</tr>
<tr>
<td>Tiredness</td>
<td>5</td>
</tr>
<tr>
<td>Depression</td>
<td>6</td>
</tr>
<tr>
<td>Anxiety</td>
<td>6</td>
</tr>
<tr>
<td>Well Being</td>
<td>2</td>
</tr>
<tr>
<td>Hope</td>
<td>10</td>
</tr>
</tbody>
</table>

0 = No Symptom / Best  10 = Worst Imaginable

ECOG
3

PaP
30-day survival probability > 70% =C

ECS-CP
Mechanism of Pain
Incident Pain
Psychological Distress
Addictive Behaviour
Cognitive Function

Nc  Li  Po  Ao  Co
PeterMac experience with ECS-CP

- ESS
- Participation in validation study
- Routine assessment of all new referrals to our service
- On PMCC pain assessment tool
- KPI- patients who are discharged with unstable pain are reviewed within 2 weeks
ESS

• April 2005
  – oncology patients who were referred to the Pain and Palliative Care Service
  – from both the inpatient and outpatient setting
  – April 2005.

• Data was collected on final opioid dose on separation from the service.
  – outpatients - on the day of assessment
  – inpatients - on death or discharge.
  – MEDD was determined from this opioid dose.
  – the number of adjuvant analgesic agents recorded.

Table 2 Distribution of ESS feature of patients referred with a pain syndrome.

<table>
<thead>
<tr>
<th>Feature</th>
<th>n=42 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mechanism of Pain</td>
<td></td>
</tr>
<tr>
<td>Visceral</td>
<td>6 (14%)</td>
</tr>
<tr>
<td>Bone/Soft tissue</td>
<td>3 (7%)</td>
</tr>
<tr>
<td>Neuropathic</td>
<td>3 (7%)</td>
</tr>
<tr>
<td>Mixed</td>
<td>30 (71%)</td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
</tr>
<tr>
<td>Incidental Pain</td>
<td></td>
</tr>
<tr>
<td>Present</td>
<td>27 (64%)</td>
</tr>
<tr>
<td>Absent</td>
<td>15 (36%)</td>
</tr>
<tr>
<td>Previous Narcotic Experience</td>
<td></td>
</tr>
<tr>
<td>&lt;60mg MEDD</td>
<td>22 (52%)</td>
</tr>
<tr>
<td>60-300mg MEDD</td>
<td>9 (21%)</td>
</tr>
<tr>
<td>&gt;300mg MEDD</td>
<td>8 (19%)</td>
</tr>
<tr>
<td>Unknown</td>
<td>3 (7%)</td>
</tr>
<tr>
<td>Cognitive Function</td>
<td></td>
</tr>
<tr>
<td>Normal</td>
<td>36 (86%)</td>
</tr>
<tr>
<td>Impaired</td>
<td>5 (12%)</td>
</tr>
<tr>
<td>Unknown</td>
<td>1 (2%)</td>
</tr>
<tr>
<td>Psychological Distress</td>
<td></td>
</tr>
<tr>
<td>No major distress</td>
<td>37 (88%)</td>
</tr>
<tr>
<td>Major psychological distress</td>
<td>5 (12%)</td>
</tr>
<tr>
<td>Tolerance</td>
<td></td>
</tr>
<tr>
<td>Present</td>
<td>5 (93%)</td>
</tr>
<tr>
<td>Absent</td>
<td>37 (7%)</td>
</tr>
<tr>
<td>Past History of Addiction</td>
<td></td>
</tr>
<tr>
<td>Present</td>
<td>5 (66%)</td>
</tr>
<tr>
<td>Absent</td>
<td>36 (12%)</td>
</tr>
<tr>
<td>Unknown</td>
<td>1 (2%)</td>
</tr>
</tbody>
</table>
MEDD and adjuvants

- Stage 3 patients were more likely to require a more complex pain regimen

- Statistical correlation between the patients’ pain stage and the number of adjuvants required (p=0.002)

<table>
<thead>
<tr>
<th>April</th>
<th>Median of MEDD (mg/day)</th>
<th>Range of MEDD (mg/day)</th>
<th>One Adjuvant Treatment or More</th>
</tr>
</thead>
<tbody>
<tr>
<td>N(Stage 1) = 4</td>
<td>71 214 7</td>
<td>0-300 128-300 0-14</td>
<td>0</td>
</tr>
<tr>
<td>N(Stage 2) = 6</td>
<td>46 163.5 14.5</td>
<td>5-300 40-300 5-24</td>
<td>4 (67)</td>
</tr>
<tr>
<td>N(Stage 3) =32</td>
<td>28 30 20</td>
<td>0-750 0-750 0-400</td>
<td>16(63)</td>
</tr>
<tr>
<td>N(Stage 1, 2 and 3) = 42</td>
<td>10</td>
<td>0-750</td>
<td>20(48)</td>
</tr>
</tbody>
</table>
Validation study

• Definition of stable pain too rigorous?
• Psychological factor - difficult to find agreement about interpretation of this; numbers from our group lower than others, so suspect we interpreted differently
• If stable pain not achieved after 7-10 days, then unlikely to achieve
ECS-CP and assessments

- Routine assessment tool for all new patients Pain and Palliative Care
  - Standardised documentation
  - Monitor referrals – complex patients
- Provide audit and demographic data
- Compare our patient population with other services for research, benchmarking and quality assurance
- Quick and fits well with clinical practice
Routine clinical care
Pain assessment tool PMCC
ECS-CP results from assessments performed in Semester

- Wave Report 1/2010: January - June
  Statistics for Department of Pain & Palliative Care, Peter MacCallum Pain and Palliative Medicine Service
- September 2010
ECS-CP Not fully assessed

- Neuropathic pain: Insufficient Info 3.2%
- Incident Pain: Insufficient Info 13.2%
- Psychological distress: Insufficient Info 21.6%
- Addictive Behaviour: Insufficient Info 30.0%
- Cognitive Function: Insufficient Info 4.8%
ECS-CP

- poor prognostic features in present in 69% of our referrals
- useful for referral guidelines and incorporated into pain assessment tool
- onto clinician’s corner along with pain management guidelines
- If stable pain not achieved - target for follow-up after discharge – <3BTs, NRS<3, 3 days
KPI measure 1

- **KPI:** 100% of inpatients will be assessed with the ECS-CP and have their pain monitored with the ECS-CP flow chart.
  - November 2005
  - 100% of inpatients were assessed and monitored
  - December 2005
  - 100% of inpatients were assessed and monitored
  - January 2006
  - 100% of inpatients were assessed and monitored
  - February 2006
  - 80% of inpatients were assessed and monitored
KPI measure 2

- **KPI**: 100% of inpatients discharged prior to achieving stable pain will be followed up within 2 weeks of discharge.

- November 2005
- 80% of patients were followed up within 2 weeks of discharge
- December 2005
- 100% of patients were followed up within 2 weeks of discharge
- January 2006
- 92% of patients were followed up within 2 weeks of discharge
- February 2006
- 60% of patients who were monitored were followed up within 2 weeks
  - Monitoring for month incomplete
Definition of stable pain project

• Advanced Trainee project:
• Review literature for definitions of stable pain
• Is there consensus about what is considered good pain control in cancer pain?
  – Changing clinical scenario with new pains developing
  – Time frame
  – Is it about how quickly achieve tolerable level of pain
  – Or drop in NRS>=2 within certain time (hours, days)
  – Or maintainence of tolerable pain for certain time
  – Or?