A Healthcare Improvement Initiative to Increase Multidisciplinary Pain Management Referrals of Youth with Sickle Cell Disease

Rae Ann Kingsley
*Children's Mercy Hospital, rakingsley@cmh.edu*

Gail Robertson
*Children's Mercy Hospital, grobertson@cmh.edu*

Lynne Covitz
*Children's Mercy Hospital, lmcovitz@cmh.edu*

Areli Ramphal
*Children's Mercy Hospital, aramphal@cmh.edu*

Follow this and additional works at: [https://scholarlyexchange.childrensmercy.org/posters](https://scholarlyexchange.childrensmercy.org/posters)

Part of the Hematology Commons, Hemic and Lymphatic Diseases Commons, and the Pediatrics Commons

**Recommended Citation**

Kingsley, Rae Ann; Robertson, Gail; Covitz, Lynne; and Ramphal, Areli, "A Healthcare Improvement Initiative to Increase Multidisciplinary Pain Management Referrals of Youth with Sickle Cell Disease" (2018). *Posters*. 34.

[https://scholarlyexchange.childrensmercy.org/posters/34](https://scholarlyexchange.childrensmercy.org/posters/34)

This is brought to you for free and open access by SHARE @ Children's Mercy. It has been accepted for inclusion in Posters by an authorized administrator of SHARE @ Children's Mercy. For more information, please contact library@cmh.edu.
A Healthcare Improvement Initiative to Increase Multidisciplinary Pain Management Referrals of Youth with Sickle Cell Disease

Rae Ann Kingsley, MSN, APRN, CPNP-AC/PC; Gail Robertson, PhD; Lynne Covitz, PhD; Areli Ramphal, LMSW

Background

- Youth with Sickle Cell Disease (SCD) are at risk for chronic pain
- SCD is the most common inherited blood disorder affecting ~ 100,000 Americans
- The most common complication of SCD is periodic episodes of pain (Dampier et al., 2017)
- Youth with SCD report persistent pain on most days of their lives (Sil, Cohen, & Dampier, 2016)

Methods

- **Participants:** > 2 years of age and < 21 years of age
- **Confirmed SCD**
- **Not previously screened in the past 12 months**
- **Setting:** One Midwest Regional Sickle Cell Treatment Center

Screening Tool:

- 8-item, evidence-informed tool inclusive of factors associated with painful episodes
- 30 day pilot by key stakeholders prior to implementation

Process/Intervention:

- Yearly assessment of risk
- REDCap based screening completed by clinic Psychologists or Social Workers

Results

- 84% (N=111) of eligible youth ages 2-20 years (M=11.75, SD=5.34) were screened
- 56.1% (N=61) screened positive for ≥ 2 risk factors

Purpose & Aims

**Purpose:** To implement a system of change to drive multidisciplinary pain management referrals

**Aims:**
- To implement an evidence-based screening tool to facilitate early identification of youth with SCD at risk for chronic pain
- To increase the number of patients with SCD and chronic pain that are referred for multidisciplinary pain management services.

Discussion

- Implementation of an evidence-based risk screening tool, within a quality improvement framework, results in a steady upward trend in multidisciplinary pain management referrals
- This project has reinforced the value of team communication when applying a system change and provides the infrastructure to launch future tests of change
- Long-term targets are aimed at decreasing the number of SCD pain related hospitalizations, readmissions, and total hospital days.

Special thanks to colleagues in the Departments of Hematology/Oncology and Pain Management at Children’s Mercy Hospital and to Dr. Looman at the University of Minnesota for their support of this project.