



**SIP**

Societal Impact of Pain

**2017**

Structured Cooperation  
between Health Care  
Systems tackling the  
societal impact of pain!

Pain related patient safety  
and quality in the  
perioperative setting

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**For images / pictures, please see  
the referenced websites**

# Disclosure Statement of conflict of interest in the context of the subject of this presentation

## **Within the past 12 months, I or my spouse/partner have had following financial interest/arrangement(s) or affiliation(s)**

- Support for travel **ESA, Brussels**
- Honoraria for lectures **University of Zurich**
- Honoraria for advisory board activities .....
- Particip. clinical trials, research funding .....
- Finan. shares/options, stock shareholder **UBS, Nestle, Roche, Swatch**
- Teaching, profess. activities:
  - **Chairman, Patient Safety and Quality Committee (PSQC)**
    - **European Society of Anaesthesiology ESA**
    - **(not official ESA representative during SIP)**
  - **Member, Data and Quality Committee, SGAR**
  - **Associate lecturer, Patient Safety Course**
    - **University of Zurich (Director: PD S. Staender)**

Leah Coufal  
11-year-old



## **Elective surgery - pectus carinatum**

("pigeon's chest")

- Postoperative pain despite epidural containing Fentanyl
- Seems overmedicated to her father, but still in pain
- Resident orders 2mg Lorazepam every 2 hours "for anxiety" – sleep
- Mother falls asleep, wakes up at 2 AM to find Leah dead in bed
- 10 yrs later, mother promotes "Leah's Law" (cont. postop. monitoring)

<http://patientsafetymovement.org/patient-story/lenore-alexander/>

<http://www.leahslegacy.org/leahs-story/>

Mother Lenore Alexander:

***"a lot of things went wrong that day"***

**Monitoring would have contributed to save Leah! However:**

- Operated Friday afternoon (postponed, hospital "busy")
- Saturday: pain despite epidural – *no anaesthesiologist*
- *Unexperienced resident*
- *"Medical staff seemed unconcerned"*
- *"Staffers were inattentive and disinterested"*
- Nurses "did not know how to use the new computer system" / chart
- No hospital staff had entered her room from 8 PM to 3 AM

<http://www.leahslegacy.org/leahs-story/>

Pain is an adverse event – but pain treatment can create other adverse events!



**In the last hours of her life, Leah likely didn't have high pain scores!**

All patients on opioids should be monitored (APSF)<sup>1</sup>

78 opioid overdose deaths per day in the US!!<sup>2</sup>

Freedom of pain: only one of many desired perioperative outcomes!

Besides: Functional recovery, satisfaction, QoL, safety (no "M&M")!

Desired outcomes must be prioritised together with patients!<sup>3</sup>

Pain scores: only meaningful as part of overall safety/quality assessment!<sup>4</sup>

1. Weinger MB et al: *apsf Newsletter*.2011, 26(2):21-28

2. Kharasch ED, *Anesthesiology*. 2016;124(4):960-965

3. Porter ME, *NEJM*, 2016;374(6):504-506

4. Krause TR et al. *J Patient Saf*, 2017(e-pub.)

# Pain treatment & monitoring: Only tools in well-staffed and competent hands



## **Leah: Opioid overdose / no monitors - lack of sufficient/skilled staff!**

Higher surgical productivity is not always met by more nursing staff<sup>1</sup>

Lower nurse-to-patient staffing ratio correlates with higher mortality!<sup>2</sup>

Lower nurse's level of education correlates with higher pain scores.<sup>3</sup>

Avoidance of progression to chronic pain requires sufficient/skilled staff!<sup>4</sup>

Helsinki Declaration on Patient Safety in Anaesthesiology: Framework<sup>5</sup>

1. Specht K et al. Int J Orthop Trauma Nurs. 2015;19(3):121-130

2. Aiken LH, Lancet 2014;383(9931):1824-1830

3. Huston CJ. Pain Manag Nurs. 2001;2(2):65-72

4. Shipton EA. Trends in Anaesthesia and Critical Care. 2014;4(2-3):71-75

5. Mellin-Olsen J, Eur J Anaesth 2010;27(7):592-597

# Conclusions



Adverse events can result from untreated pain and from pain treatment!!

Opioids can cause respiratory depression, death, and opioid dependence

Pain scores should therefore not be used as an isolated indicator -

but as part of overall safety/quality assessment!

Sufficient and adequately skilled staff are crucial for patient safety!

Thank you for your attention!

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