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Improving Communication Across Care Settings

Announcer:
Welcome to CME on ReachMD. This episode is part of our MinuteCME curriculum.

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Dr. Andemariam:
This is CME on ReachMD, and I'm Dr. Biree Andemariam. Here with me today is Dr. Caroline Freiermuth.

Managing sickle cell disease takes a multidisciplinary care team and that is the focus of our discussion. Dr. Freiermuth, who constitutes the long-term care team in the emergency medicine department, how do you facilitate information transfer within the team or externally as necessary?

Dr. Freiermuth:
That's a tough one. You know, the emergency department is a very chaotic environment. We have ever-changing staff; we never know what's walking in through front door. One of our major barriers when we care for people with sickle cell disease is lack of education. We have to know so much about so many different disease processes. And really, sickle cell disease is a rare disease.

We do have a stable faculty base, and so ultimately it really is up to the faculty to ensure that everyone is aware of all our standard protocols and lead the care team.

Our nurses are especially key. They are the ones in triage. They are the ones at the bedside for longer periods of time. We need them to key in on anything that might change and really be an advocate for that patient and come to the physician and say, “I'm a little bit worried.”

We know that all of our emergency departments are overrun right now. The volumes are crazy. We're boarding admitted patients, there's nowhere to put anyone. And so thinking about can we start seeing people in triage spaces? Can we start giving pain medication intranasally or subcutaneously in the waiting room so that we can at least start treatment?

Automating as much as possible really helps with keeping everyone up to date. Our social workers also play a key role in the emergency department. They can help address any needs that might interfere with management of disease, things like transportation to appointments, access to insurance, access to pharmacy, and unaddressed mental health needs, such as depression or anxiety, which we know is present in many patients with sickle cell disease.

It is really ideal to have open lines of communication between the ED and other outpatient in-person services as well. We can call, we can page, we can send a message through the electronic health record depending on the situation.

Dr. Andemariam, what has been your experience within your clinical sphere?

Dr. Andemariam:
Well, you know, the evidence really has clearly demonstrated that acute pain crises are best managed with a personalized pain plan for each patient. And ideally, this plan should be developed by the patient together with their outpatient hematologist during a

comprehensive outpatient visit, not when they're in a pain crisis. This pain plan should take into account what, if any, long-acting opioids the patient is currently taking, as this could really indicate a degree of opioid tolerance and will affect the dose that's needed to treat the acute pain. It should also take into account what particular opioids the patient has responded to in the past. There are some patients who actually respond well to just NSAIDs alone, and therefore, it's really critical to tailor treatment to the individual, and therefore maximize the chances of both expeditious and sustained analgesia.

So if the patient requires admission to continue to manage the pain episode, evidence also suggests that the use of patient-controlled analgesia rather than intermittent boluses of analgesia leads to improve pain control and shorter hospital lengths of stay. Communicating these care plans with the emergency department colleagues and keeping the plans up to date using an electronic medical record are ways to ensure that these personalized pain management care plans are implemented when the patient actually arrives in the emergency department. And ideally, once the patient is discharged from the emergency department or from the hospital if they have to be admitted, they should follow up within a few days with their outpatient hematologist. Therefore, you know, communicating among providers at the point of discharges is also really important for preventing unnecessary readmissions.

In this episode, we have learned who constitutes the multidisciplinary team in different clinical environments, and the importance of good and clear communication in achieving optimal outcomes for patients with sickle cell disease. I would really like to thank Dr. Caroline Freiermuth for joining me today. Unfortunately, our time is up. Thanks for listening.

Announcer:
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