What is the Cost of Pain? A Quantitative Model

John Hallowell, RN, CWON, Citrus Memorial Hospital, Inverness, FL

Introduction:

Barriers to changing practice and improving quality of life for patients include, but are not limited to, information, opportunity, support, and financial resources. A consideration in changing current practice is the need for studies that closely examine cost and therapeutic efficacy to justify more expensive treatments. Wound care is often a small part of total healthcare spending, compared to the enormous costs of antibiotics, surgical procedures, incontinence, dialysis, transplantation, and the overall cost of caring for an aging population. Only informed, concerned involvement by healthcare professionals in the economic arena will provide the needed treatments in a cost-effective manner.

Methodology:

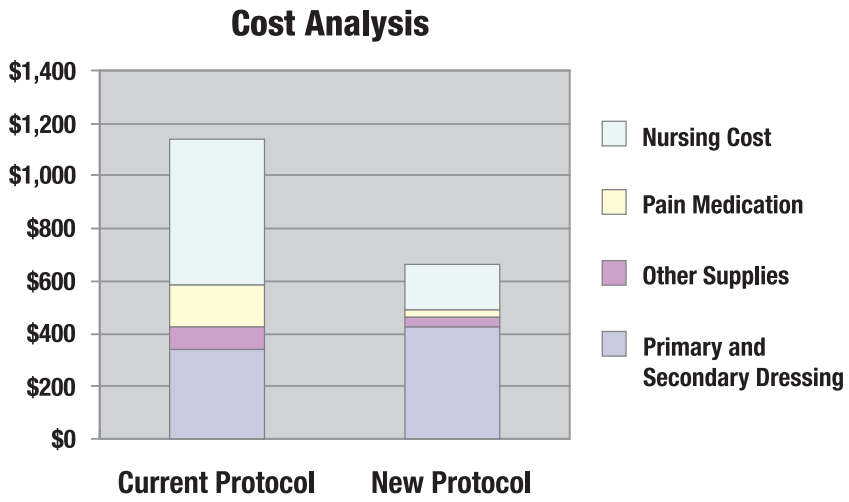
This case series of patients at a regional medical center included patients with moderate to severe skin injury secondary to burns and trauma. Prior to involvement of the CWON, dressing changes were extremely traumatic and painful to the patients, required extensive use of narcotic analgesia and nursing time, and placed patients at risk for infection. By utilizing best practice protocols and a non-traumatic contact layer dressing, decreasing dressing change frequency and time spent doing dressing changes, patient pain decreased and wounds progressed rapidly toward healing. Reduction of pain medication not only decreased cost but improved the outcome of patient mobility, respiratory, and GI function.

Case #1

53-year-old female involved in a motorcycle accident suffered "road rash" over 23 percent of her body caused by skidding along one hundred feet of roadway and gravel. Upon initial evaluation, 2 days post motor vehicle accident, the CWON found that the critical care nurses had been changing the patient's dressings twice daily, were using up to 10 mg of IV morphine sulfate for the dressing changes, and were using dozens of various 'non-adherent' and absorptive dressings. Even with this amount of analgesia, the patient complained of 8 to 10 out of 10 pain with the dressing removal. The CWON initiated a non-adherent primary dressing with silver* with the following objectives:

- Reduce trauma upon dressing removal
- Reduce the frequency of primary dressing changes
- Help reduce the risk of infection
- Increase the patient's mobility

The primary dressings were changed every 3 days, and the patient related a pain level of 1 to 3 out of 10 upon dressing removal. She no longer required IV narcotic analgesia, and her mobility status improved from being bed bound to ambulating in the hallways. She went on to completely heal in 4 weeks without complications.



A cost model was developed to incorporate the total costs of dressing changes, which demonstrated a 43 percent reduction in cost to the facility as a result of reduction in pain and analgesic use, and dramatic reduction in clinician time.

* Restore Contact Layer Dressing with Silver, Hollister Wound Care, LLC
** Restore Non-Adhesive Foam Dressing with Silver, Hollister Wound Care, LLC

Case #2

72-year-old female presented to the acute care hospital with a fulminating, extremely malodorous, 6-month-old stage 4, breast cancer which had involved and eroded her left breast. Upon assessment and discussion with the CWON, she insisted that she alone remove her secondary ABD and primary 'non-adherent' dressings due to complaint of 10 out of 10 pain. The patient had been performing twice daily care due to drainage issues, had isolated herself from society due to the odiferous wound, was clinically depressed, and would not allow others to assist with dressing removal and wound care due to pain. The CWON convinced her to try a non-adherent foam dressing with silver **, which incorporates a silver contact layer with an absorbent foam backing. The following were the treatment objectives:

- Reduce her pain with dressing changes
- Reduce the foul odor (help to minimize bioburden)
- Absorb drainage and decrease the frequency of dressing changes to daily

The dressing choice achieved all these goals. A post discharge follow-up reveals that the patient no longer has pain with dressing changes, and has become socially active with her friends once again due to odor and drainage management. She has regained a positive attitude.

Results:

This model for assessing the cost of pain has proven extremely successful in providing the support that this hospital has required to change practice and improve the quality of patient care. The value of improved quality of life and regaining a positive outlook on life can not be quantified.

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Hollister Wound Care LLC
1580 South Milwaukee Avenue
Suite 405
Libertyville, Illinois 60048
1.888.740.8999

Distributed in Canada by
Hollister Limited
95 Mary Street
Aurora, Ontario L4G 1G3
1.800.263.7400

www.hollisterwoundcare.com