Nemours Team Receives AAP's Best Quality Improvement Abstract Award

New ED Process Helps Alleviate Pain Faster in Children with Sickle Cell Disease.

Wilmington, Del. – A team from Nemours/Alfred I. duPont Hospital for Children won the*Best Quality Improvement Abstract Award* at the American Academy of Pediatrics (AAP) conference, held November 2-6 in Orlando, Fla. Presenting on behalf of the team was Erin Coyne, CRNP, of the Nemours Center for Cancer and Blood Disorders (NCCBD), who spoke on "*An Improvement Project to Decrease Time to Pain Medication for Patients with Vaso-Occlusive Crisis (VOC) Presenting to an Emergency Department*."

The multidisciplinary team responsible for this award-winning improvement project includes, but is not limited to: Erin Coyne CRNP; Robin Miller, MD, Pediatric Hematologist; Jennifer Cooper, RN, Value Stream Coordinator, Emergency Services; Karina Chara, Continuous Improvement Specialist; Katie Giordano, DO, ER Attending Pediatrician, Emergency Services; Sara Wilson, RN, Emergency Services; and Arezoo Zomorrodi, MD, ER Attending Pediatrician, Emergency Services.

VOC is a common manifestation of sickle cell disease (SCD) which causes patients a great deal of pain, or "pain crises," and is the leading cause of SCD-related Emergency Department (ED) visits. The pain often requires the use of oral and intravenous opioid medications. Infants with SCD can begin to experience these pain crises as early as six months of age.

Associates surfaced the problem of patients arriving at the ED with VOC who then had long wait times before receiving the proper medication for pain relief. A multidisciplinary project team of ED and hematology providers, as well as a continuous improvement specialist, was formed to review available research, identify alternatives and implement a standard process to address the issue.

After implementation, patients who received pain medication for VOC within 30 minutes of arriving at the ED improved from 4% to 53% in only six months. Additionally, the discharge rate from the ED increased from 34% to 43% and the 48-hour return rate to the ED decreased from 16% to 11%.

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