

# IMPLEMENTATION OF A NURSE LED TRANSITIONAL PAIN CLINIC

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## Background/ Introduction

Transitional care programs improve patient outcomes following hospital admission. (Verhaegh et al., 2017). Transitional pain clinics provide integrated multidisciplinary pain management following discharge (Katz et al., 2015). The most effective model includes coordination by a specialist nurse, communication between the hospital and primary care provider, and timely patient follow up (Verhaegh et al., 2017).

The National Women's Pain Service provides transitional pain management via nurse-led phone calls following discharge from hospital. This has limitations, functioning on a largely ad-hoc basis. We set out to develop and implement a specific nurse-led outpatient clinic to provide more consistent and comprehensive transitional pain management, bridging the gap between inpatient and community care.

## Aim

To establish a nurse-led outpatient transitional pain clinic.

## METHODS

A strategy for implementing and supporting a nurse-led clinic was agreed by all members of the team which included training, supervision, and guidelines for management and referral. Data was collected on all patient encounters, including type of patient, management plan and disposition. Qualitative feedback was obtained from the nurses and selected patients.

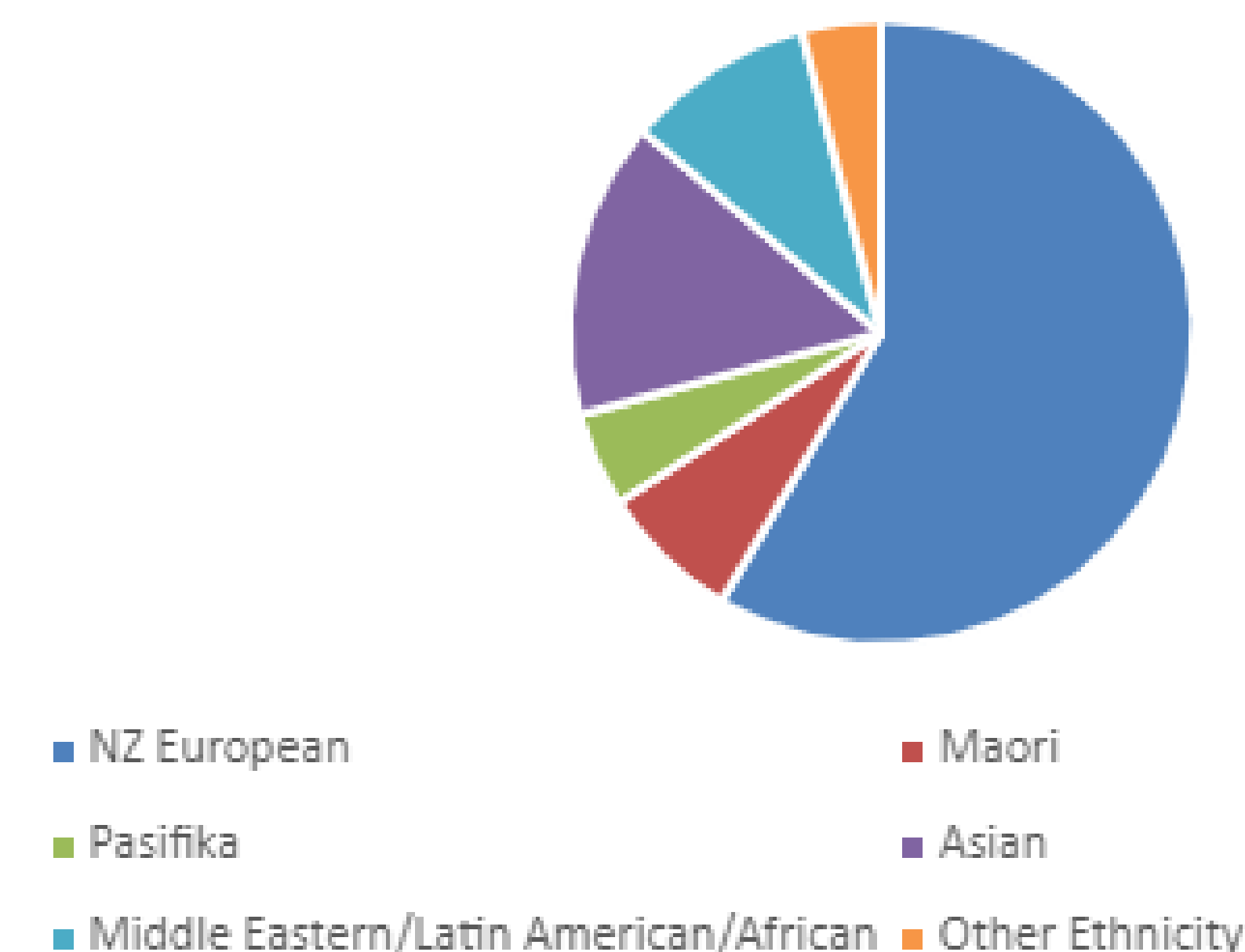
## OUR EXPERIENCE

- Well received by patients
- Therapeutic relationship established
- Minimal Did Not Attend (DNA) rate 8.19% (10/122)
- Nurses felt empowered and well supported by the Multidisciplinary Team (MDT).
- Designated Nurse Prescriber role complemented the clinics
- Potential for Nurse Practitioner pathway in the future

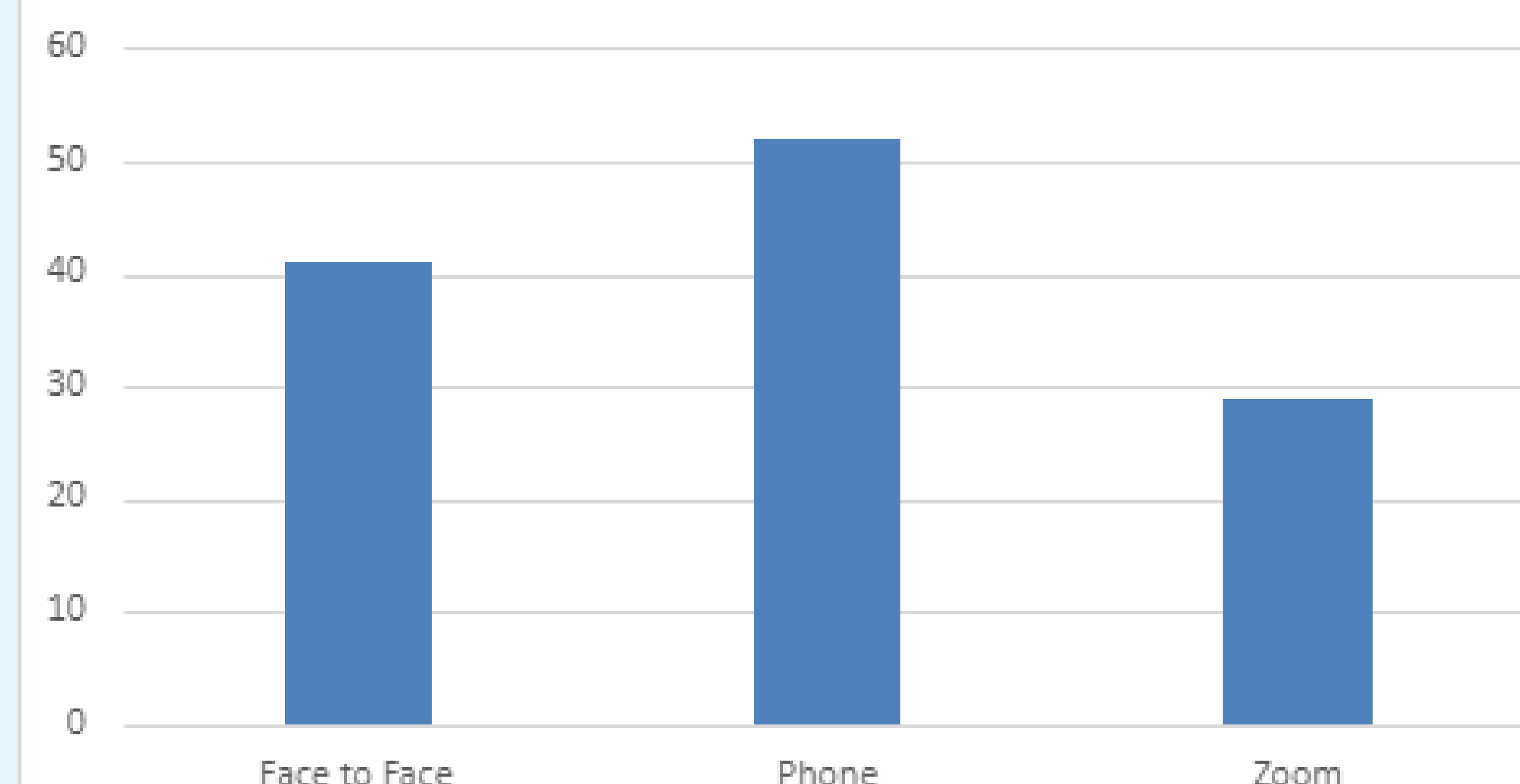
## Conclusion

It is possible to provide high quality transitional pain management via a nurse-led clinic provided there is appropriate support from other members of the MDT.

Patient Ethnicity



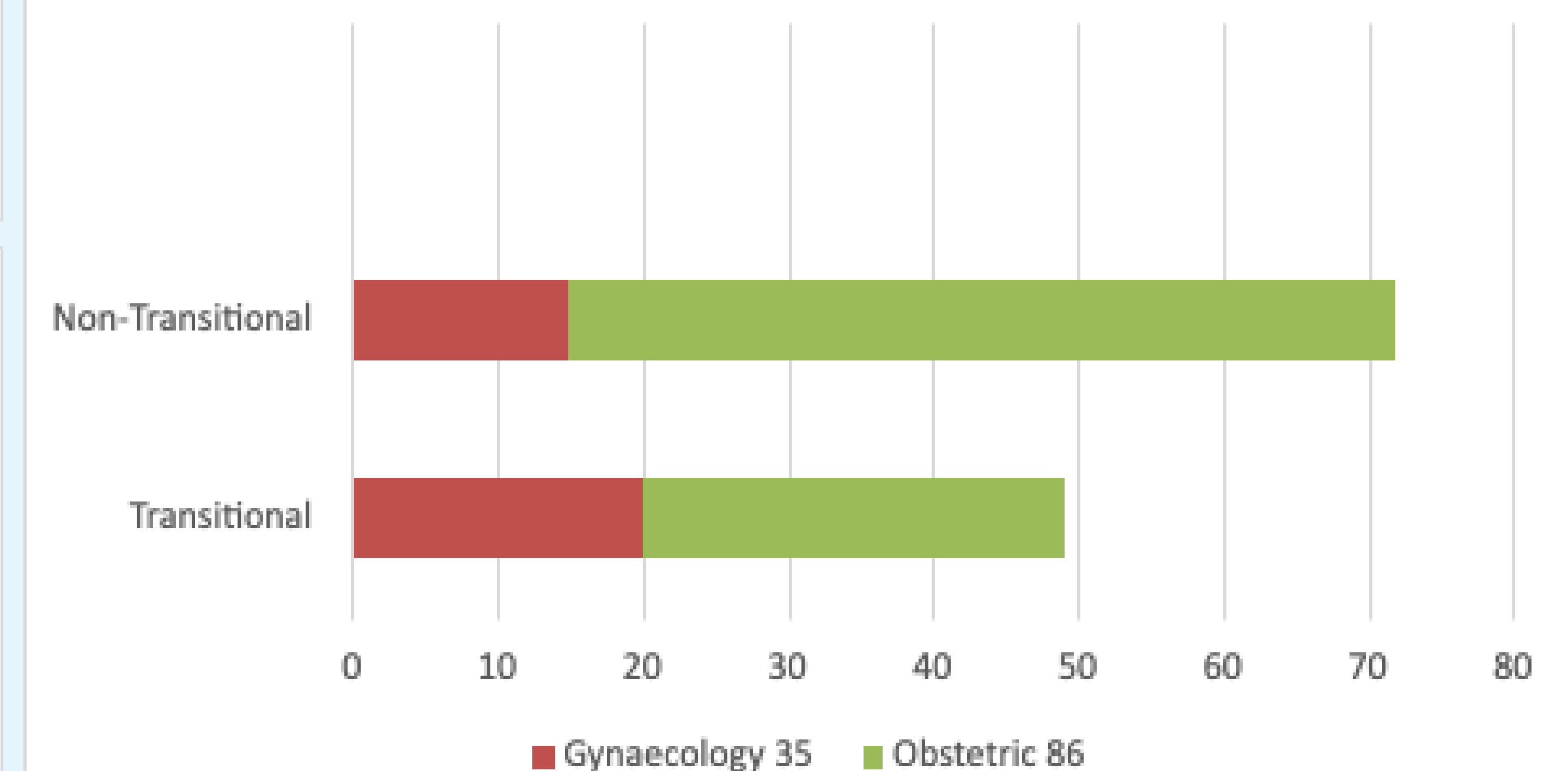
Clinic Consult Type



## Results

Our nurse-led clinics commenced in July 2020. Three nurses in our pain team have seen a total of 122 patients; made up of 35 Gynaecological and 86 Obstetric. 40% (49/122) of these patients were transitional, defined as having been an inpatient within the previous 2 months. Overall satisfaction was good, and patient feedback was positive.

Clinic Patients: July 2020- December 2021



*Holistic support*

*Flexible appointments-  
Zoom, face to face,  
telephone*

*GOOD MDT  
SUPPORT AND  
INPUT*

*Caring, Authentic  
Empathetic  
Always available*

**Patient Feedback**

## References

- Katz J, Weinrib A, Wendtlandt K, et al. (2015) The Toronto General Hospital Transitional Pain Service: development and implementation of a multidisciplinary program to prevent chronic postsurgical pain. *Journal of Pain Research* Volume 8: 695–702. DOI: 10.2147/jpr.s91924.
- Verhaegh KJ, MacNeil-Vroomen JL, Eslami S, et al. (2017) Transitional Care Interventions Prevent Hospital Readmissions For Adults With Chronic Illnesses. *Health Affairs* 33(9): 1531–1539. DOI: 10.1377/hlthaff.2014.0160.

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