

## **“Improving Periprocedural Guidelines for Interventional Pain Management Techniques at the Medical College of Wisconsin Pain Management Center”**

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### **Introduction:**

Interventional pain management therapies are becoming increasingly more utilized for the treatment of various pain syndromes in the general population. At the Medical College of Wisconsin, need for these therapies has resulted in expansion of clinical services throughout the community and health enterprise. This resulted in a need for a locally accepted periprocedural protocol to ensure the highest level of safety with clear care coordination and communication for all patients. Identified components of this care coordinated included pre-procedure instructions regarding *nil per os* status and anticoagulation medication administration as well as discharge expectations and post-procedural follow-up planning.

### **Objective:**

The purpose of this quality improvement project is to identify gaps in peri-procedural instruction protocols within the Medical College of Wisconsin Pain Management Clinic and implement standards to address these gaps in patient care.

### **Methods:**

An electronic six-question survey was emailed to each of the staff and fellow physicians employed at one or more of the affiliate sites of the Medical College of Wisconsin Pain Management Center. Of the recipients of this survey, seven responded and were included in this single center analysis.

### **Results:**

According to survey results, 85% of respondents agreed to some degree that patients' anticoagulant medications were held prior to and resumed following interventional procedures at the clinic according to professionally accepted standards. However, 100% of respondents were either neutral or disagreed on the statement that pre-procedural instructions appropriately reflected expectations with NPO status, medication administration, and scheduling logistics. Likewise, a large majority of respondents did not agree that discharge instructions reflected appropriate expectations or contact information in case of emergency.

### **Conclusion:**

After identifying the most significant concerns of the interventional pain faculty and fellows, work began to amend the current weak spots in periprocedural protocols. Updated anticoagulation guidelines mirroring evidence based ASRA guidelines were distributed throughout the procedural platform. Standardized pre- and post-procedure instructions were developed and reviewed as a division and subsequently submitted to the forms committee at Froedtert and the Medical College of Wisconsin for final approval. Once approved, these forms

will also be distributed to each of the satellite clinics of the Medical College of Wisconsin Pain Management Center. A second questionnaire will be electronically sent to evaluate impressions of the faculty and fellows with regard to the above implemented changes.