

Improving Access to Equitable Care for Patients Living With Sickle Cell Disease in the Emergency Department

Kimberley McLeese, RN, BScN, BA

Abstract

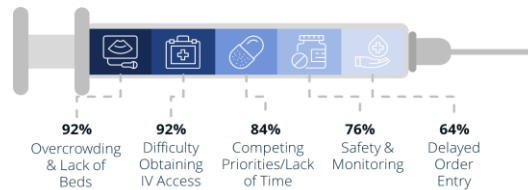
Vaso-occlusive episodes (VOE) are the most common reason for emergency department (ED) visits by patients with sickle cell disease (SCD). Despite guidelines recommending opioid administration within 30 minutes of triage, Toronto General Hospital (TGH) ED's median time to opioids in 2023 was 101 minutes, with only 8.8% of VOE patients receiving timely care. Interventions including workflow standardization, sublingual fentanyl adoption, and staff education increased timely opioid administration to 42.9%, halving median time to 40 minutes, with no adverse safety events.

Introduction

SCD is the most common inherited blood disorder in the world. Ontario quality standard of care guidelines recommend administering opioids to patients experiencing a VOE within 30 minutes of triage. It is well documented in the literature that patients living with SCD experience racism, stigma, bias, and disparities in pain management. Ensuring timely care for their pain is imperative as it can improve patient outcomes, reduce hospitalization rates, prevent disease complications, and build trust.

Root Cause Analysis

Barriers to Quality Care: ED Staff Survey



Methodology

A literature review, process mapping, needs assessment, and root cause analysis informed three interventions:

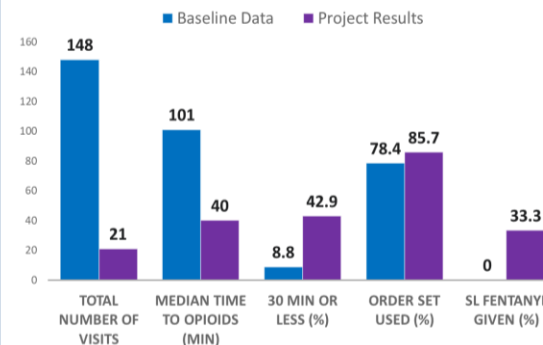
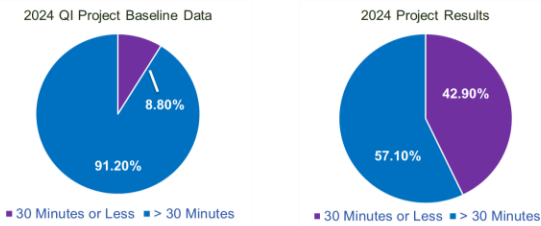
1. Standardizing the workflow by developing a flowchart for clinicians to follow for patients experiencing a VOE in the ED,
2. Promoting the use of sublingual fentanyl as a safe and efficient means of providing timely pain management, and
3. Delivering education to ED staff about SCD, anti-black racism, and change ideas.

Relevant data was generated through a report in the electronic medical record.

Results

- The percentage of patients experiencing a VOE who received opioids within 30 minutes of triage improved from 8.8% to 42.9%.
- The median time to opioids was reduced from 101 minutes to 40 minutes.
- Use of sublingual fentanyl increased from 0% to 33%.
- There were no adverse safety events.

Time to First Dose of Opioids



Sustainability & Spread

- SCD education has been incorporated into the training of UofT medical residents and UHN ED nursing orientation and professional development sessions.
- A quality improvement project to celebrate ED SCD champions further supports these efforts.
- Collaboration with Ontario Health, healthcare organizations, educational institutions, and community agencies ensures broader impact.
- Presentations at webinars and conferences share these initiatives widely.

Conclusion

- Creating meaningful change in SCD care demands collective action and collaboration.
- Efforts to reduce bias, expand education, and implement standardized workflows across healthcare systems will ensure equity and better outcomes.
- By tackling inefficiencies, refining opioid protocols, and sharing ideas nationwide, we can drive progress for this underserved population.