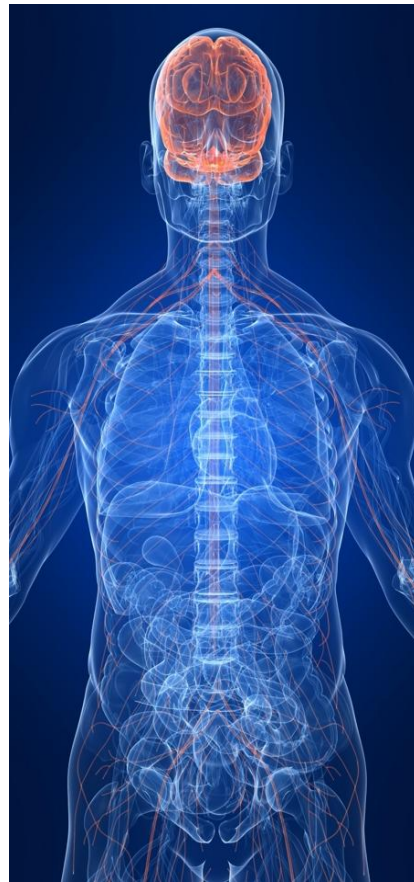


Much to gain in pain, what are facilitators and barriers?

Towards strategies for improvement of pain management in the chain of emergency care



ZonMw



1. Introduction topic & context
2. Study on facilitators and barriers
3. Towards strategies
4. Plan future studies

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1.1 Relation trauma and pain



Wounds and injuries (Medline 2011)

Damage inflicted on the body as the direct or indirect result of an external force, with or without disruption of structural continuity.

1.2 Chain of emergency care



1.3 Pain in ambulance EMS

- Retrospective documentstudy n= 1407
- Prevalence pain: 70% pain,
- No standardized pain assessment VAS/NRS (30%), less than half receives pharmacological pain management (47%),
- Pain relief: 10% effective.

Berben et al. Clin J Pain 2011;27(7):587-92

1.4 Pain in the Emergency Department (ED)

- Observational design n=450
- Prevalence pain: 95% pain on admission (mean 6, SD 2), 86% pain at discharge. Most patients have moderate-severe pain at discharge.
- No standardized pain measurement, 20% pharmacological pain treatment (12% local anesthesia).
- Pain relief 37% effective pain relief.

Berben et al. Injury 2008;39(5):578-85

1.4 Background of study on facilitators and barriers

- Pain major complaint
- Undertreatment
- Barriers identified in literature
- Advices on implementation strategy of guideline (to be developed, at the time of study)



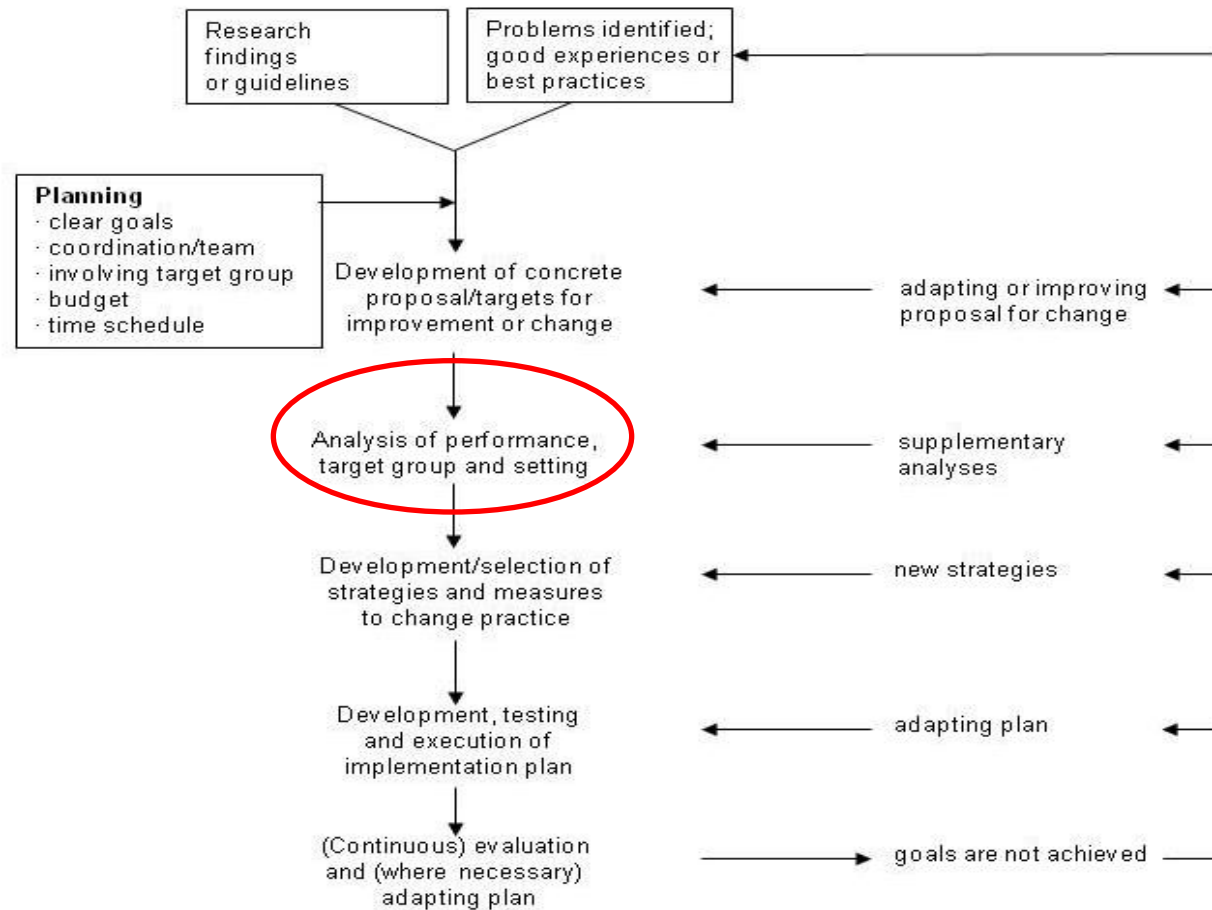
Bierens J, Gezondheidsgids Consumentenbond, 2006 ; Cordell WH et al. Am J Emerg Med 2002;20(3):165-9 ; Berben SAA, et al. Injury 2008;39(5):578-85 ; Blank FSJ, et al. JEmerg Nurs 2001;27(4):327—34; Brown JC et al. Ann Emerg Med 2003;42(2):197—205 ; Lewis LM, et al. J 1994;87:7—9 ;Selbst SM, et al. Ann Emerg Med 1990;19:1010—3 ; Tanabe P, et al. J. Emerg Nurs 2001;27(2):124—31 ; Wilson JE, et al. Am J Emerg Med; Stalnikowicz R, et al. Int J Quality Health Care 2005;17(2):173—6 ; Zohar Z, et al. JTrauma2001;51(4):767—72. ; Todd KH, et al. JAMA 1993;269(12):1537—9 ; Jellicic M, et al. Injury 1999;30: 323—5 ; Gunnarsdottir S, et al. Pain 2002;99:385—96 ; PotterVT, et al. Psycho-oncol2003;12:153—60 ; Clarke EB, et al. J Pain Symptom Manag 1996;11(1):18—31 ;

2.1 Aim study on facilitators and barriers



Where does
this study
fit
in the
Implemen-
tation
Model of
Change
?

2.2 Implementation model of Grol



2.3 Methods



- Qualitative design
- 2 EMS:
- 3 ED's: ED managers & trauma t (nurse / ED physician / surgeon)
- Interviews (n=4 EMS / n=6 ED)
- Focus groups (n=2 EMS / n=3 ED)

Focus groups 4th edition, Casey & Krueger, 2009

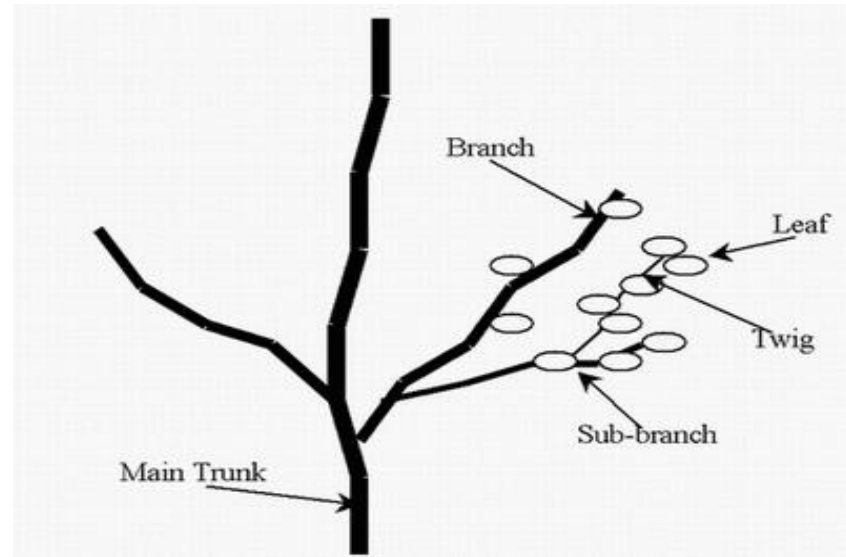
2.3 Theories on implementation of change

- Would you like to use theories on implementation in the qualitative approach?
- Which one(s) to choose, why and how to use?
- Chapter two Grol & Wensing
- Group work and plenary discussion

Improving Patient Care, Grol and Wensing, 2005

2.4 Data analysis

- Typed out
- MAXQDA2007
- Mesh terms in tree structure
- Synthesized themes



2.5 Results: facilitators and barriers

Five concepts



1. Knowledge
2. Attitude 
3. Professional communication
4. Organizational aspects 
5. Patient input



Table 2 article

2.6 Conclusion

Similar EMS & ED:

- Knowledge deficits, attitude problems, patient input (despite differences position, background, educational level)

Different:

- Professional communication and organizational aspects

New:

- Lack of professional and educational feedback

3.1 Towards strategies for change

- Based on the facilitators and barriers identified, which strategies would you develop?
- Why?
- Possibly: information missing?
- Use the article and list for determinants of analysis
- Group work and plenary discussion

3.2 Strategies developed by the group

Determinants of analysis:

- Who is involved?
- Which interests at stake?
- What is current practice like?
- Which improvements are needed?
- Which facilitating and hindering factors?
- Relevant subgroups?
- Existing progress or change?



4.1 Barriers in implementing guidelines

Professionals:

- are not aware of guideline (55%)
- don't know what is in the guideline (57%)
- don't agree with guideline (6-68%)
- are lacking self efficacy (13%)
- have no positive outcome expectations (26%)
- are lacking motivation to change (42%)
- are influenced by external factors like money, time,..(5-17%)

(Grol & Wensing 2006, Cabana 1999)

4.2 Future study plans

1. Multicentre study (n=3)
2. Chain of emergency care including GP and HEMS
3. Aim: describe current practice where it deviates from the guideline, to assess barriers and facilitators in the chain of care, specifically collaboration, develop tailored strategy implementation

4.4 Future study plans

Methods:

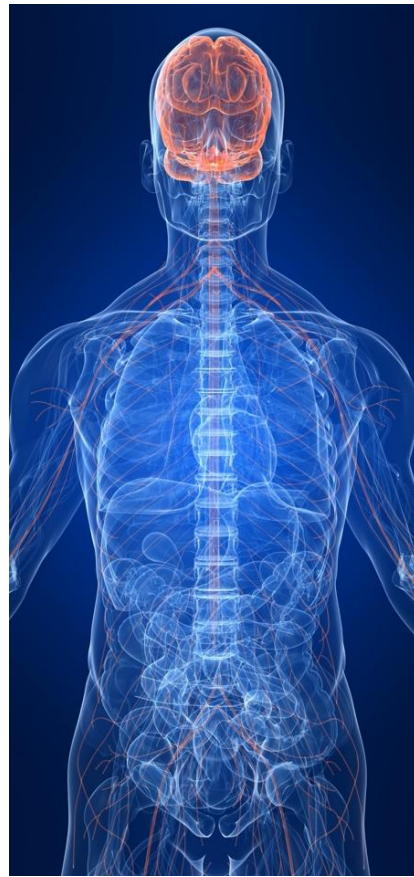
1. Analysis of documents
2. Focus group and patient interviews
3. Simulation meeting
4. Questionnaires professionals to quantify

4.3 Future study outcomes measures

- Features of the guideline itself
- Features of the target group
- Features of patients targeted by the guideline
- Features of social setting and network
- Features of the organizational, economic and administrative context

(Grol & Wensing 2006, Cabana 1999)





Thanks for your attention!

Thank you!

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