



## Patient-centered care for chronic pain in the emergency department: A qualitative study



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### ABSTRACT

Pain is a common problem for which patients seek care in the emergency department, accounting for up to 42% of all ED visits. The purpose of this study was to explore qualitatively the reasons for use of the emergency department (ED) by those frequenting the ED for treatment of chronic pain.

The settings for the study were two sites of a large U.S. Midwestern healthcare system. The sample comprised patients who used the ED four or more times in the 3-month time of data collection. From a total of 85 frequent users identified through retrospective chart reviews, a computer generated random sample of patients was selected to explore their reasons for use of ED for treatment of chronic pain. Content analysis was used to identify themes from the interviews. Four themes emerged from the qualitative data analysis: time of day, pain intensity, barriers to and reasons for using the emergency department for care, and lack of individualized plan of care.

Reasons patients use the ED for chronic pain are numerous and complex. Leaders of healthcare organizations must address patient-centered care, with specific alternatives to the emergency department such as individualized care plans, and care transition interventions.

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### 1. Introduction

Pain is a common problem for which patients seek care in the emergency department (ED), accounting for up to 42% of all ED visits (Grover et al., 2012). Six of the seven chief complaints among a sample of frequent users in ED chart reviews were pain related (Milbrett and Halm, 2009). McLeod and Nelson (2013) found that people make decisions to present to the emergency department because of exacerbation of pain, inadequate coping strategies, or disease severity and desperation that is associated with stress and anxiety.

Although pain is a common chief complaint among patients presenting to the emergency department, and nonopioid protocol is a viable alternative for reducing frequent pain-related ED visits (Svenson and Meyer, 2007), there are minimal interventions found in the literature to improve these patients' care and management

with the goal of decreasing their ED use. Masterson and Wilson (2012) concluded that a proactive pain care management program that includes coordination of both primary care provider and a supportive medical staff can assist those patients who frequently use emergency department for chronic pain-related complaints. The authors found that ED visits by frequent users were reduced by 77% because of a pain care management program. The most common pain management interventions were narcotic restriction (65%), establishing a nonnarcotic treatment regimen (57%), and enacting a "1 pharmacy/1 provider" restriction (23%).

The current study was undertaken when leaders at a regional healthcare center in the midwestern part of the United States identified a significant problem with patients frequenting the emergency department for chronic pain management. The financial burden imposed by as few as 9 patients frequenting the ED in a 3-month period was over 500,000 U.S. dollars, within this system. Hence, the purpose of this study was to explore the reasons for frequenting the emergency department by a random sample of patients for their treatment of chronic pain. Frequent ED use was defined as 4 or more ED visits in a 3-month time period.

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## 2. Background/literature

Current treatment regimens for chronic pain are clearly identified as unsatisfactory by participants in several studies (Andersen, 2012; Deyo et al., 2011; Sanderson et al., 2012; Todd et al., 2010). Patients with chronic pain expect a more lasting solution than the symptomatic treatment of acute pain exacerbations.

### 2.1. Pharmacological treatment

Pharmacological options for the treatment of chronic pain are many, but opioids are most frequently prescribed in the treatment of chronic pain (both in single and multimodal approaches). Yet, opioids have shown to be largely ineffective in achieving adequate pain control, both in the primary care and emergency settings (Andersen, 2012; Deyo et al., 2011; Sanderson et al., 2012; Todd et al., 2010). Svenson and Meyer (2007) reported a significant drop in the number of pain-related visits to the emergency department after initiating a nonnarcotic protocol for frequent users presenting with chronic non-cancerous pain. A nonnarcotic protocol could help to decrease the number of ED visits (McLeod and Nelson, 2013) and encourage patients to refer back to their own physician to discuss a more appropriate rescue regime.

### 2.2. Care transitions

There is a need for improvement in care transitions that might increase effectiveness of chronic pain care while decreasing ED visits and their associated costs. Currently, there are no specific national guidelines for communication regarding care transitions between the emergency department and other settings of care such as the patient's primary care provider. However, Limpahan et al. (2013) have assisted in developing a set of care transition best practices to provide standards for evaluating and improving the method in which patients transition out of the emergency department. Specific suggestions include sending summary clinical information to downstream clinicians, and providing patients with effective written discharge instructions of when to seek follow-up care.

### 2.3. Care planning

Although not pain related, Pugh et al. (2010) found that a multidisciplinary care plan (MDCP) to address nursing, social and behavioral issues, along with social worker involvement, staff acceptance, and education resulted in increased patient satisfaction in ED frequent users. The MDCPs guided the staff to provide consistent care and clear behavior guidelines for the most difficult patients that frequented the ED. Care planning is also a central focus of Spectrum Health Medical Group Center for Integrative Medicine, whose goal is to identify, accurately diagnose, and develop a care plan for each high frequency ED user (2011), as well as to assist these patients with integration into primary care or other outpatient medical settings.

The economic burden that chronic pain imposes on society is calculated in hundreds of billions of dollars annually on treatment costs and lost productivity (Sanderson et al., 2012). Variations in treatment between providers, along with a blend of societal misconceptions, stigma and individual bias regarding medications may create a hostile environment to those seeking effective chronic pain treatment, and make it more challenging to manage frequent ED users (Monsivais, 2011).

## 3. Methods

This study used an exploratory qualitative study design. Frequent ED users for treatment of chronic pain were identified by a

retrospective record review [to formulate a demographic database] for qualitative interviews. Prior to data collection, the study was approved by the Institutional Review Boards (IRBs) for the Protection of Human Participants at the Midwestern University in the United States to which the authors are affiliated, and the regional healthcare system in which the patients sought care.

The settings for this project were two separate institutions (Agency A and Agency B) that are part of a large U.S. Midwestern healthcare system. Staff at Agencies A and B compiled a de-identified list of patients who visited the emergency department 4 or more times in the 3-month period immediately prior to data collection. Restrospective chart reviews were done to extract data elements including patient age, gender, day of the week and time of day in which the visit occurred, patient's payment source, and chief complaint including primary and secondary diagnoses for each visit. Based on the numbers of frequent users, the researchers used a computer generated random sample of 20 participants for the qualitative interviews. Data were collected in a confidential, aggregated manner.

As part of usual care, nursing staff make follow-up phone calls to all patients seen in the emergency department. When staff members contacted patients identified as frequent ED users, in addition to asking the usual care questions, staff read a script asking if the patient's name and phone number could be disclosed to researchers for this project. For those patients who agreed, names and phone numbers were forwarded to the researchers. One researcher contacted the patient to explain the qualitative interview associated with this project and asked if the patient would agree to an interview. If they agreed, the interview was either conducted at the time of initial contact, or an agreeable time was arranged. Researchers read the informed consent document and recorded the patient's agreement to participate. Interviews were conducted using an interview guide to assure consistency among researchers. The interview guide was developed based on the literature review and input from experts in qualitative research (sample questions can be found in Table 1). Interviews were tape-recorded and transcribed verbatim by a professional transcriptionist. Transcripts were used for data analysis, which consisted of each team member independently reading

**Table 1**  
Interview guide.

1. Can you explain how long you have been dealing with chronic pain?
2. Can you describe the last chronic pain experience that led you to the use of the emergency department (ED)?
3. To what extent do you feel that treatment in the ED helps you with your recurring chronic pain problem?
4. When you were treated in the ED, were you given directions to follow up with a family doctor or a pain specialist for your pain? Did you follow up as directed? Why or why not?
5. Can you explain any barriers to following up with other healthcare providers after your ED visit?
6. Since you have used the ED several times recently to get care for your chronic pain, can you explain why you used the ED rather than contacting your family doctor or primary care provider?
7. Overall, what would you change about how you receive treatment of your chronic pain if you were able to do so?
8. What other resources are available to you, aside from visiting the ED when dealing with your chronic pain? Have you used any of those resources? Why or why not?
9. One of the best practices for treating chronic pain is that consistent care is provided among all healthcare providers that a person sees. Do you have a formal individualized care plan in place that providers use when they treat your chronic pain?
  - a. If yes, what is your perception of the effectiveness of that care plan?
  - b. If no, would you be willing to be referred by an ED nursing staff to one of Ministry's social worker who can assist in setting you up with a consistent healthcare provider and an individualized care plan? Patient confidentiality will be maintained by using the ED nursing staff who are knowledgeable about the patient.
10. Is there anything else you would like to add?

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