
Original Contributions

PAIN MANAGEMENT: ASSOCIATION WITH PATIENT SATISFACTION AMONG EMERGENCY DEPARTMENT PATIENTS

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Abstract—Background: Patient satisfaction with emergency care is associated with timeliness of care, empathy, technical competence, and information delivery. Previous studies have demonstrated inconsistent findings regarding the association between pain management and patient satisfaction. **Objectives:** This study was undertaken to determine the association between pain management and patient satisfaction among Emergency Department (ED) patients presenting with acute painful conditions. **Methods:** In this survey study, a standardized interview was conducted at the Emergency Department at the University of Toledo Medical Center in May–July 2011. Participants were asked to answer 18 questions pertaining to patient satisfaction. **Additional data collected included demographic information, pain scores, and clinical management. Results:** Among 328 eligible participants, 289 (88%) participated. The mean triage pain score on the verbal numeric rating scale was 8.2 and the mean discharge score was 6.0. The majority of patients (52%) experienced a reduction in pain of 2 or more points. Participants received one pain medication dose (44%), two medication doses (14%), three medication doses (5%), or four medication doses (2%). Reduction in pain scores of 2 or more points was associated with a higher number of medications administered. Reduction in pain scores was associated with higher satisfaction as scored on questions of patient perceptions of adequate assessment and response to pain, and treatment of pain. **Conclusions:** There was a significant association between patient satisfac-

tion and a reduction in pain of 2 or more points and number of medications administered. Effective pain management is associated with improved patient satisfaction among ED patients with painful conditions. © 2014 Elsevier Inc.

Keywords—pain management; patient satisfaction

INTRODUCTION

Treatment for pain and related conditions has been identified as the most common reason for Emergency Department (ED) visits (1,2). Previously published studies on the relationship between pain management and patient satisfaction in the ED demonstrate inconsistent findings. It has been demonstrated that satisfaction with pain management does not correlate with perception of pain relief, but the type of treatment received does influence satisfaction (3,4). Satisfaction is also associated with the response of the ED staff to the patient's report of pain (4). Effective communication between provider and patient is also associated with satisfaction (5). Still, other studies reveal the high prevalence of patient dissatisfaction with pain assessment and management (6).

Previous studies have demonstrated that patient satisfaction in the ED can be associated with timeliness of care, empathy, technical competence, information dispensation, and pain management (7). Determining an association between pain management and patient satisfaction is further complicated by a lack of valid and

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reliable measures for assessing ED patient satisfaction (5). Whereas previous studies have been conducted using self-administered or telephone questionnaires, recent studies show that patient interviews may be more helpful (8,9). Using direct patient interviews may be more reliable in determining an association between pain management and patient satisfaction in the ED.

This study was undertaken to determine the association between pain management and patient satisfaction among ED patients presenting with acute painful conditions.

METHODS

Study Design and Setting

This prospective survey was approved by the Institutional Review Board and conducted at the Emergency Department at the University of Toledo Medical Center, a university urban hospital ED with an annual census of 34,000. The survey instrument was designed based on previously published patient satisfaction literature (8,9). Consecutive patients were enrolled as a convenience sample, when a research assistant was available. Research assistants were present to enroll patients during the study period of May, June, and July of 2011. Research assistants were trained and observed by the principal investigator.

Participants

Inclusion criteria included patients, at least 18 years old, presenting with acute painful conditions and a self-reported pain score of 4 or higher on a scale of 1 to 10. Exclusion criteria include prisoners, non-English-speaking patients, mentally incapacitated patients, patients in severe distress, and patients who chose not to participate. Eligible patients gave verbal consent to participate.

Protocol

Surveys were administered in the patient treatment rooms after the completion of ED treatment, before leaving the ED. All patients were treated by a resident physician and an attending Emergency Medicine faculty member. The administration of the surveys did not influence or interfere with medical care. Trained research assistants conducted the standardized verbal interview. Information obtained during the interview included responses to 18 questions pertaining to patient satisfaction (Appendix A). The responses to the satisfaction questions were scored on a scale from 1 (very strongly disagree) to 7 (very strongly agree), with the exception of two questions, which had free text responses. Research assistants

recorded these responses verbatim. In addition, research assistants collected demographic information (age, sex, and ethnicity), month and year of ED visit, times of arrival and discharge, pain scores at triage and discharge, times of pain score assessments, and chief complaint. The treatment of pain for each patient was recorded, including agent given, time of administration, route of administration, and any outpatient prescriptions given. No protected health information was recorded.

Data Collection and Processing

After data collection, all data were entered into a database. All pain medications that were administered or prescribed were classified as “narcotics” or “nonnarcotics.” Responses to the two free text questions were categorized by the five most common themes. The themes for survey question 15 (What went well during this ED visit?) are: 1) everything went well; 2) good pain management; 3) friendly staff; 4) good timing; 5) good communication of information; 6) other. The themes for survey question 16 (What did not go well?) are: 1) everything went poorly; 2) poor pain management; 3) unfriendly staff; 4) poor timing; 5) poor communication of information; 6) other. Responses spanning multiple themes were recorded accordingly.

Outcomes Measures

Main outcome measures included patient responses to standardized survey questions regarding patient satisfaction.

Primary Data Analysis

Scores were summarized over all participants and separately by subgroups. Based on findings in the literature, pain relief was defined as pain score reduction by 2 points or more from triage to discharge (10–13). Subgroup analyses included whether or not the patient had experienced pain relief (pain score reduction by 2 points or more from triage to discharge), and whether or not the patient received pain medication as part of their treatment. Box plots visually gave an understanding of the distribution of the satisfaction responses by subgroup. Mann-Whitney-Wilcoxon two-tailed tests tested for differences in satisfaction responses between subgroups. Data were summarized as median and interquartile range (25th–75th percentile), mean, and standard deviation. Because multiple tests were conducted, the chance for a type I error is increased. Therefore, to be conservative, p -values <0.01 were used to indicate a statistically significant difference, and p -values <0.05 were suggestive of a difference.

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