



Original article

Impact of a pilot team on patients' pain reduction and satisfaction in an emergency department: A before-and-after observational study

Impact d'une équipe pilote sur le soulagement de la douleur et la satisfaction des patients dans un service d'urgence : une étude observationnelle avant-après

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Abstract

Background. – Pain management and patient satisfaction were targeted in the emergency department of a Paris university hospital. In 1999, 77.0% of patients complained of pain on arrival and more than half of patients did not experience pain relief at discharge. The purpose of the study was to evaluate the outcomes of the implementation of a team piloting pain management on pain reduction and pain care satisfaction.

Method. – Two cross-sectional surveys (04/10/1999 to 19/10/1999 and 03/04/2007 to 18/04/2007) were conducted before and after a team piloting pain management was deployed in the emergency department. Consecutive patients age 18 years and older who visited the department suffering from pain were given structured questionnaires that validated scales scoring pain upon arrival and at discharge. Patients' files were analyzed using structured forms. The parameters associated with pain reduction and patient satisfaction were sought.

Results. – In 2007, 65.0% of patients had their pain relieved vs. 35.1% in 1999 ($P < 0.001$); 60.2% were satisfied with the pain care received vs. 39.8%. Pain management (e.g. waiting time ≤ 20 min: 47.6% vs. 20.8%; interventions on pain before the physician's examination: 63.0% vs. 13.8%; and pain reassessment after intervention: 13.8% vs. 4.5%) improved. Both pain reduction and patient satisfaction were significantly associated with intervention before the physician's examination. Pain reduction was independently and positively associated with time of survey, triage level (depending on the severity of their condition), pain intensity on arrival, and negatively associated with discharge without hospitalization. Satisfaction was independently and positively associated with waiting time before examination (0–20 min) and the absence of procedural pain.

Conclusion. – The implementation of a team piloting pain management seemed to have had positive effects on pain management in the emergency department. However, respectively, 56.2% and 39.8% of patients remained without pain relief and dissatisfied with pain management at the end of their visit.

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Keywords: Pain; Patient satisfaction; Emergency departments; Adults; Pain reduction; University hospital

Résumé

Position du problème. – Le traitement de la douleur et la satisfaction du patient sont des préoccupations importantes dans le service d'accueil et des urgences (SAU) d'un hôpital universitaire parisien. En 1999, 77,0 % des patients qui arrivaient aux urgences se plaignaient de douleurs et plus de la moitié des patients n'étaient pas soulagés à la sortie. L'objectif de l'étude était d'évaluer les résultats de la constitution d'une équipe pilote pour gérer la douleur sur le soulagement de la douleur et la satisfaction des patients.

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Méthodes. – Deux enquêtes transversales ont été menées au SAU (du 04 octobre 1999 au 19 octobre 1999 et du 03 avril 2007 au 18 avril 2007). La douleur des patients a été évaluée avec une échelle validée, à l'arrivée et à la sortie. Un questionnaire et une grille structurés ont été utilisés pour l'interrogatoire des patients et le recueil du traitement de la douleur dans les dossiers.

Résultats. – En 2007, 65,0 % des patients étaient soulagés vs. 35,1 % en 1999 ($p < 0,001$) ; la proportion de patients satisfaits du traitement de la douleur a elle aussi augmenté (60,2 % vs. 39,8 %). La prise en charge de la douleur (temps d'attente ≤ 20 minutes : 47,6 % vs. 20,8 %), les interventions sur la douleur avant (63,0 % vs. 13,8 %) et pendant (81,0 % vs. 35,7 %) l'examen médical, et la réévaluation de la douleur après l'intervention (13,8 % vs. 4,5 %) ont été améliorées. Le soulagement de la douleur et la satisfaction des patients étaient tous deux indépendamment et positivement associés à une intervention avant l'examen médical. Le soulagement de la douleur était indépendamment et positivement associé à la période d'enquête, l'intensité de la douleur à l'arrivée, le niveau de tri déterminé selon le degré d'urgence, la prise d'un médicament avant l'arrivée au SAU, et négativement à la sortie sans hospitalisation. La satisfaction des patients était indépendamment associée au temps d'attente avant l'examen médical (0–20 minutes), et à l'absence de douleur pendant les soins.

Conclusion. – Le protocole établi par l'équipe pilote semble avoir eu des effets positifs sur le traitement de la douleur au SAU. Toutefois, respectivement 56,2 % et 39,8 % des patients n'étaient toujours pas soulagés et restaient insatisfaits de la prise en charge de leur douleur à la sortie. © 2016 Elsevier Masson SAS. Tous droits réservés.

Mots clés : Douleur ; Satisfaction des patients ; Service d'urgence ; Adultes ; Hôpital universitaire

1. Introduction

Pain management and patient satisfaction are important issues in emergency departments (EDs). Previous studies have shown that more than 70% of patients visiting EDs complained of pain [1,2]. However, pain is often underidentified and undertreated [1–3]. Most studies did not determine markers of poor pain resolution [4]. In a previous study conducted in 1999 [2], we identified factors relating to pain management. A recent study [5] confirmed our results.

Patient satisfaction is one of the most widely used healthcare organization performance measures [6]. Nevertheless, few authors [7–9] studied satisfaction with pain care in an ED. Most of these studies focused on the relation between patient satisfaction and pain reduction [8,9]. However, pain reduction may not be the only predictive factor of patient satisfaction with pain care [4,7,8].

In France, since 1996, hospitals have been evaluated within a national accreditation process [10]. Meeting quality standards for pain care is one of the leading items evaluated. We therefore sought to elaborate an intervention strategy consisting in setting up a team piloting pain management (pain management team) within the ED and providing ED staff with training on pain assessment, prevention, and therapy.

To assess the efficacy of this strategy on pain reduction and patient satisfaction with pain care, we conducted a survey in 2007 using the same design as a survey conducted in 1999 [2]. The main objective was to evaluate the efficacy of the implementation of a pain management team in an ED based on patient satisfaction with their care. Pain reduction was the secondary objective.

2. Patients and methods

2.1. Study design

A before-and-after observational study was conducted using two cross-sectional surveys, 24 h a day for 16 days, the first from 4 to 19 October 1999 and the second from 3 to 13 April 2007 before the hospital's accreditation. Data were

collected by research assistants from patients and their files using a structured questionnaire and a standardized form, respectively.

2.2. Setting

The surveys were conducted in the ED of a Paris university hospital belonging to the Paris public hospital network (38 hospitals). In 2007, approximately 47,032 patients visited the ED and among them, 10,860 were admitted to the ED hospitalization unit. The functioning of French EDs has been described in previous articles [2,11].

A pain management team including a physician, head nurse, triage nurse, and nurse's assistant with dedicated time was established in 2001. It was assigned piloting pain management in addition to their usual duties.

This team implemented protocols and decided:

- in 2001, that education in pain assessment and therapy will be dispensed to residents by the physician and to paramedical and permanent medical staff by the physician or the head nurse when appropriate;
- in 2003, that:
 - the triage nurse will systematically assess pain on the patient's arrival using numerical rating scale (NRS) and when impossible a verbal rating scale (VRS): severe pain would lead to increasing the triage level by one degree,
 - the team will write protocols dedicated to nurses to allow them to begin pain care without waiting for a physician's prescription both for low or moderate pain and for severe pain,
 - assistant nurses will be trained to avoid increasing pain during mobilization,
 - physicians will be trained to prescribe any dedicated method to reduce pain as soon as possible;
- in 2007, initiating morbidity and mortality conferences allowed the staff to examine cases of outstandingly insufficient pain reduction.

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