Qualitative interview study of patients, ambulance practitioners and emergency department clinicians’ perception of prehospital pain management

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BACKGROUND … continued

East Midlands Ambulance Service NHS Trust (EMAS)
BACKGROUND ... continued

- 3,000 staff at over 70 locations
- 500,000 - emergency calls / year
- 4.8 million – resident population
- 6,425 square miles – area covered
BACKGROUND ... continued

- Paramedics regularly deal patients with pain
- National guidelines emphasise early intervention
- Resources available for assessment, treatment and reduction of pain
- Prehospital pain management
  - An important determinant of subsequent pain in emergency department
  - Clinically important and a key indicator of quality of service
80% patients present to UK ambulance services with pain

20% of patients want more pain relief
5% feel ambulance crew do not treat pain adequately

85% of patients with Acute Myocardial Infarction (AMI)
75% of patients with fracture
- had a recorded pain score

Fewer than a quarter of patients received opiates
“Investigation of patient and practitioner views on improving pain management in the prehospital setting”
Study objectives

- To investigate patient and practitioner views on their experiences of pain management and facilitators and barriers
- To improve management of pain in prehospital setting
- To develop a patient centred approach to prehospital pain management
Research question(s):

- What are the attitudes, beliefs, expectations and concerns of patients and emergency healthcare staff regarding pre-hospital pain management?

- What constitutes optimal pain management in the prehospital setting from patient, practitioner and system perspectives?

- What are the barriers and facilitators of optimal pain management in the prehospital setting?
METHOD

Study design and setting

- A qualitative study
- Purposively sampled participants
- Data collection: focus groups (5) and interviews (28)
- Focus groups and Interviews audio taped and transcribed verbatim
- Data analysis supported by using MAXQDA
- Thematic analysis to develop themes
- Lincolnshire division of EMAS: rural and urban areas

Ethics approval: Nottingham Research Ethics Committee 2 (Ref 0/H0408/112)
Participants

A&E Clinicians (13) M9 + F4
Patient (17) M10 + F7
Ambulance Clinicians (25) M14 + F11

Total Participants 55
Male 33
Female 22
Participants recruitment & Data collection

- Letters - GP for confirmation
- Patient Referral Form (PRF)
  - Chest Pain & Fracture
- Response received Invited to attend
- FG (2) or Interview (10)
  - EMAS Linc Div HQ
  - Ambulance stations

Letters & Participants Information Sheet delivered to patient

East Midlands Ambulance Service
NHS Trust
Participants recruitment & Data collection

Meeting/correspondence
A&E Department
Lincoln County Hospital

Letters & Participants Information Sheet delivered

A&E Clinicians

A&E Clinicians staff data base

Response received
Invited to attend

FG (1) or Interview (6)
A&E Dept - LCH
(lunch time seminar)
Participants recruitment & Data collection

Letters & Participants Information Sheet delivered

Response received

Ambulance Clinicians

Staff data base

Invited to attend

FG (2) or Interview (12)
- EMAS Linc Div HQ
- Ambulance stations

East Midlands Ambulance Service
NHS Trust
Analysis

Focus groups
Interviews

Transcripts

Field notes

Coding supported by MAXQDA

Develop Themes

Results

Report
Findings

Themes

- Assessment methods
- Drug treatment
- Non drug treatment
- Improving the pain management pathway
- Expectation and beliefs
Expectation and beliefs

- immediate & whatever available to relieve pain
- provide prehospital pain relief as norm
- reassurance and professional approach
- facilitated management in ED
- lacked awareness – options available
- refusal and inadequate analgesia
- defer pain relief until definitive treatment
- limitation of time and resources
- not to make condition better but to transport

“I was just grateful to have some relief from that pain … it was something I couldn’t deal with… just …um wanted relief” [Patient]

Patient would quite like to go to hospital pain free [Amb CI]
Assessment methods

- verbal pain score, observation, non-verbal signs
- pain – relation to movement, clinical signs
- injury/illness – causation, severity/type
- experience(s), distraction

Barriers to assessment

- individual variation, exaggerate or underplay
- communication, lack of clarity
- lack of cooperation
- older people, chronic condition
- influence of alcohol/substances
Drug treatment for pain

- Entonox, intravenous (morphine), oral drugs
  Morphine: most effective, confidant to use,

- Drug selected –
  cause of pain, travel time, route and distance to hospital

- Non-analgesics – sometimes helped

- Self medication

Barriers to drug treatment

- refusal by patient (e.g. needle phobia)
- adverse effect, contraindications, interactions
- false belief, co-morbidity, limited choice
- special groups, suspected drug abusers

“[Reluctant to give morphine] particularly if somebody is under the influence of something. Alcohol particularly” [Paramedic]

“The ambulance arrived, they came in, gave me their oxygen …and then gave me morphine which seemed to take the pain away” [Patient]
Non-drug treatment for pain

- Reassurance, informing
- connection, contact, distraction
- positioning, support, immobilising
- coping (by patient)

“I am able to give Entonox therapy but I often find actually simply making eye contact with the patient, reassuring them often I find alleviates some of their pain” [Amb CI]
Improving pain management pathway

- communication and information – A&E
- concern shown, structured questions, early assessment and intervention
- dignity and privacy
- practitioners’ clinical judgement – to assess
- pain relief options/drugs, route proposed
- PGDs, alternative drugs and route allowing muscle relaxants & antispasmodics
- Shared protocol, training

“...A practitioner can give a variety of drugs and there is so many routes open to pick... I'd like to see some of them brought in for all paramedics to use... there is minimal training needed” [Amb Cl]

“...One thing they should be thinking about is... to work with a joint protocol” [A&E Cl]
Lessons learned

- Areas of disagreement and agreement between patients and clinicians provided information to improve the pathway of emergency pain management
Conclusion

The findings will be used to develop and validate -
a patient and practitioner reported outcome measure tool
for benchmarking and improving pain management in
urgent and emergency settings.
Thank you for listening!

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