

Audit of Organisational Policies

FOR PAIN MANAGEMENT IN AUSTRALIAN EMERGENCY DEPARTMENTS

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Introduction

As reported, there are approximately six million presentations to emergency departments (EDs) across Australia.⁽¹⁾ Local and international studies report that pain is the main complaint for 78%⁽²⁾ to 86%⁽³⁾ of patients who present to EDs.

In 2006, the NHMRC's National Institute of Clinical Studies (NICS) Emergency Care Program commissioned Collaborative Health Education and Research Centre (CHERC), Bendigo Health to undertake a national audit to identify current practice in ED pain management with reference to recommendations in Acute Pain Management: Scientific Evidence (second edition 2005).⁽⁴⁾

In May 2006, a forum of emergency care health professionals actively engaged in the NICS Emergency Care Community of Practice (CoP) identified ED pain management as a potential area of focus. They were concerned that:

- appropriate pain relief is not consistently provided in EDs
- pain is a cause of significant distress for patients in EDs
- inadequate pain management is a key issue identified in patient surveys and complaints.

Key messages from Acute Pain Management: Scientific Evidence (second edition 2005)

- Staff education and use of guidelines can improve pain assessment, pain relief and prescribing practices (Level III evidence).
- Even 'simple' techniques of pain relief can be more effective if attention is given to education, documentation, patient assessment and provision of appropriate guidelines and policies (Level III evidence).
- "More effective pain management will result from appropriate education and organisational structures for the delivery of pain relief rather than the analgesic techniques themselves" (Clinical Practice Point).

Methodology

- Audit tools were developed in collaboration with the Emergency Care CoP research reference group to provide both content knowledge and face validity of the audit.
- Hospitals were asked to submit data for 20 records across three diagnostic cohorts: migraine, abdominal pain and fractured neck of femur.
- The organisational audit was designed to identify:
 - documentation and guidelines in place to support pain management
 - barriers and enablers to best practice pain management.
- The audit was pilot tested and refined for applicability in the emergency department setting.
- A retrospective chart audit covered the period June 2005 to June 2006.
- 141 emergency departments were invited to participate by expression of interest.

Results

- 74 of the 141 EDs invited to participate in the national audit responded positively:
 - 36 EDs submitted data (12 Vic, 11 NSW, 5 Qld, 4 SA, 4 WA)
 - those sites unable to submit data cited workload and lack of resources as reasons for not participating in the audit.
- 80% of participating hospitals had organisational policies for pain management in their EDs.
- 19% of the responding organisations had access to the Australian and New Zealand College of Anaesthetists (ANZCA) Acute Pain Management: Scientific Evidence (second edition 2005) in their EDs.

FIGURE 1. General policies for ED pain management

80% (29/36) of EDs submitted organisational data.

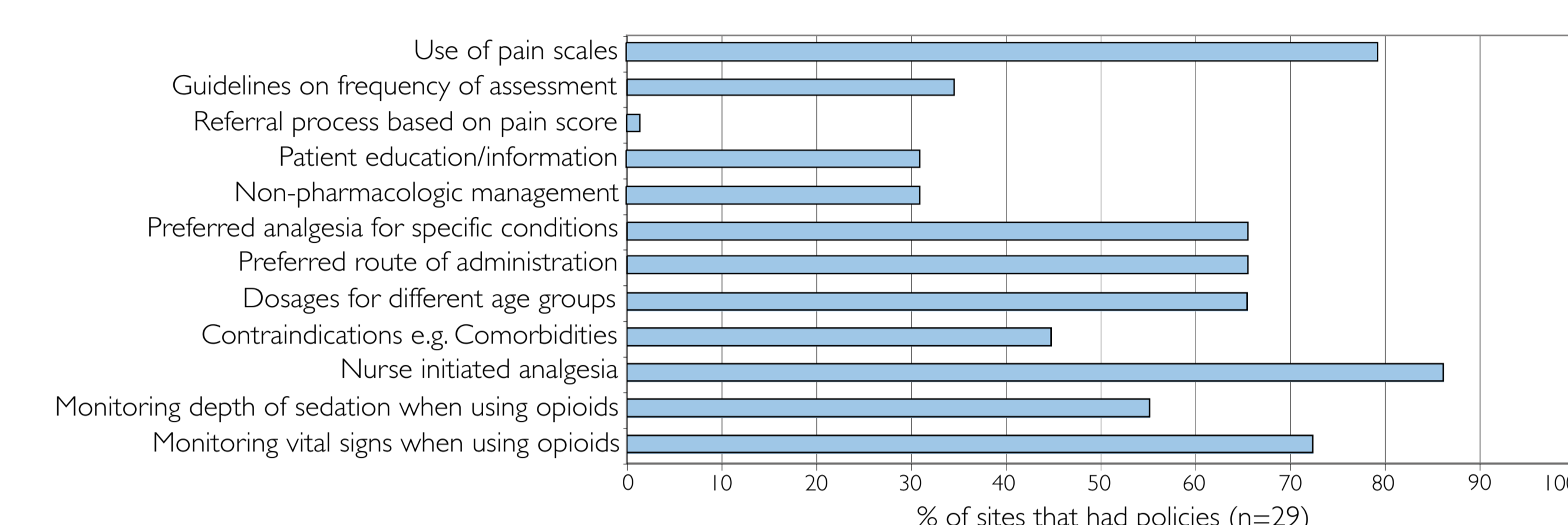


FIGURE 2. Education and quality improvement (QI) processes related to ED pain management

Only 22% (8/36) of EDs had QI processes in place for collecting and reporting pain data.

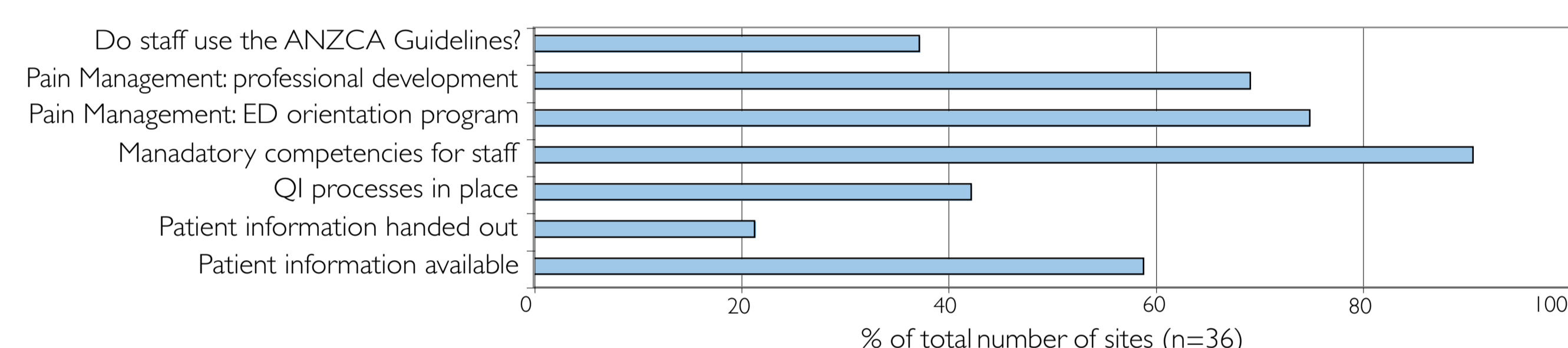


FIGURE 3. Policies for specific types of analgesia

89% (32/36) of all EDs had specific policies for the following analgesics:

- Opioids (78.3%)
- Nitrous oxide (68.8%)
- Ketamine (62.5%)
- Panadol (53%)
- Topical anaesthesia (53%)
- IV nerve blocks (50%)

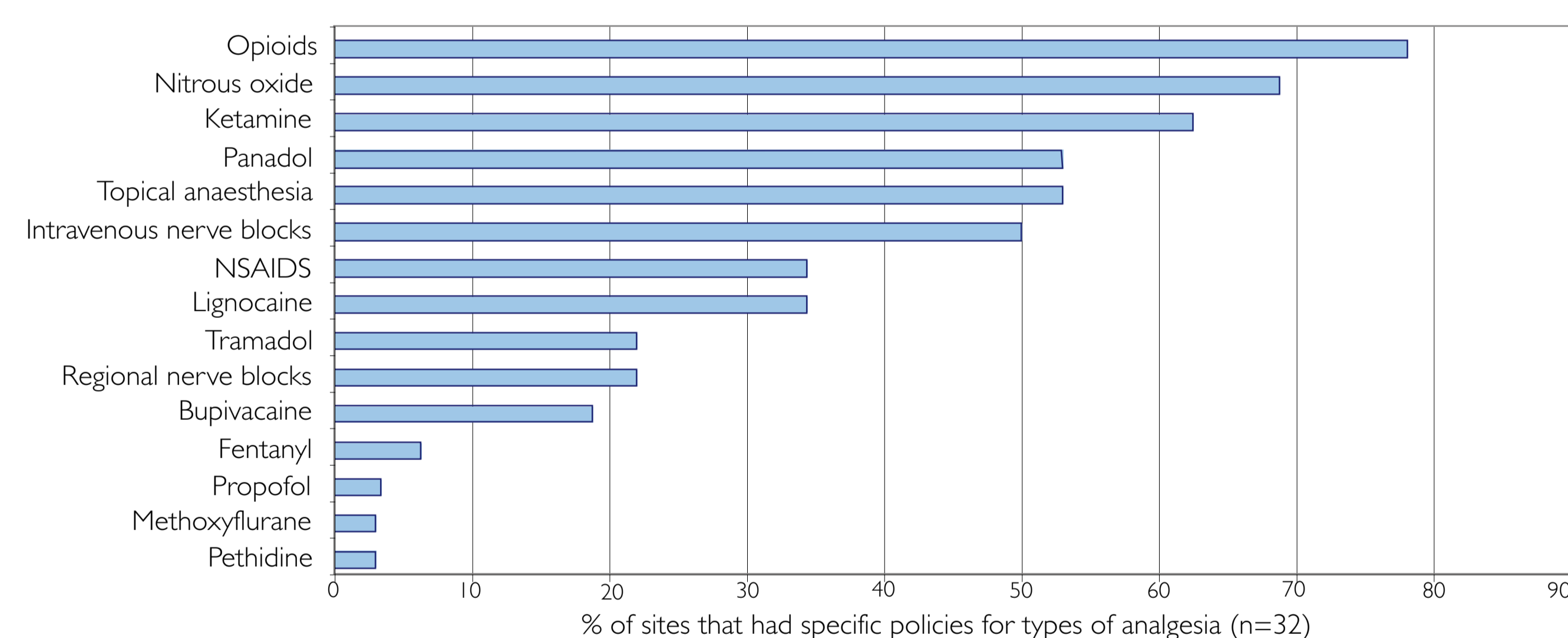


FIGURE 4. Policies for pain management in specific conditions

66.6% (24/36) of EDs had specific policies for the following conditions:

- Migraine (70.8%)
- Renal colic (54.2%)
- Fractured neck of femur (45.8%)
- Abdominal pain (37.5%)

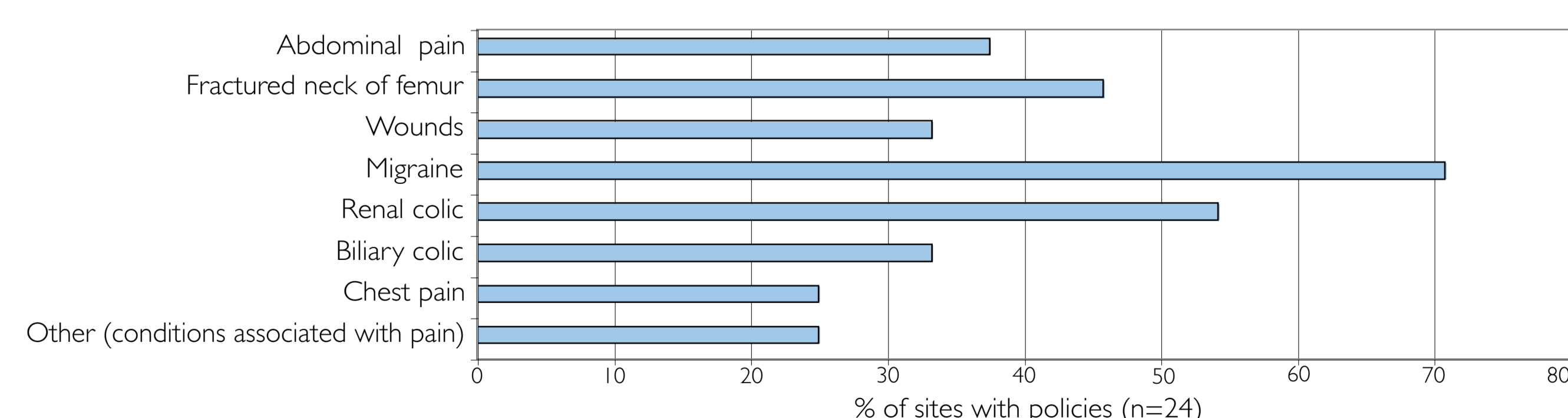


TABLE 1. Barriers and enablers for implementation of best practice pain management guidelines

Barriers and enablers for the implementation of best practice pain management guidelines were identified, and are summarised below. Twenty five sites commented on barriers, and 24 sites commented on enablers.

Barriers	Enablers
Lack of time and resources in terms of workload	A genuine desire to deliver quality care
Rotation of staff makes it difficult to keep staff current with ED policies	Medical and nursing leadership and champions for pain management
Access block impacts on availability of ED beds to treat patients	Education and competency based training programs for pain management
Organisational process hinders development of policies and procedures	Advanced clinical nurse protocols and standing orders
Failure to disseminate evidence-based guidelines	Working with hospital acute pain services for long stays in EDs

Limitations of the audit

- Data were completed by one site representative who may not have been aware of all policies available.
- The audit identified the existence of policies, not the quality or evidence base of the organisational policies.
- The audit identified the availability of policies, not the application of those policies in practice.
- The audit represents the responses of just 36 EDs able to complete the audit of the 141 invited to participate. This may not be representative of other EDs across Australia.

Discussion

- Many EDs had analgesia policies, with some covering specific therapeutic agents and specific clinical conditions. However, there is an opportunity for organisations to improve their policies by increasing the range of agents and conditions covered.
- Preferred routes of administration and dosages for different age groups are important features not covered in many policies.
- Only 22% of participating hospitals collected and reported pain data.
- There is an opportunity for organisations to increase staff education and to implement competencies related to pain management.

Acknowledgements

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The NHMRC works in partnership with emergency care health professionals through the NICS Emergency Care Community of Practice.

For information about the NICS Emergency Care Community of Practice see www.nhmrc.gov.au/nics

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