

Understanding Chronic Pain
in the Emergency Department:
A National Survey

Highlights

Understanding Chronic Pain in the ED

- Conducted by The American Chronic Pain Association
- Support from Cephalon, Inc.
- Ten-minute survey instrument developed with input from a variety of stakeholders, including ACPA Board members, ACEP representatives, experts in pain medicine and emergency medicine
- Random digit dial national survey conducted by Public Opinion Strategies.

Survey Methodology

- Conducted March 6 & March 11-15, 2007 among 500 chronic/recurrent pain sufferers with ED visit in past 2 years (Incidence 15%)
- Margin of error of $\pm 4.38\%$.
- Random- digit dial methods; 148,451 calls attempted during study:
 - 31% of calls resulted in no answers; these numbers redialed up to six times;
 - Another 31% of calls picked up by answering machines and were also dialed again; 10% refusal rate
- Remaining respondents were screened for:
 - Type of pain (acute, recurrent, chronic) and
 - ER admittance in the last two years

Key Findings

- 1** Respondents express fairly high levels of satisfaction with their last trip to the emergency room. Three-quarters (76%) of chronic and recurrent pain sufferers surveyed expressed some level of satisfaction with the care they received during their last visit.
- 2** One of the driving factors in determining satisfaction is the length of time spent in the waiting room. It is the underpinning of the quantitative satisfaction data, and plethora of comments exist regarding wait times in response to our open-ended questions.

Key Findings

- 3** In all but a handful of cases, pain patients do feel that they are treated with dignity and respect, and that they are taken seriously in the emergency room. While generally confident that the emergency room staff knew how to treat their pain, there is less intensity behind this measure than the other two treatment variables.
- 4** One of the key variables in the study is insurance status. Uninsured patients report longer waiting times, and felt they were generally treated with less respect than insured respondents. Another key variable is age. In general, older patients are much more comfortable with the treatment and care they receive as opposed to younger respondents.

Key Findings

5 Pain patients are very interested in additional information about how to manage, treat, and otherwise cope with their pain. Offering hope, pain management information, referrals, and treatment options are welcomed.

Hospital ER staff receive solid marks on providing “hope and encouragement”. Fully, 71% of respondents say they did receive hope and encouragement from the medical staff on their last visit to the ER. This is another critical component in determining patient satisfaction. While 82% of satisfied patients felt they received hope and encouragement, less than one-third (32%) of dissatisfied patients report receiving this positive reinforcement.

Key Findings

5 (continued)

A bigger divergence exists between what patients consider important and what is provided in the ER in regards to:

- information on ways to better manage pain;
- referrals to a specialist or clinic, and;
- information about different treatment options.

These are all areas where emergency rooms could help fill important voids for people with pain.

Key Findings

- 6 While seven out of ten patients believe they received the X-Rays or medication they needed as part of the ER treatment process, there are still some patients who do not receive the treatment they expected.

These patients also largely do not feel they were provided adequate explanation as to why a course of treatment was *not* provided. This is particularly true of the uninsured population.

The Bottom Line

This survey generally reflects positive news, both for pain patients and emergency rooms. The vast majority of patients are receiving the care they need and expect. This is a tremendous credit to hospital emergency rooms and their staff. Pain patients generally appear to be treated well from a medical, psychological, and emotional perspective.

Shorter waiting times and compassionate care are very important factors contributing to patient satisfaction.

The Bottom Line

There are certain areas where improvements can be made to better serve the pain population:

- Offer additional information on treatment, referrals, and pain management.
- Explanations as to why a certain course of treatment was not pursued.

Emergency rooms also seem to struggle a bit more with the uninsured pain patient population.