BARRIERS AND FACILITATORS IN PAIN MANAGEMENT IN TRAUMA PATIENTS IN THE CHAIN OF (PRE)HOSPITAL BASED EMERGENCY CARE

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Introduction
To improve pain management in trauma patients, professionals in the chain of emergency care recently developed an evidence based guideline. The guideline addresses pain management in trauma patients by general practitioners (GPs), ambulance emergency medical services (EMS), helicopter emergency medical services (HEMS) and the emergency department (ED). Implementation of this guideline is pivotal, as the prevalence of pain is high, and the consequences of mistreatment are serious (chronic pain and disability). Although the guideline is acknowledged by national societies in the Netherlands, implementation seems problematic as it requires a change of behavior of physicians and nurses. Theories on implementation of innovations stress how a tailored implementation strategy should be based on thorough analysis of the setting and target group.

Aim
The aim of the study is to develop a tailored implementation strategy for effective change behavior interventions in order to improve guideline adherence on pain management in trauma patients in the chain of (pre)hospital based emergency care.

Method
The multicentre study is performed in three regions in the Netherlands in the chain of emergency care. We use a multi method approach. We will assess current practice and deviation of the guideline through analyses of patient files (n=700). Barriers and facilitators will be explored through qualitative focus group interviews in each region with GPs, EMS, HEMS and the ED (n=3x4=12), multi-professional simulation meetings (n=3), and patient interviews (n=20). Furthermore, we quantify the identified barriers and facilitators with questionnaires among emergency care professionals (n=510).

Finally, we will develop implementation strategies by the use of intervention mapping (Bartholomew).

Results
The presentation will be focused on the methodology and preliminary results of this ongoing study.

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