

Exploring Provider Attitudes about Shared Decision Making Regarding Pain Management During Labor.

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Exploring Provider Attitudes about Shared Decision Making Regarding Pain Management During Labor

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Introduction/Background

Shared decision-making has been identified as a key part of change for improved quality and safety in healthcare. Through the development of partnerships with patient, response to patient's ideas, concerns, and expectations, and presentation of evidence, providers can conscientiously attain the goals of relief of suffering and enhancement of autonomy. An open and honest two way exchange of information and opinion about risk makes it so that management decisions can be based on a better understanding of options, which is associated with, improved health outcomes and patient satisfaction. As values based patient centered care evolves into the driving force behind clinical pathways and reimbursement, it has become imperative for providers to engage patients at crucial decision points in their health care. This is particularly true on the labor floor where shared-decision making regarding pain management has become of great value to patients.

Problem Statement

This project aims to elucidate provider perspectives at LVHN on shared decision-making within the realm of labor pain management.

Methodology

- A Web-based eight-question survey was sent via an anonymous link to residents, physicians, nurses, and APCs on the labor and delivery unit at LVHN.
- Hard copies of the survey were available for nurses to fill out on the labor and delivery floor.
- Completed surveys were kept in a discrete location in an opaque folder to protect anonymity
- The survey collected information on current methods of decision-making, resources and barriers to having conversations about labor pain management.
- The survey was available for two weeks.
- As the purpose of the survey was for quality improvement purposes, the survey was not submitted for IRB approval.
- Given the small sample size, the survey was piloted for appropriateness and ease of read by one physician at the health network.
- Results were analyzed using SurveyMonkey software and qualitatively evaluated.

Results

The survey had 54 respondents. The demographics of the respondents along with survey responses by role are included in table 1. The majority of respondents (89%) do currently counsel their patients and believe that counseling regarding labor pain management should occur in the office in an outpatient setting (93%). A majority of providers (72%) use a preplanned talk without formal material to counsel patients, with a smaller percentage using ACOG guidelines (20%), physical props (4%), a decision aid tool (2%), and educational pamphlets (2%). Many providers wish they had additional resources such as pamphlets (48%) and posters in the room (44%) (Figure 1). A majority of providers (74%) noted time as a barrier to practicing shared-decision making about labor pain management, along with educational material (56%) (Figure 2). Qualitative analysis of the ideal state in which this topic would be discussed disclosed a variety of themes including multiple conversations over the course of a pregnancy as opposed to one counseling session and the incorporation of the anesthesia team on the labor floor.

Table 1. Respondent Survey Answers

Characteristics	Resident n=14	Attending n=25	APC n=4	L&D Nurse n=9
Do you counsel patients on labor pain management?				
Yes	12	22	4	8
No	2	3	0	1
Where should counseling occur?				
Labor & Delivery	2	2	0	0
Outpatient Office	12	25	4	9
What proportion of your patients do you counsel?				
0-20%	0	0	0	0
21-40%	1	5	1	0
41-60%	4	0	1	0
61-80%	2	2	2	0
81-100%	5	16	0	8
Do not counsel	2	3	0	1
What do you use most frequently to counsel patients? (Choose all)				
Educational pamphlete	0	0	0	1
Decision aid tool	0	1	0	0
ACOG Guidelines	3	8	0	0
Physical props	0	0	1	1
Preplanned talk without formal material	9	21	4	5

Figure 1. Barriers Perceived in Practicing Shared-Decision Making

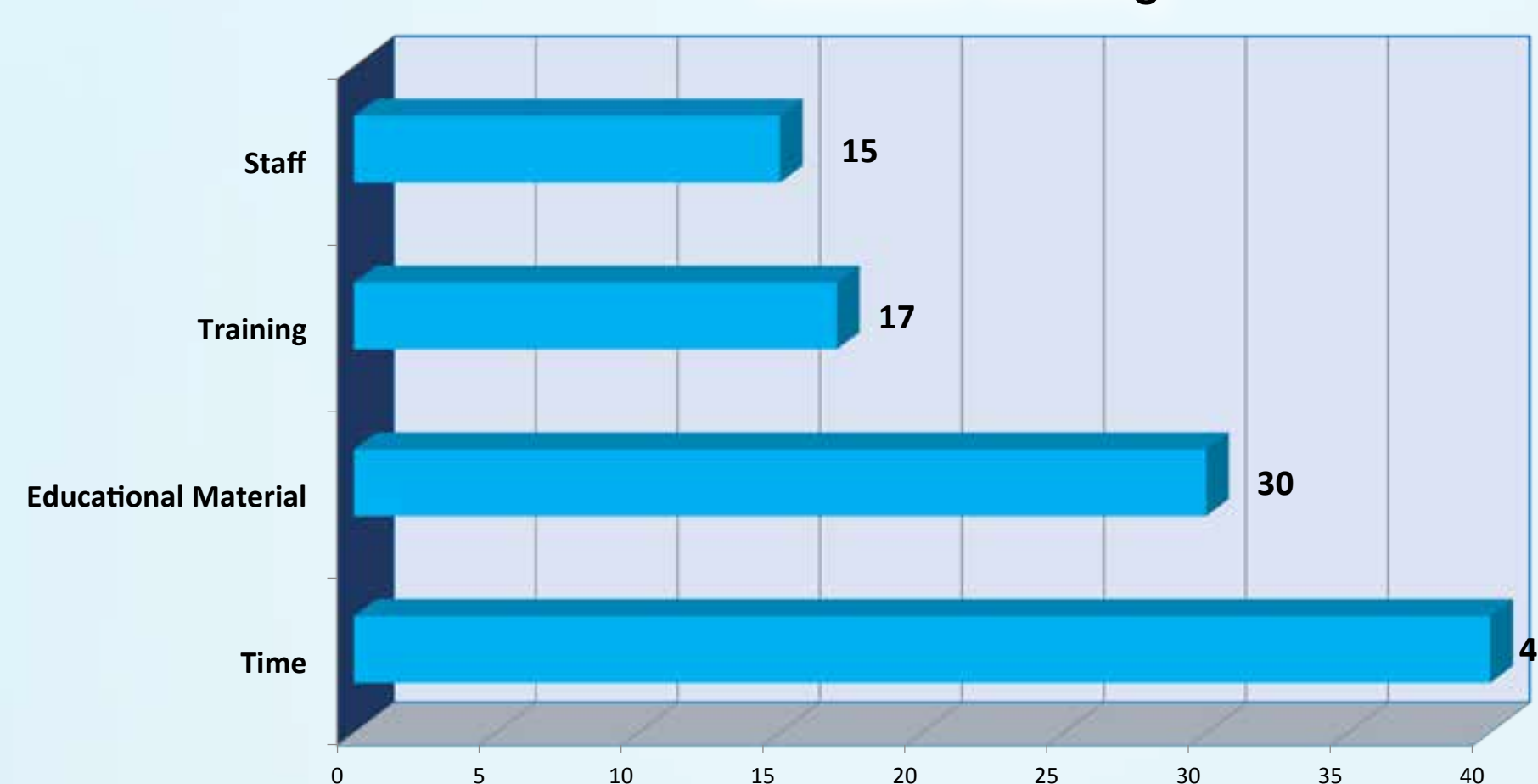
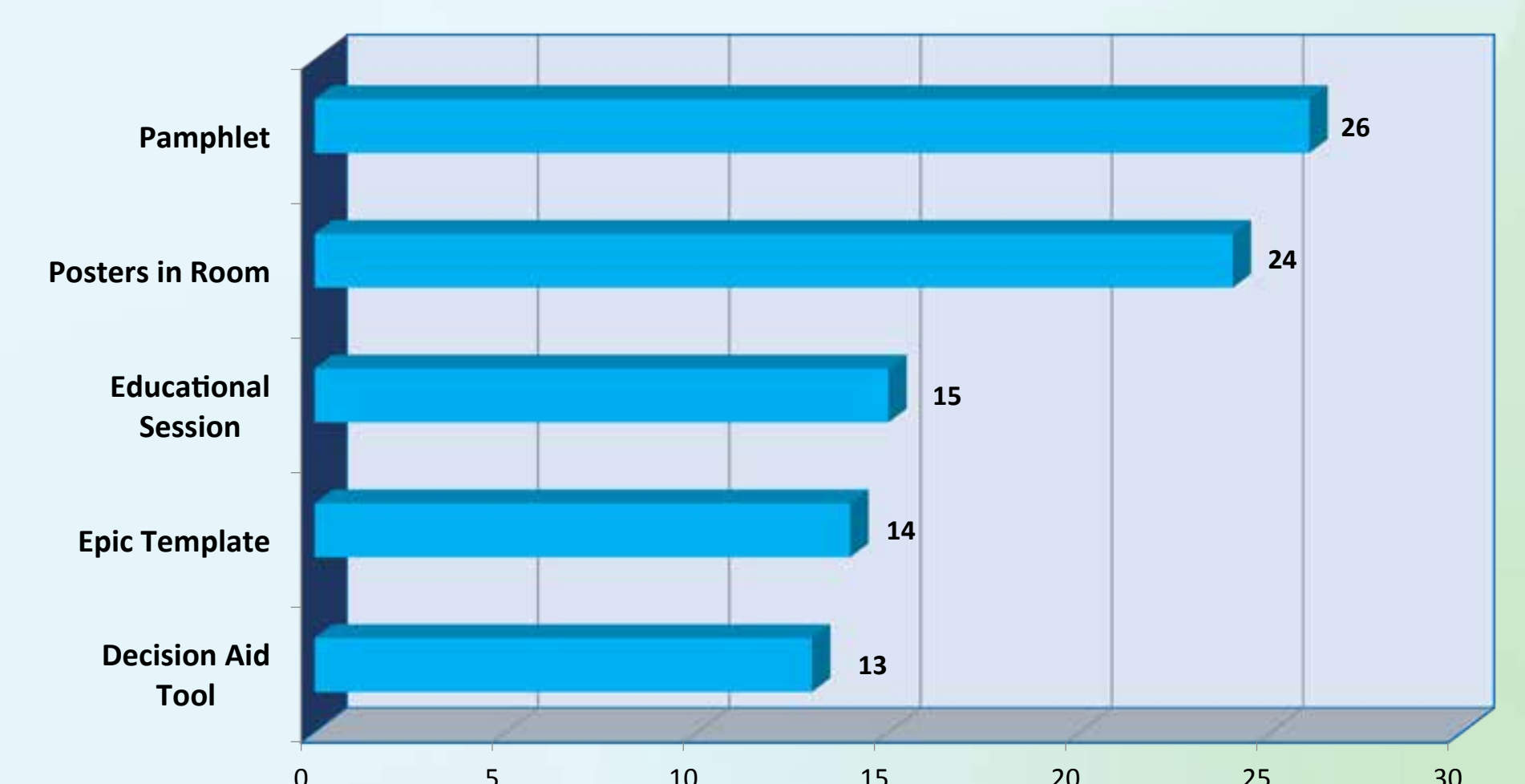


Figure 2. Desired Resources



Conclusions and Future Implications

The labor and delivery floor at LVHN may benefit from educational pamphlets and posters in outpatient settings to facilitate shared-decision making conversations and opportunities for counseling. While it can be difficult to address the largest barrier to practicing the aforementioned counseling (time), the addition of educational material may be a beneficial asset. Further studies assessing feasibility of addition of desired resources may improve opportunities for shared-decision making in counseling about labor pain management.



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