

Barriers exist to using risk stratification tools to evaluate pulmonary embolism in the ED

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Provider perspectives on PE risk stratification Semistructured interviews: 23 ED providers, hospitalist, primary care providers	
New England	······, ····,·····,···
Barriers	Facilitators
Provider	Inner setting
Risk tolerance	Peer pressure
Need for diagnostic certainty	Institutional policy/algorithm
Knowledge: age-adjusted d-dimer	Audit feedback
Knowledge: Wells	Culture
Confidence in gestalt	
Inner setting	Quitar patting
Time pressure	Outer setting
Lack of institutional resources	Professional society guidelines
Intervention characteristics	
Variation in Wells cut-offs	Intervention characteristics
Implementation strategy	Simplicity of PERC
Extra steps in clinical decision support	

Semistructured interviews with 23 emergency department providers, hospitalists, and primary care providers in New England. Credit: Kirsty Challen, B.Sc., MBCHB, MRES, Ph.D., Lancashire Teaching Hospitals, United Kingdom

Common barriers exist to the use of risk stratification tools in the evaluation of pulmonary embolism in the emergency department and provide insight into where to focus efforts for future implementation



endeavors. That is the conclusion of a study to be published in the June 2020 issue of *Academic Emergency Medicine* (AEM), a journal of the Society for Academic Emergency Medicine (SAEM).

The lead author of the study is Lauren M. Westafer DO, MPH, MS, assistant professor, Department of Emergency Medicine, University of Massachusetts Medical School-Baystate. The findings of the study are discussed in a recent AEM podcast, Teacher, Teacher—Tell Me How to Do It (Diagnose a PE).

According to the study findings, provider-level factors such as risk avoidance and lack of knowledge of the tools dominated as barriers, while inner-setting factors were identified as facilitators.

The authors recommend that future efforts to improve evidence-based diagnosis of pulmonary embolism should focus on implementation strategies targeting these domains.

Commenting on the study is Dr. Kerstin de Wit, an emergency and thrombosis physician and Hamilton Health Sciences and an assistant professor in the department of <u>medicine</u> at McMaster University, Hamilton, Ontario, Canada.

"This important study highlights several common thought processes which act as barriers for emergency physician use of evidence-based pulmonary embolism testing. The authors identified opportunities to promote adherence to evidence-based testing, including leveraging culture and peer pressure."

More information: Lauren M. Westafer et al, Provider Perspectives on the Use of Evidence-based Risk Stratification Tools in the Evaluation of Pulmonary Embolism: A Qualitative Study, *Academic Emergency Medicine* (2020). DOI: 10.1111/acem.13908



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