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Evaluation of the quality of initial consultations for low back pain in a primary care centre, and suggestions for improvement

Vanessa Martinetti(1), F Campillo Palma(1), C Avilés Hernandez(1), FM Parra Martinez(1), JF Menárguez Puche(1), D Kennaugh(2), S Ruiz de Aguirre Maneiro(1), E Delsors Mérida-Nicolich(1), M Soler Torroja(1), PA Alcántara Muñoz(1), L Galera Morcillo(1), K Qadeer(1)
(1) Jesús Marín Primary Care Centre, Molina de Segura, Murcia, Spain
(2) Wirral University Teaching Hospital, Wirral, Merseyside, UK

Corresponding author: Dr Vanessa Martinetti, Centro De Salud Jesús Marín, General Practice, Molina de Segura, Murcia, Spain. E-mail: vmartinetti88@gmail.com

Aim: To analyse causes for the low quality of consultations for low back pain in a Primary Care Centre (PCC) and to develop corrective actions and prioritize interventions.

Method: Meeting of doctors from the PCC was held to report on the problems found with the quality of consultations for low back pain. A structured brainstorming was carried out using nominal group technique to develop a list of the hypothetical causes. They were organized and categorized with a cause effect diagram (Ishikawa Method).

Group of experts selected causes which had the potential to be improved, so as to enable them to be focused on when prioritizing action. Prioritization was determined through the use of a Hanlon modified matrix based on four criteria: magnitude, vulnerability, importance and time permanence. After selecting the fundamental problems, feasible corrective actions were designed.

Results: Ishikawa diagram identified 6 main causes related to physician, patient, doctor-patient relationship, organization, context, infrastructures and resources. The sub-causes selected due their high score generated from the Hanlon matrix were: lack of knowledge of clinical practice guidelines (CPG) (16 points), advising patients on posture (15), and the benefits of physical activity and avoiding rest (15). The lack of standardised protocols (13), and the belief in the superior efficacy of medications above physical exercise (15) were also prioritized.

Suggested corrective actions:

- Feedback of results from the previous study.
- Organizational changes providing accessible tools (information and advice on physical activity/ stretches).
- Continued training (CT) sessions on CPGs available and evaluation of evidence for therapeutic efficacy.
- CT and interprofessional communication with primary care physiotherapists.

Conclusions:

- The greatest opportunities for improvement are related to the lack of knowledge about CPG and incorrect knowledge about treatment.
- Corrective actions are focused on continued training, accessible tools to provide a greater quality of information for patients and interprofessional communication with physiotherapists.