



Good Practices Indicators for Pain Management. Pilot results in the Spanish National Health Service.

Pedro J. Saturno
Universidad de Murcia
IPM Group

The Societal Impact of Pain.
Copenhagen, Denmark
29-31 May, 2012



Indicators for pain management



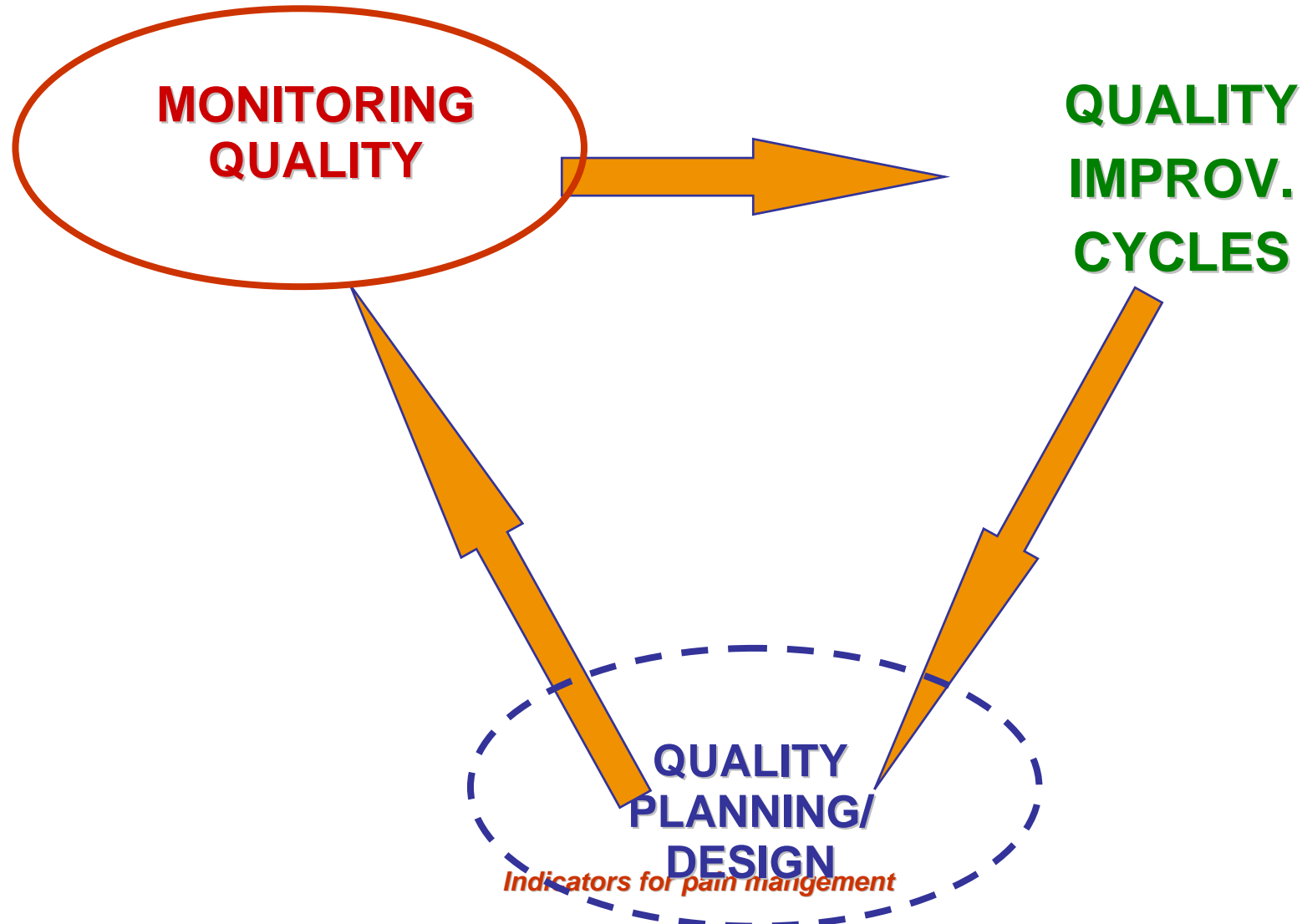
Good Practices Indicators for Pain Management. Pilot results in the Spanish National Health Service.

Introduction

1. The IPM project: Objectives.
2. Phases and methods.
3. Results
4. Perspectives



GROUPS OF ACTIVITIES for QUALITY MANAGEMENT.





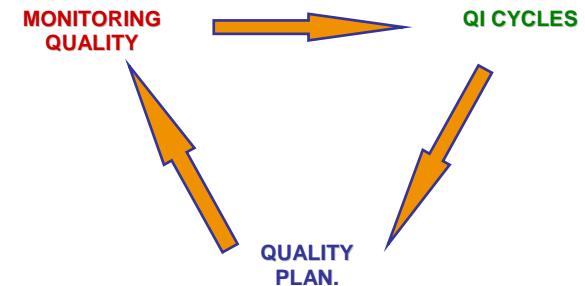
PLATAFORMA
SinDOLOR



Good Practices Indicators for Pain Management. Pilot results in the Spanish National Health Service.

Introduction

1. The IPM project: Objectives.
2. Phases and methods.
3. Results (Accomplished phases)
4. Perspectives (Ongoing tasks)



Indicators for pain management



The IPM Project: Objectives.

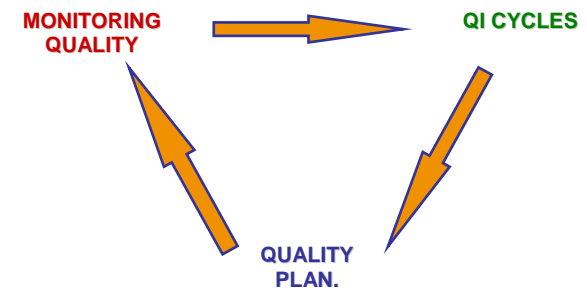
- To build and pilot test a comprehensive set of indicators for pain management throughout the health system.
- Based on the best currently available evidence.
- Including assessment, initial treatment, prevention and control.



Good Practices Indicators for Pain Management. Pilot results in the Spanish National Health Service.

Introduction

1. The IPM project: Objectives.
2. Phases and methods.
3. Results (Accomplished phases)
4. Perspectives (Ongoing tasks)





Phases and methods.

Phases:

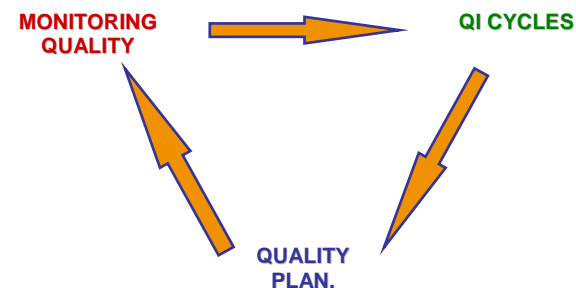
1. To accept/adopt an operational and clinically meaningful taxonomy of pain.
2. To review and systematize the existing evidence, in relation to the adopted taxonomy.
3. To review and systematize the existing quality indicators for pain management.
4. To build new indicators for the identified gaps.
5. To pilot test the resulting set of indicators for reliability, feasibility and usefulness.
6. To design and propose measurement methods at facility, district, regional and national levels.



Good Practices Indicators for Pain Management. Pilot results in the Spanish National Health Service.

Introduction

1. The IPM project: Objectives.
2. Phases and methods.
3. Results
4. Perspectives





Results



Operational Classification of the types of pain:

WHO Normative Guidelines on Pain Management

Report of a Delphi Study to determine the need for
guidelines and to identify the number and topics of
guidelines that should be developed by WHO

Geneva
June 2007

Report Prepared by:
Prof. Neeta Kumar
Consultant, WHO, Geneva

Relieving PAIN in America

A Blueprint for Transforming Prevention,
Care, Education, and Research

Committee on Advancing Pain Research, Care, and Education

Board on Health Sciences Policy

INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

THE NATIONAL ACADEMIES PRESS
Washington, D.C.
www.nap.edu



Results

Operational Classification of the types of pain

- **Chronic Malignant pain:**
 - *Related to potentially life-limiting illnesses (Cancer, AIDS, COPD, ALS, etc.)*
 - *Pain management focuses mainly on symptom control.*
- **Chronic Non-Malignant pain:**
 - *Related to a variety of chronic conditions (musculoskeletal, neuropathic, visceral).*
 - *Pain management with particular features in relation to the particular chronic condition.*
- **Acute Pain:**
 - *Time-limited and related to a variety of conditions and situations (peri and postoperative, post-traumatic, burns, obstetric, headaches, procedural, etc.).*
 - *Pain management with particular features in relation to the particular condition and situation.*



Results

Existing evidence (and recommendations) for pain management

- **Relatively clear for chronic malignant pain and most of the acute pain conditions and situations.**
- **Relatively more confusing for chronic non-malignant pain.**
- **Particular attention needed for children and aged people.**



Results

3. To review and systematize the existing quality indicators for pain management.
 4. To build new indicators for the identified gaps.
- **Chronic Malignant pain: 22 indicators.**
 - **Chronic Non-Malignant pain: 46 indicators**
General (transversal): 6; specific for fibromyalgia:4; specific for chronic headache: 13, specific for visceral pain: 3; specific for neuropathic pain: 5; specific for musculoskeletal pain: 15.
 - **Acute pain: 54 indicators**
postoperative: 14 (4 general, 10 specific); procedural: 8 (2 for burns,2 for ICU, 4 for endoscopies) ; other conditions and particular situations: 31 (obstetrics, pediatrics, abdominal, etc).



Results

Chronic Malignant pain: 22 indicators.

- **Feasibility of measurement:**
 - All, in hospital care, with some problems in 5 of them.
 - 12 in PHC.
- **Reliability:**
 - k ranging from 0.65 to 1.
- **Usefulness as problem identification tools:**
 - Massive non-compliance (except in two of them).
 - Worse compliance in those related to patient-centered care. Intensity of pain explicitly assessed in 1% of patients

Final proposed set: 17 indicators



Results



Chronic Non-Malignant pain: 46 indicators.

- **Feasibility of measurement:**

- In at least one facility: 32; in PHC: 27; in all the three facilities: 8.

- **Reliability:**

- k ranging from 0.7 to 1 in most of them. 0.6 in three.

- **Usefulness as problem identification tools:**

- Variability in compliance.

- Worse compliance in those related to non-pharmacological treatment and patient-centered care. Intensity of pain assessed in 9.4% of patients.

Final proposed set: 32 indicators



Results



Acute pain: 54 indicators.

- **Feasibility of measurement:**
 - 43 indicators. Limited feasibility in 11 (those measured by observation or surveys).
- **Reliability:**
 - k ranging from 0.7 to 1 in most of them. 0.63 in one.
- **Usefulness as problem identification tools:**
 - Variability in compliance. Better in general in those related to post-surgical pain and epidural anesthesia.
 - Worse compliance in those related to prevention of procedural pain, particular surgical interventions, and non-surgical pain. Intensity of post-surgical pain assessed in 62.7% of patients.

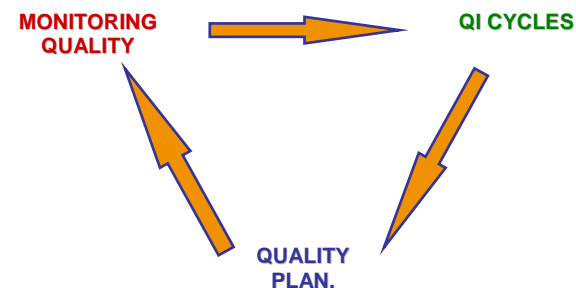
Final proposed set: 54 indicators



Good Practices Indicators for Pain Management. Pilot results in the Spanish National Health Service.

Introduction

1. The IPM project: Objectives.
2. Phases and methods.
3. Results
4. Perspectives





Indicators for Pain Management Group

Project Coordinators:

Pedro J. Saturno; Francisco López Soriano

Chronic malignant pain:

Susana Robles; Lucía Bernal; M.Paz Jimenez.

Chronic non-malignant pain:

Francisco López Soriano; Pilar Escolar; Encarna Ros; Beatriz Guerrero;
Lucía García; Zenewton DS Gama; Antonio Mendoza; Enrique Borrax;
José Giménez; Francisco Rivas .

Acute pain:

Sebastián Perales; Juan F. Mulero; Mayo Saturno; Bartolomé Lajarín; J.Miguel Reina, Angel del Pino.



PLATAFORMA
SinDOLOR



THANK YOU!!!

QUESTIONS??

Pedro J. Saturno

saber@um.es

<http://www.calidadsalud.com>

Indicators for pain mangement