

LANDSCAPE STUDY ON QUALITY INDICATORS IN ACUTE POST-OPERATIVE PAIN

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Background

Ineffective post-surgical pain management causes preventable medical complications and promotes the development of chronic pain as well as higher socio-economic costs. According to international reports up to 50 % of inpatients suffer from severe post-operative pain [1, 2].

Appropriate pain management can serve as a key indicator in high-quality care. Quality indicators are measurable evidence-based elements of practical performance [3, 4].

This landscape study was adopted as part of a Change Pain Acute Advisory Board to prepare the further development of quality indicators (QI).

Therefore, aim of this descriptive study was to collect, present, and compare European pain management data in adult inpatients in acute care.

Results

The identified 22 studies were categorized and the results were compared for 34 European countries. Main results of the included studies were screened and pain management data were grouped into structure, process, and outcome indicators according to Donabedian's model of health care quality [5] (Figure 1).

A total of **11 out of 34 European countries reported pain management data** in 127,968 patients (53 % female) (Figure 2). About 71 % of the studies used patient surveys. National data on pain management were included in four studies from France, the Netherlands, Spain, and Austria.



Figure 2. Pain management data in Europe

Methods

A systematic literature review was conducted in Databases CINAHL, Cochrane Library, PubMed, and Web of Science from 01/2007 till 02/2018. Additional pain management journals, conference proceedings, websites of health organizations, and pain societies were manually screened (Table 1).

Table 1. Criteria of literature search

Inclusion criteria	Exclusion criteria
Acute postoperative pain	Chronic pain, pain in specific diseases (cancer, dementia, ...)
Adults (18+)	Patients < 18 years, frail elderly, palliative patients
Inpatient stay	Nursing homes, intensive care units, ambulances, day hospitals, domestic living quarters
Pain after all types of surgery	Pain in drug studies / medical treatments
English or german	Other publication languages

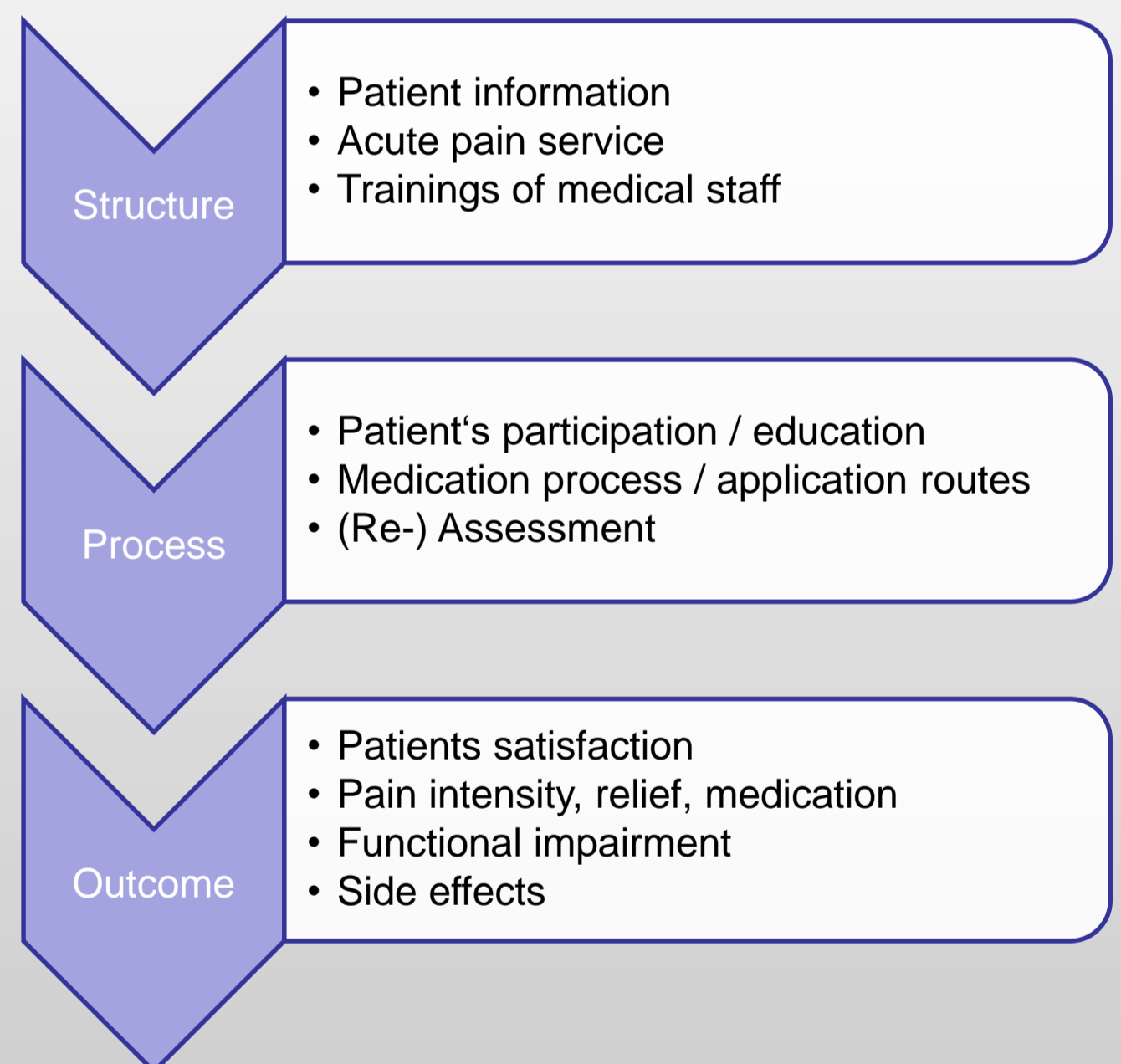


Figure 1. Categorized main quality indicators

Discussion & Implications

A consistent and comparable presentation of these results is not possible because the indicators which are divided into structure, process and outcome, differed in their definitions, survey methods or measuring instruments, and calculations. Further activities should take into account national organized consensus procedures by pain experts, methodological criteria of quality indicators development, and the feasibility in clinical practice.

Literature

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