

European hospitals compare notes on pain management to improve care

May 7 2014, by Constanze Böttcher



Credit: Jacque Stengel

Comparing data between hospitals across Europe helps health care professionals better manage patients' pain.

Millions of people undergo surgery each year. Many of them suffer from moderate to severe [pain](#) afterwards. This post-operative pain may impede recovery or even lead on into chronic pain. Now, the EU-funded project PAIN-OUT, completed in 2012, may have found a way to improve patients' pain treatment after surgery. The project brought together routine clinical data collected across hospitals across Europe and the patient's own reports, so-called patient-reported outcomes. Its

database contains more than 40,000 data sets available for each participating hospital via a web-based benchmark server.

Thus, hospitals can compare the quality of their care to that of others and identify potential deficits in their [pain management](#). "You can look at whether a certain medication actually helps patients. Or whether educating the staff positively affects the quality of care," says project coordinator Winfried Meissner, head of the Department of Pain Management at Jena University Hospital, in Germany. He also coordinates the project's German counterpart, QUIPS, which has been successfully running for more than ten years.

To achieve results of comparable quality the project scientists developed a highly standardised patient questionnaire. "This was translated into several languages," Meissner tells youris.com. The questionnaire asked patients to assess issues such as pain intensity and side effects on the day following surgery. Clinical and demographic data complement these patient reports.

According to Meissner, hospitals have already identified deficits and achieved improvements. "One of our departments had previously considered its work as good. But when we turned to our patients we realised that we were almost last among comparable hospitals. This motivated all parties to start changing things," notes Meissner. Other results indicated that small surgeries such as appendectomies and tonsillectomies were grossly underestimated in terms of their painfulness. "If you have comparable data for the first time, you can allocate your resources to those instances where they are actually useful. You do not have to rely on your gut feeling," remarks Meissner.

But Meissner also acknowledges the challenges of benchmarking. "We often do not know details on previous illnesses or medications that patients have taken over the preceding five years," he notes. "If we find

differences, we do not always know if these are caused by different interventions or other factors, like cultural background. Nonetheless, the researchers try to account for such factors by applying advanced statistical methods to analyse the large data sets," he explains. What is more, in addition to improving the quality of patient care "the project also serves as a platform for future research questions," Meissner tells youris.com. Following the project's completion it has subsequently been sustained in a non-commercial capacity.

One expert welcomes the project's benchmarking approach. "The project involves the implementation of quality control, which is, per se, an advantage," says Michele Curatolo, professor at the Department of Anesthesiology and Pain Medicine at the University of Washington in Seattle, USA. "It provides information on how one's own performance compares with other institutions and stimulates the implementation of measures to enhance quality," he tells youris.com.

But there are also concerns. According to Curatolo, what limits the approach is the fact that the performance of other centres is the benchmark. "However, all these centres likely operate under very different conditions. Many factors that influence the outcome cannot be easily controlled, such as type of patients, cultural issues or health care systems," says Curatolo. In his view, the position in the ranking does not necessarily reflect the real performance ranking of acute pain services. Furthermore, he adds "differences between centres in the ranking may not reflect real differences in the performance, if the confidence intervals overlap."

Another expert sees the sense in the cross-[hospital](#) approach. "It makes absolute sense to bring together hospitals in such a way that they can learn from each other," says Barbara Mitterlehner, scientist at the Institute of Nursing Science and Practice at the Paracelsus Medical University in Salzburg, Austria. She regards the benchmark approach as

a way to develop Europe-wide standards in clinical care. But she adds a note of caution. To be able to actually change something as a result of benchmarking, "all people at a particular ward have to work together," she says.

More information: www.pain-out.eu/

Provided by Youris.com

Citation: European hospitals compare notes on pain management to improve care (2014, May 7)
retrieved 27 April 2024 from
<https://medicalxpress.com/news/2014-05-european-hospitals-pain.html>

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