

HOW IS DATA COLLECTED AND FED BACK?

1. Pain-related patient-reported outcomes are collected on the first post-operative day (POD) in a random sample of patients, using a validated questionnaire available in more than 20 languages
2. Demographic and clinical data are obtained
3. Data are inputted into an online data entry mask (no software installation required)
4. Results are fed back via the Benchmarkserver
5. Deficits can be identified and addressed

PATIENT CODE:

PATIENT OUTCOMES QUESTIONNAIRE

The following questions are about pain you experienced since your surgery.

P1. On this scale, please indicate the **worst pain** you had since your surgery:

0	1	2	3	4	5	6	7	8	9	10
no pain										
worst pain possible										

P2. On this scale, please indicate the **worst pain** you had since your surgery:

0	1	2	3
no pain			

P3. How often were you in **severe** pain? Please circle your best estimate:

0%	10%	20%	30%
never in severe pain			

Demographic

Number of Patients:
 Year of Birth:
 Weight:
 Gender:

Pain severity

Least pain:
 Worst pain:
 Severe pain time (%):
 Sleeping:

Pain interference

Left bed:
 In bed:
 Out of bed:
 Wake up:

Emotional impairment

Anxious:
 Helpless:
 Tiredness:
 Boredom:
 Distress:

Perception of care

Pain relief:
 Allowed participation:
 Satisfaction:
 With more treatment:
 Information:

Export

File data:

Worst pain in the first 24 hours

Benchmark Group: general surgery
 Graphic Type: Box-Whisker
 Timespan: 2010/09/21 - 2011/09/21
 Datasets: 50
 ICD-Code:
 Age: no restriction
 Gender: female
 Weight: no restriction

Worst pain

From: 2010/09/21 - To: 2011/09/21 - Benchmark Group: general surgery - Gender: female - Minimum data count: 50

REQUIREMENTS FOR JOINING

- The wish to improve postoperative pain management in your hospital
- A person who can communicate (read & write) in English for data collection/input
- Your ethics committee's OK, before starting data collection
- Payment of an administration fee per hospital

PAIN OUT modules

- PAIN OUT (POD, adult patients)
- PAIN OUT follow-up (after 1 and 3 months)
- PAIN OUT infant (POD, pediatric patients)

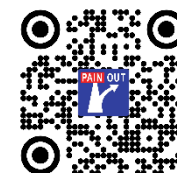
PROJECT COORDINATION

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PAIN OUT

Join us!



CONCEPT AND MAIN IDEAS

Every year, millions of surgeries are performed. At least half of the patients suffer from moderate to severe post-operative pain. The price of poorly managed postoperative pain is very high: Pain impedes recovery; it causes suffering, it overloads health care resources. Resolving pain is a moral obligation of every healthcare provider.

The overall goal of PAIN OUT is to improve clinical care of patients with postoperative pain, in developed as well as in developing countries.

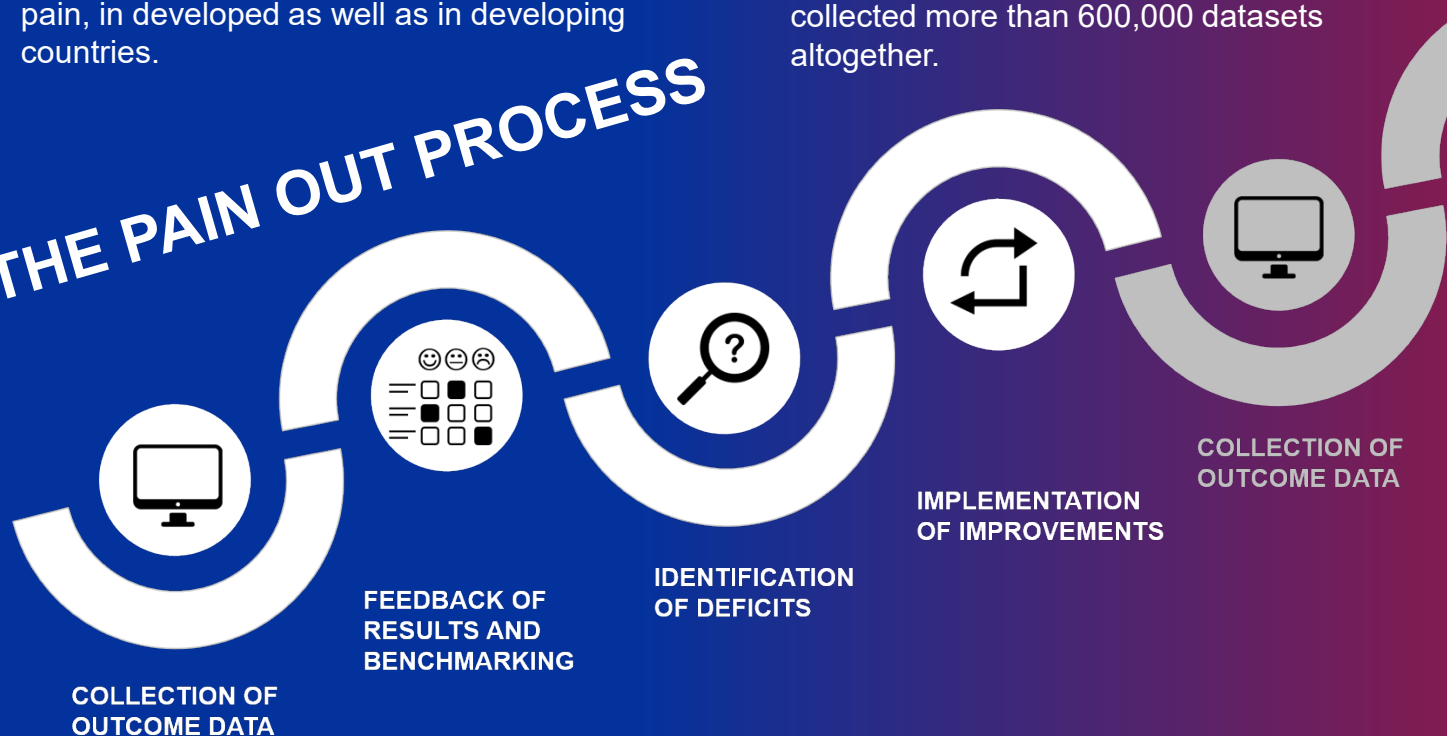
This will be achieved by collecting patient-reported pain outcomes as well as clinical data in a highly standardized procedure, using a questionnaire available in 20 languages. Participating hospitals subsequently receive online feedback about their results and benchmarking with other hospitals. Longitudinal records will allow follow-up of changes over time.

More than 200 hospitals in PAIN OUT and its German counterpart QUIPS have collected more than 600,000 datasets altogether.

WHAT'S YOUR BENEFIT FROM JOINING PAIN OUT?

1. Continuous feedback and analyses of your own quality of care (quality assurance tool)
2. Comparing your own results with hospitals around the world (benchmarking)
3. By evaluating your own results you will be able to implement change management concepts and to provide your patients with better care
4. Participating in research opportunities (PAIN OUT is one of the world's largest databases on postoperative pain) and...
5. Becoming part of the world's largest network of clinicians involved in acute pain

THE PAIN OUT PROCESS



Join us!

Legal notice

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