

How is data collected & feedback carried out?

1. Patient-reported outcomes are collected on the first POD in a random sample of patients, based on a validated questionnaire available in more than 20 languages

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					

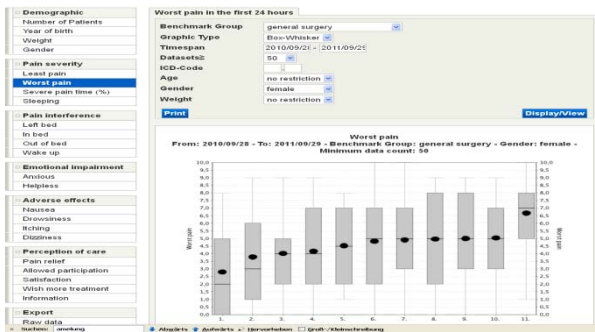
P2. On this scale, please indicate the **least pain** you had since your surgery:

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

P3. How often were you in **severe pain** since your surgery?
Please circle your best estimate of the percentage of time you experienced severe pain:

0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
never in severe pain					always in severe pain					

2. Demographic and clinical data are obtained
3. Data are inputted into a webbased data entry mask
4. Results are fed back via the Benchmarkserver



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
- a computer with internet access
- your ethics committee's OK
- payment of a moderate fee

Improvement in postoperative PAIN OUTcome

Join us!



Contact: www.pain-out.eu or e-mail to pain-out@med.uni-jena.de

supported by:



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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.

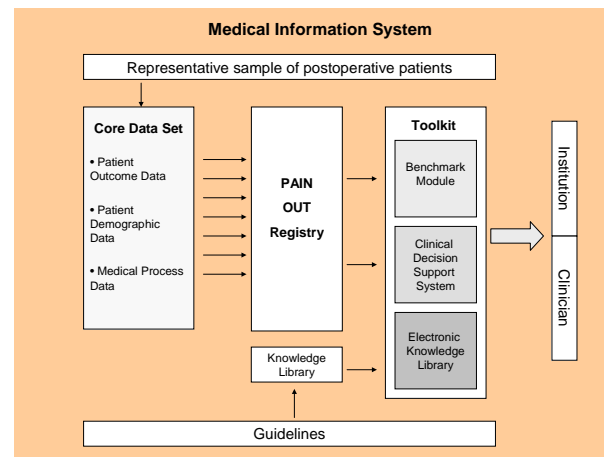
More than 200 hospitals take part in PAIN OUT and its German counterpart QUIPS, having collected more than 450,000 datasets altogether.

Who is running PAIN OUT? PAIN OUT is a quality improvement and registry project that was funded from 2009 to 2012 by the European Commission's 7th Framework Programme and run by a group of 17 academic and clinical sites throughout Europe. Since end of EC funding, PAIN OUT is continued by the PAIN OUT consortium in close co-operation with IASP. The non-commercial project is financed by a moderate service fee (currently 1,500 EUR/year) to be paid by participating hospitals.

PAIN OUT tools

PAIN OUT aims at improving postoperative pain outcomes by use of:

- a benchmark module that feeds back results
- an Electronic Knowledge Library providing easy access to current guidelines



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)
5. Access to the Electronic Knowledge Library (summary of different guidelines on acute pain, with easy access to the original citations)
6. Becoming part of the world's largest network of clinicians involved in acute pain