

Postoperative pain assessment in hospitalised patients: National survey and secondary data analysis



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ABSTRACT

Background: Measuring pain is important for the adequate pain management of postoperative patients. The actual compliance with pain assessment in postoperative patients after implementation of a national safety program is unknown.

Objectives: The aim of this study is to examine the compliance with pain assessment in postoperative patients after implementation of a national safety program, according to the national quality indicators for pain assessment in postoperative patients. Furthermore, organisational factors associated with this compliance were determined.

Study design: In this study, two data sources were used: 1) data from an evaluation study of the Dutch Hospital Patient Safety Program; and 2) data from a questionnaire survey.

Methods: The compliance with two different pain process indicators was determined: 1) 3 pain measurements a day, all three full days after surgery; and 2) ≥ 1 pain measurement a day, all three full days after surgery. Multilevel logistic regression analysis was used to investigate the association between organisational factors in hospitals and compliance with pain process indicators.

Results: Data of 3895 patient records from 16 hospitals was included in this study. In 12% of the postoperative patients, pain was measured 3 times a day, all three full days after surgery. In 53% of the postoperative patients, pain was measured ≥ 1 time a day, all three full days after surgery. Compliance was highest in general hospitals compared to tertiary teaching and academic hospitals, and was statistically significantly higher at the surgery and surgical oncology department compared to the other departments.

Conclusions: Low compliance was shown with pain assessment in postoperative patients, according to the process indicator pain after surgery in Dutch hospitals. This suggests that the implementation of measuring pain in hospitals is still insufficient.

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What is already known about the topic?

- The prevalence of postoperative pain in patients remained consistently high over the past two decades.

- One of the factors responsible for inadequate pain management may be poor pain assessment.
- Limited information is available about the compliance to pain assessment in postoperative patients after implementation of a national safety program and influencing factors.

What this paper adds

- This study showed a low compliance with pain assessment in postoperative patients after implementation of a national safety program, according to the quality indicator pain after surgery in Dutch postoperative patients, i.e. the documentation of pain measurements is lower than reported to the Dutch Health Care Inspectorate.

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- The results of this study suggested that the implementation of pain measurements in hospitals is still insufficient.

1. Introduction

Postoperative pain management is an important element of adequate postoperative care (Wu et al., 2005). During the past two decades, there has been increased attention for improving postoperative pain management as a result of several new guidelines and improvements of techniques in managing perioperative pain. Despite these improvements, postoperative pain

management is often unsatisfactory and may increase the risk for patients to develop chronic pain conditions (Deumens et al., 2013; Kehlet and Holte, 2001). Approximately 20–80% of postoperative patients experience moderate to severe postoperative pain, and the prevalence has remained consistently high over the past two decades (Apfelbaum et al., 2003; Gan et al., 2014; Gerbershagen et al., 2013; Sommer et al., 2008; Warfield and Kahn, 1995).

Numerous factors might be responsible for inadequate pain management, including inadequate staff training, insufficient knowledge on the part of nurses and physicians, unhelpful staff- and patient attitudes, fear of analgesic side effects, lack of accountability, and poor pain assessment (Taylor and Stanbury,

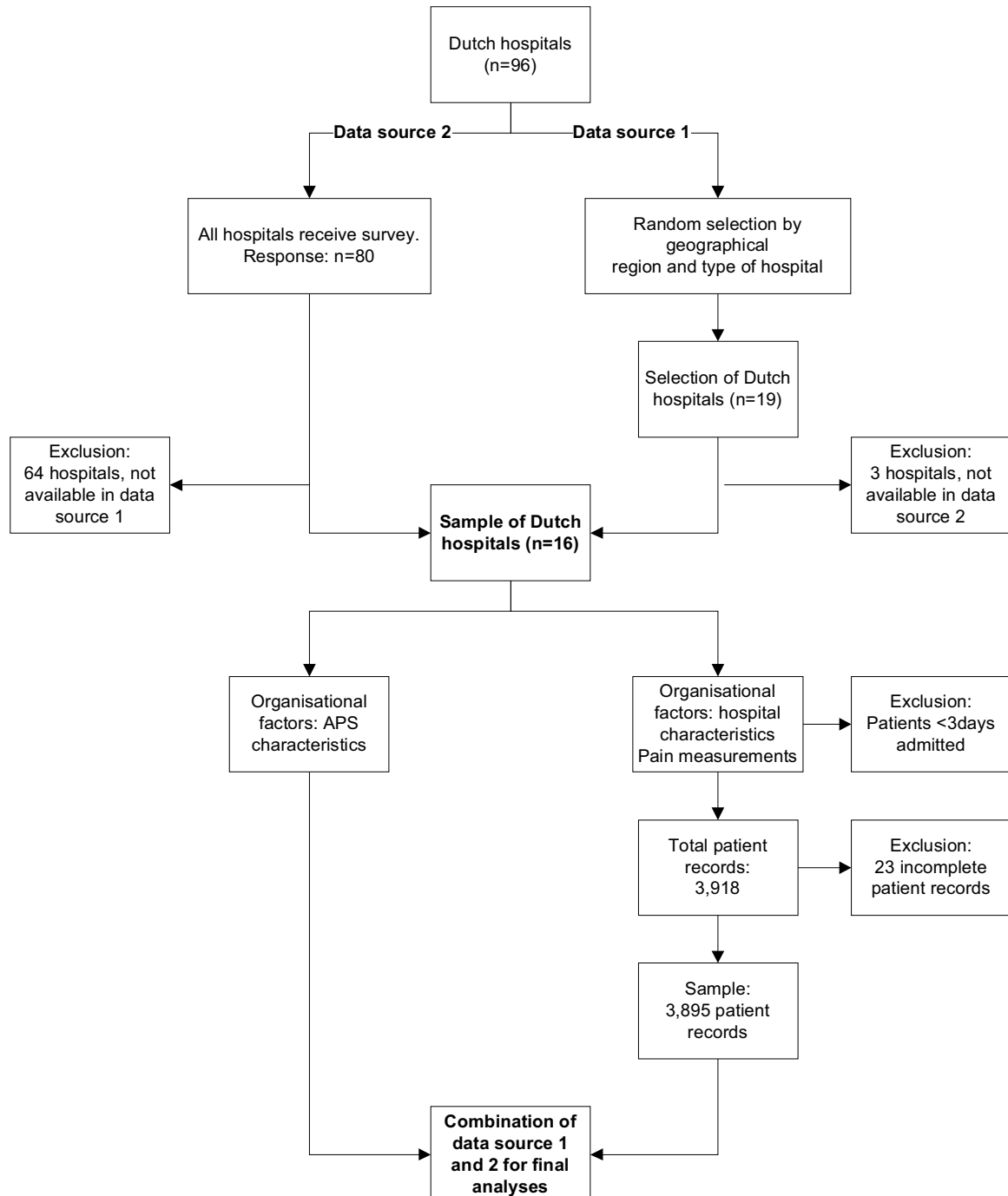


Fig. 1. Flow diagram that displays the steps taken to obtain the final combination of data source 1 and 2 for analyses.

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