



EVALUATION OF THE QUALITY OF CARE OF ONCOLOGIC PATIENTS WITH PAIN, IN PALLIATIVE AND PAIN UNITS

ACHIEVABLE BENCHMARKS OF CARE (ABC™)

PROYECTO
25Q
25 QUESTIONS FOR
QUALITY EVALUATION

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INTRODUCTION

Although there are numerous guidelines for assessing and treating cancer-related pain, symptom control continues to be deficient. In addition to pain control, it is necessary to comply with other aspects of patient care that ensure adequate quality of care. Recommendations for the integral management of the patient are described, but it is necessary to evaluate whether the recommendations are applicable in clinical practice, and to what degree they can be fulfilled in real world.

OBJECTIVES

The aim of the study was to quantify the quality of patient care with pain associated with cancer.

Table 1. Structure and Process Indicators.

Structure indicators			
Code	Question		
S1	Do you have questionnaires on the perceived quality of the care received to be completed by patients treated in your clinic?		
S2	Do you have care protocols based on clinical practice recommendations for the treatment of oncologic pain?		
S3	Do you have patient information documents about pain treatment and the procedures available for pain treatment?		
S4	Do you have protocols for referral and follow-up from the Departments of Oncology, Radiotherapy Oncology and Palliative Care to the Pain Unit?		
S5	Do you participate with other departments in multidisciplinary monographic clinics on relevant chronic pain conditions?		
S6	Do you code your patients according to ICM-9 with diagnosis code 338.3 Neoplasm related pain (acute or chronic)		
S7	Do you have a record of patients treated in the unit?		
Process indicators			
Code	Question	Code	Question
P1	Does the initial medical history include information on personal medical history?	P8	Does the medical history include the treatment administered for pain, its doses and routes of administration?
P2	Does the medical history include information on previous drug therapy for pain treatment?	P9	Does the medical history include rescue treatment in case of breakthrough pain, its doses and frequency of administration?
P3	Does the initial medical history include information on the pain history?	P10	Is adherence to treatment recorded in the medical history?
P4	In the initial evaluation of oncologic pain, were scales, questionnaires or other tools used for its diagnosis, follow-up and prognosis?	P11	Is tolerance of the treatment and the occurrence of any adverse drug effects recorded in the medical history?
P5	Does the initial medical history include information about the complete physical examination including a regional neurological and orthopaedic examination of pain?	P12	Was a psychological evaluation of the patient performed on the first visit to the unit?
P6	Is the patient's pain intensity score evaluated by validated scales recorded in the medical history?	P13	Does the patient have an initial evaluation of his/her needs that is recorded in the medical history?
P7	Does the initial medical history include information about the initial treatment plan?		

RESULTS

The average compliance of all indicators was 82.4% (95% CI 70.4-94.4). The ABC™ of the 13 process indicators was 100% (Figure 2). There were no significant differences in the degree of compliance with quality indicators between geographical areas.

METHODS

A retrospective observational study was designed and completed in 107 centers: **81 pain units and 26 palliative care units.**

The coordinating committee selected 25 quality indicators, 12 structure and 13 process indicators (Table 1) based on the recommendations of different clinical practice guidelines¹. Process indicators were evaluated by collecting information from 15 selected medical records retrospectively until March 31, 2016, obtaining pooled information from 1,605 patients. The degree of compliance with the recommendations was evaluated using the Achievable Benchmarks of Care™ (University of Alabama, Birmingham, USA)².

Figure 1. Compliance of Structure Indicators*.

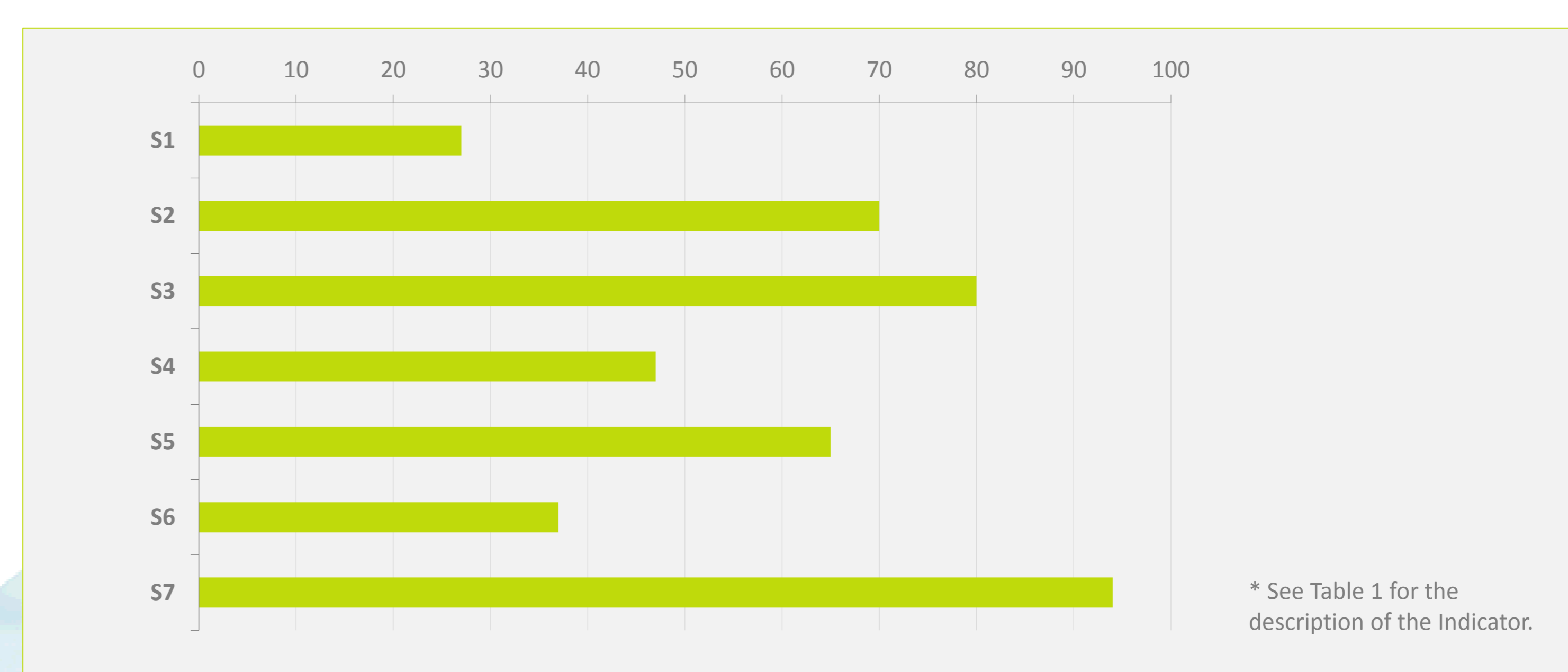
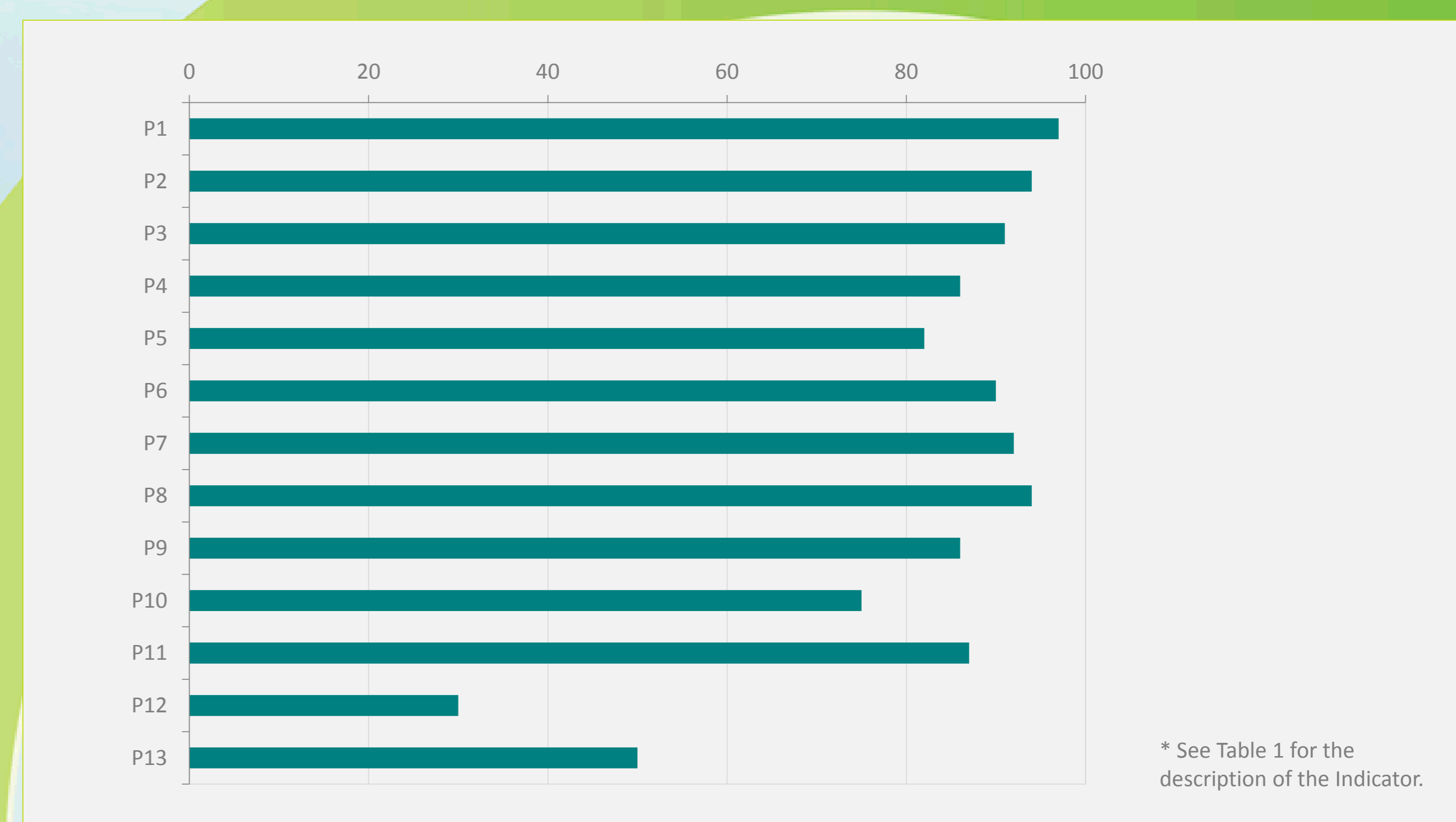


Figure 2. Compliance of Process Indicators*: Achievable Benchmarks of Care were 100% for all indicators.



CONCLUSIONS

The selected indicators are applicable to clinical practice, can be met (ABC™ 100%), and allow controlling the quality of care of patients, with a quantitative and reproducible measure.

KEYWORDS

Quality; Benchmarks; Cancer; Pain.

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