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Objectives

Patient involvement in developing quality indicators (QI) may lead to better processes and outcomes for care. The aim of the study is to develop QI from the perspective of chronic pain patients for the assessment of quality pain care.

Method

- Quality criteria as defined by chronic pain patients' organizations were prioritized and transformed into measurable QI. Additionally the QI were divided into quality domains
- A first set of QI was tested and fine-tuned in a small sample of chronic pain patients, resulting in the QiPPP-list

Results

A QiPPP-list was developed with process (n=28) and outcome (n=3) QI divided into 12 quality domains.

Conclusions

The QiPPP-list is a first set of QI from the perspective of chronic pain patients. Where professionals emphasize more organizational aspects of quality of health care, patient organizations underline indicators on process and outcome for quality pain care. For further validation the QiPPP-list is used in a survey with over 500 chronic pain patients.

Quality domain *Quality Indicator*

Contact patient-physician

There is one (main) treating physician
Carefully listening
Taken seriously
Sufficient time
Confidence in the physician
Done everything possible to help me with my pain complaint

One contact person for the patient

One contact person for the patient
An overview about my pain complaint(s)
Treatment outside the pain clinic for the same pain complaint
Overview about pain complaints outside the pain clinic

Waiting time

Waiting time between first registration and first appointment

Pain team information

Information concerning multidisciplinary treatment and pain team
Clarity and intelligibility of the received information

Pain questionnaire

Received pain questionnaire
Question concerning pain severity, sensitivity, duration, location, impact on daily life
Results of the pain questionnaire with the patient are discussed
Clarity and intelligibility of the received information

Discussed treatment information

Possible source of the pain complaint
Treatment expectations
Treatment pros and cons
Clarity and intelligibility of the received information
Other treatment information sources

Work and rehabilitation

Potential impact of pain complaint discussed
Potential impact of treatment discussed
Clarity and intelligibility of the received information

Patient decision in treatment

Potential for shared decision making
Satisfaction about the extent of shared decision making

Treatment purpose

Treatment goal discussed with patient

Reached treatment purpose

Reached treatment goal (4 point Likert scale)

Treatment result

(Tentative) treatment result (7 point Likert scale)

Result process of pain care

Satisfying result of the entire treatment process (0 - 10 point scale)

PROCESS

OUTCOME