

# IMPROVING THE QUALITY IN THE TREATMENT OF CANCER PAIN

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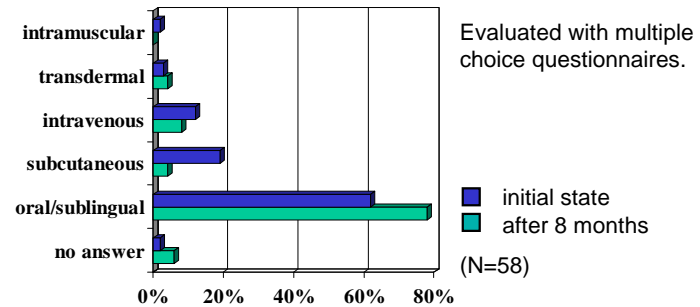
**Background:** The concept "by the mouth – by the clock – by the ladder" defined by WHO has been propagated world wide as the gold standard in treating chronic pain. However, surveys in the US and Europe have shown that the management of chronic pain is far from satisfactory.

**Objective:** The Swiss Cancer League together with health care organisations took the initiative to improve skills and knowledge in cancer pain assessment and treatment on the professional level as well as to leverage the patient empowerment in the demand for pain relief.

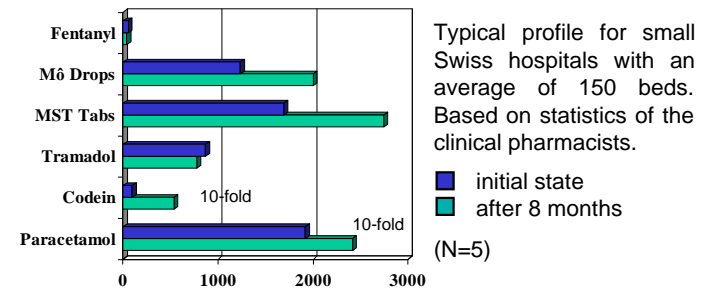
**Methods:** The program consists of four different modules: (1) professional education, (2) quality improvement project, (3) mailing club and (4) web site. The professional education is based on multidisciplinary collaboration and interactive learning. It is designed for training at university level as well as for continuous education. The quality improvement project is focusing on implementing reliable processes and methods in health care institutions with respect to a state of the art treatment of chronic pain. The project applies TQ methods and tools like assessments of patient's pain score and the degree of professional knowledge, benchmarking, continuous education and peer-reviewed auditing. The project should foster improvement activities at all faculties within the institution and lead to highly satisfied patients as well as a remarkable increase in quality of life.

**Results:** (1) More than 250 Professional Education Packages serve as the reference folder in cancer pain management in different Swiss institutions for continuous education. (2) So far over 30 clinical units in different Swiss hospitals have signed a contract to work during one year on the defined standards of the quality improvement project. A further 8 hospitals got already their quality label. [Figures 1 to 3](#) show a kind of meta-analysis comparing some interesting data at the beginning (initial state) and during the clinical pain project (after 8 months).

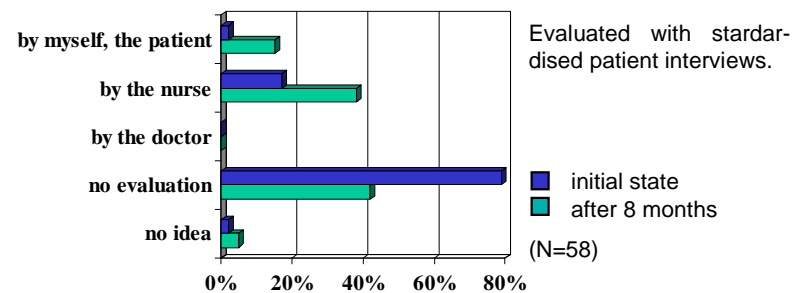
**Conclusions:** Professional Training tools as well as TQ methods on cancer pain assessment and treatment are available in a ready-to-use fashion by the health care community. Nevertheless, this charity funded program needs the support of every single health care professional to become a success.



**Figure 1: Morphine: Route of administration**



**Figure 2: Consumption of analgesics**



**Figure 3: Pain score: Systematic evaluation**