Abstract

Efficacy Safety Score (ESS), a new “call-out algorithm” for monitoring of efficacy and safety of perioperative pain management and its side-effects, was developed and implemented in clinical practice at Kongsberg hospital in Norway. ESS was established after obtaining consensus among 10 international experts in a virtual open anonymous survey. After inclusion, we validated the influence of ESS registration and the adoption of a “call-out algorithm” on hospital length of stay (LOS) in two university hospitals of Kazakhstan and Russian Federation in which a routine registration of pain and other clinical variables “the 10th vital sign” had not been adopted yet. Thus, the primary endpoint for the study was to assess LOS in patients with different types of clinical data registration, while secondary endpoints were to compare the degree of mobilization, number of postoperative complications, and 28-days survival between the groups.

Methods and Materials

Efficiency: A multi-center prospective randomized trial was conducted from a prospective and international based in Kongsberg, Norway, Astana, Kazakhstan, and Krasnodar, Russia. Inclusion criteria: patients scheduled for non-emergency surgery were included. The primary endpoint was to assess hospital length of stay (LOS). To validated the influence of ESS registered hourly during the first 8 hours after surgery and the number of postoperative non-surgical complications and length of hospital stay (LOS). To validated the influence of ESS registered hourly during the first 8 hours after surgery and the number of postoperative non-surgical complications and length of hospital stay (LOS).

Conclusions

In summary, hourly registration of Efficacy Safety Score confirmed the new “call-out algorithm” for postoperative pain management: a two-center prospective randomized trial.

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Tables and Figure

Figure 1: Comparison of LOS between the groups. The results are expressed as median (IQR). "P" values were calculated using Kruskal-Wallis test followed by the Dunn's post-hoc test. DOI: 10.4086/ijr.2017.1152.

Tables

Table 1: Demographic and baseline characteristics of the patients. The data are presented as means ± standard deviations (SD) for age, Body Mass Index (BMI) and hospital length of stay in groups.

Table 2: LOS and number of postoperative complications between the groups. The results are expressed as median (IQR). "P" values were calculated using Kruskal-Wallis test followed by the Dunn's post-hoc test. DOI: 10.4086/ijr.2017.1152.