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Cancer Pain Education for Patients
and the Public

Module VI
The JCAHO Imperative:
Improved Pain Management
June Dahl, PhD

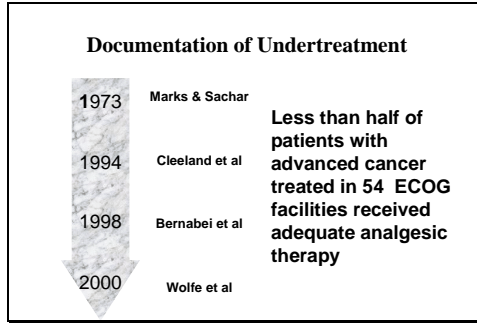
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Undertreatment of Pain is a
Major Public Health Problem

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**Three decades of research
document inadequate pain
management**

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Unrelieved pain has negative physiological and psychological consequences

Improved pain management benefits patients, families and society as a whole

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Why is pain undertreated?

- Inadequate knowledge and inappropriate attitudes of health care professionals
- Patient and public misconceptions
- System factors
- Regulatory concerns
- Potential barriers: laws to prevent PAS

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“If clinicians would only be educated about pain management, practice would improve”

Education only rarely changes behavior. Changes in organizational process must often be made to support practice changes in the clinical environment

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System Factors
may be the most formidable barriers

- Pain management has a low priority
- Failure to routinely assess and document pain
- Lack of practical treatment protocols
- No accountability for poor management
- Lack of continuity of care
- Fragmentation of care

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Why focus on JCAHO?

- To overcome those institutional barriers
- Influence practice by introducing pain management into the standards that are used to assess the performance of the nation's healthcare facilities
- JCAHO accredits 80% of the nation's hospitals with 98% of hospital beds

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Revising the standards
Collaborative project with the Standards
Department of the Joint Commission
Project director: Patricia Berry
Funded by the Robert Wood Johnson
Foundation

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These are evidenced based standards
will be scored in 2001

The new language in the standards
was constructed to address the
barriers to appropriate
assessment and management of pain

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Revision of JACHO Standards

Eight of Eleven Accreditation Manuals

Ambulatory Care
Behavioral Health Care
Health Care Networks
Home Care

(Continued)

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Revision of JCAHO Standards, Cont.
Eight of Eleven Accreditation Manuals
Hospitals
Long-term care
Long-term Care Pharmacies
Managed Behavioral Health Care

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How Are They Surveyed?
Document Reviews
Policies, procedures, practice guidelines
Minutes
Open and closed patient records
Observation and Interviews
Staff
Patients and families

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Revision of JCAHO Standards
The Chapters
Rights and Organization Ethics (RI)
Assessment (PE)
Care (TX)
Education (PF)
Continuum (CC)
Improving Organization Performance (PI)

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Essential Practices

- Screen for pain
- Assess pain
- Set a standard for monitoring and intervention
- Provide for staff knowledge (education, written guidelines, policies)
- Provide patient/family education
- Monitor quality improvement

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“In many ways, what we are doing with these standards is trying to change the mindset and the culture of the organization that’s being accredited.”

Paul Schyve, MD
Senior Vice President, JCAHO

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Patient Rights and Organization Ethics

Existing language

- RI.1.2 Patients are involved in all aspects of their care
- RI.1.2.1 Informed consent is obtained
- RI.1.2.2 The family participates in care decisions
- RI.1.2.4 The hospital addresses advanced directives

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Patient Rights and Organization
Ethics

Existing language
RI.1.2 Patients are involved in all aspects of their care.

Intent of RI.1.2
Patients are involved in at least the following aspects of their care:
Giving informed consent;
Making care decisions including managing pain effectively
Care at the end of life

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Patient Rights and Organization
Ethics

Existing language
RI.1.2.6 The hospital addresses forgoing or withdrawing life-sustaining treatment
RI.1.2.7 The hospital addresses care at the end of life

New language
RI.1.2.8 Patients have the right to appropriate assessment and management of pain

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Implementation

An organization includes a commitment to pain management in its mission statement, patient and family bill of rights, or service standards.

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Assessment

Existing language
PE.1 *Each patient's physical, psychological, and social status are assessed*
PE.1.3 *Functional status is assessed when warranted by the patient's needs or condition*

New Language
PE.1.4 **Pain is assessed in all patients**

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Intent of PE.1.4

In the initial assessment, the organization identifies patients with pain. When pain is identified, the patient can be treated within the organization or referred for treatment. The scope of treatment is based on the care setting and services provided. A more comprehensive assessment is performed when warranted by the patient's condition.

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Intent of PE.1.4, con't

This assessment and a measure of pain intensity and quality (for example, pain character, frequency, location, duration), appropriate to the patient's age, are recorded in a way that facilitates regular reassessment and follow up according to criteria developed by the organization.

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Implementation

All patients are asked on admission: do you have pain now? Have you had pain in the last several weeks or months? If response is yes, additional assessment data are obtained. An assessment system or tool with space to record data on each site of pain is/are developed.

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Implementation

A hospital has several pain intensity measures to serve both children, adults and the cognitively impaired.
Staff are educated about pain assessment
Pain intensity scales are enlarged and displayed in all areas in which assessments are conducted.

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Implementation

An organization selects pain intensity measures to ensure consistent use across departments
A pediatric unit includes information about pain and pain assessment in orientation material for parents
An Alzheimer's unit develops a pain scale for each patient based on long-standing knowledge of each patient

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Care of Patients

The goal of the care of patients is to provide individualized care in settings responsive to specific patient needs

The goals of patient care are met when the following processes are performed well:

- *Providing supportive care; *Treating a disease or condition;

Add *Treating symptoms that might be associated with a disease, condition or treatment (e.g., pain nausea or dyspnea)

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Care of Patients

Current Language:

TX.3.3 Policies and Procedures support safe medication prescription or ordering

Procedures supporting safe medication prescription or order address:

- distribution and administration of controlled medications, including adequate documentation and record keeping required by law
- proper storage, distribution and control of investigational medications

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Care of Patients

“as needed” (PRN) and scheduled prescriptions or orders and times of dose administration

appropriate use of patient-controlled analgesia (PCA), spinal/epidural or intravenous administration of medications and other pain management techniques in the care of patients with pain;

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Care of Patients

Current language:
TX.5.4 The patient is monitored during the post-procedure period
Intent: The patient is monitored continuously during the post-procedure period. The following items are monitored:
Pain intensity and quality (for example, pain character, frequency, location, duration) and responses to treatments

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Implementation

In a day surgery setting, DC criteria are set (pain included) that determine if a patient is ready for DC to home.
The day surgery center contacts the patient the day after surgery to determine pain intensity, relief provided by analgesics, analgesic side effects.

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Care of Patients

Standards, Intent Statements for Rehabilitation
Care and Services
Problems may include: substance abuse disorders; emotional, behavioral, and mental disorders; cognitive disorders, etc.
Add: pain interfering with optimal level of function or participation in rehabilitation

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Education

Existing language
PF.1 The patient's learning needs, abilities, preferences and readiness to learn are assessed

Addition
PF.1.7 Patients are taught that pain management is a part of treatment

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Implementation

An organization provides written information to patients on admission which addresses common patient related barriers

The pharmacy department reviews its computer generated patient education materials to assess their accuracy and revises them if needed to assure that they provide balanced information about opioid side effects.

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Continuum of Care and Services

Existing language
CC.6.1 The discharge process provides for continuing care based upon the patient's assessed needs at the time of discharge

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Continuum of Care and Services
Intent of CC.6.1 Discharge planning focuses on meeting patients' health care needs after discharge. Discharge planning identifies patients' continuing physical, emotional, symptom management (e.g., pain, nausea, dyspnea), housekeeping, transportation, social and other needs, and arranges for services to meet them.

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Improving Organization Performance
Collect data to assess the appropriateness and effectiveness of pain management
Incorporate into existing systems and/or build new ones

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Implementation
Drug utilization reviews by the Pharmacy Department
Chart reviews
Patient surveys

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Standards are on the JCAHO Web Site
www.jcaho.org

Click on "Top Spots" - it's a drop-down menu or
Click Health Care Organizations and Click "Standards" Navigation Bar

JCAHO Interpretation Unit: (630) 792-5900

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JCAHO Educational Efforts
Department of Education Projects

Video for surveyors
Satellite broadcasts
National pain summits:
May 22, Chicago, July 31, Los Angeles
Five fall meetings

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The Goal: Institutionalize Pain Management

Weave standards of pain management into the 'fabric' of each organization

Incorporate the basic principles of pain assessment and treatment into patterns of daily practice including documentation systems, policies and procedures, standards of practice, orientation and continuing education programs, and quality improvement programs.

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Bringing change where it really matters. . . .
“It is something to be able to paint a picture, or to carve a statue, and so to make a few objects beautiful.

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Bringing change where it really matters. . . .
But it is far more glorious to carve and paint the atmosphere in which we work, to affect the quality of the day - this is the highest of the arts.”
Thoreau
