

Cancer Pain Education for Patients and the Public
Module VI
The JCAHO Imperative: Improved Pain Management

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1. Under-treatment of Pain is a Major Public Health Problem
 - A. Documentation of under-treatment of pain
 1. Less than half of patients with advanced cancer treated in 54 ECOG facilities received adequate analgesic therapy
 - 1973 - Marka and Sachar
 - 1982 - Cleeland et al.
 - 1998 - Barnabel et al.
 - 2000 - Weiss et al.
 - B. Why is pain undertreated?
 1. Inadequate knowledge and inappropriate attitudes of health care professionals
 2. Patient and public misconceptions
 3. System factors
 4. Regulatory concerns
 5. Potential barriers: laws to prevent PAS
 - C. *“If clinicians would only be educated about pain management, practice would improve”*
 1. Education only rarely changes behavior. Changes in organizational process must often be made to support practice changes in the clinical environment.
 - D. System Factors may be the most formidable barriers
 1. Pain management has a low priority
 2. Failure to routinely assess and document pain
 3. Lack of practical treatment protocols
 4. No accountability for poor management
 5. Lack of continuity of care
 6. Fragmentation of care
 - E. Why focus on JCAHO?
 1. To overcome those institutional barriers
 2. Influence practice by introducing pain management into the standards that are used to assess the performance of the nation’s healthcare facilities
 3. JCAHO accredits 80% of the nation’s hospitals with 98% of hospital beds

F. Revising the standards

1. Collaborative project with the Standards Department of the Joint Commission
2. Project director: Patricia Berry
3. Funded by the Robert Wood Johnson Foundation

G. These are evidenced based standards (will be scored in 2001)

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

H. Revision of JACHO Standards

- Eight of Eleven Accreditation Manuals
 1. Ambulatory Care
 2. Behavioral Health Care
 3. Health Care Networks
 4. Home Care
 5. Hospitals
 6. Long-term care
 7. Long-term Care Pharmacies
 8. Managed Behavioral Health Care

I. How Are They Surveyed?

- Document Reviews
 - Policies, procedures, practice guidelines
 - Minutes
 - Open and closed patient records
- Observation and Interviews
 - Staff
 - Patients and families

J. Revision of JCAHO Standards

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

K. Essential Practices

1. Screen for pain
2. Assess pain
3. Set a standard for monitoring and intervention
4. Provide for staff knowledge (education, written guidelines, policies)
5. Provide patient/family education

6. Monitor quality improvement
L. Patient Rights and Organization Ethics

1. 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
- 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
- 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

2. New language

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

3. Implementation

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

4. Assessment

1. 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

5. New Language

PE.1.4 Pain is assessed in all patients

- 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. 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.

7. 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.
- 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.
- 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

8. Care of the 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)

9. Current Language:

- TX.3.3 Policies and Procedures support safe medication prescription or ordering
Procedures supporting safe medication prescription or ordering address:
 - distribution and administration of controlled medications, including adequate documentation and record keeping required by law
 - proper storage, distribution and control of investigational medications
 - “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;

10. 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

11. 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.

12. Care of the 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

13. Education

a. Existing language

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

b. Addition

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

14. Care of the patients

- An organizations 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.

15. Continuum of care and patient services

a. Existing language

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

b. 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.

16. Improving organization performance

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

17. Implementation

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

18. 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

19. 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

20. 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.