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Setting Standards for Assessing and Treating Pain

Supporting quality improvement and JCAHO standard setting for pain management in hospitals

SUMMARY

From 1997 to 2003, a project team at the University of Wisconsin School of Medicine and Public Health worked with the Joint Commission (formerly JCAHO, the accrediting organization for more than 15,000 health care organizations in the United States) on the development of accreditation standards for the assessment and treatment of pain. The team also developed and helped implement quality improvement programs for pain management in home health agencies and hospitals.

Key Results

- The Joint Commission approved new standards for the management of pain on July 30, 1999.
- The project team helped implement pain management quality improvement programs in 52 Wisconsin home health agencies and 233 hospitals nationwide.
- The project team produced a series of seven videos designed to help health care providers develop key skills in pain assessment and management. The videos are available for purchase online.

Key Findings

In an article about the quality improvement project for postoperative pain management in hospitals in the *Journal of Pain*, 4(7): 361–371, 2003, the project team reported:

- A statistically significant increase in the presence of administrative policies and procedures critical to improving pain management from project start (45% of hospitals) to follow-up (72%).
- Statistically significant improvements in pain management practices, including documented use of pain rating scales, decreased use of intramuscular opioids and increased use of nonpharmacological strategies such as massage or acupuncture. (Opioids are painkillers that the World Health Organization recommends for the relief

of severe to moderate cancer pain. Intramuscular administration is the least desirable method of administering opioids because of injection-related pain and erratic absorption, according to the Wisconsin Cancer Pain Initiative's *Handbook of Pain Management*.)

- Patient survey data showed no change in pain outcomes. (See Findings for possible reasons for this unexpected finding.)

Funding

The Robert Wood Johnson Foundation (RWJF) supported this project with a grant of $1,593,313.

THE PROBLEM

Unrelieved pain is a major, yet avoidable, public health problem. It results in a number of adverse physiological and psychological consequences, including impaired gastrointestinal and pulmonary function, impaired immune response, insomnia, loss of appetite, inability to walk or move about and anxiety and depression (De Bock GH et al., *Arthritis Care and Research*, 7: 40–45, 1994).

In the 1980s and 1990s, many educators, clinicians and professional organizations attempted to improve the management of pain (American Pain Society Quality of Care Committee, *Journal of the American Medical Association*, 23: 1874–1880, 1995). However, surveys suggested that their efforts had little impact.

For example, data from the RWJF-funded SUPPORT study showed a high incidence of uncontrolled pain in very ill and dying adults (some 74 percent to 95 percent having such pain) in spite of planned interventions from nurses to encourage physicians to attend to pain control. The SUPPORT study investigators concluded that "more proactive and forceful measures may be needed" to improve care of seriously ill and dying patients (SUPPORT Principle Investigators, *Journal of the American Medical Association*, 274(20): 1591–1598, 1995).

For information on SUPPORT, see Program Results on ID# 027301 and the 1997 Robert Wood Johnson Foundation *Anthology* chapter, "Insights from SUPPORT."

CONTEXT

Since the early 1990s, RWJF has supported the efforts of the team at the University of Wisconsin School of Medicine and Public Health to address the barriers to effective pain control. From November 1992 through May 1996, faculty and staff at the University of Wisconsin School of Medicine and Public Health established the Resource Center to support the growth and development of State Pain Initiatives. The initiatives formed a

national organization, the American Alliance of Cancer Pain Initiatives (now called the Alliance of State Pain Initiatives) in 1996. (See Program Results on ID#s 020623 and 037589.)

Under these grants, the alliance entered into a joint venture with the American Cancer Society to help ensure that pain management becomes a core component of the society's mission and work. Early efforts to develop synergy between the alliance and such a large voluntary health organization (13 regional divisions and 3,400 local offices) showed much promise to drive needed changes in pain relief policy and practice.

THE PROJECT

The project team devoted its efforts to:

- Working with the Joint Commission on the development of accreditation standards for the assessment and treatment of pain.
- Developing pain management quality improvement programs for home health agencies and hospitals.

Joint Commission Standards for the Assessment and Treatment of Pain

In September 1997, members of the project team approached the staff at the Standards Department of the Joint Commission about developing accreditation standards to ensure the assessment and treatment of pain. Working with the Standards Department, project staff helped:

- Document the need for accreditation standards on pain management.
- Complete an analysis of the issue for the commission's professional and technical advisory committees and the Standards and Survey Procedures Committee.
- Prepare a draft of the standards, submit it to reviewers and make revisions.
- Prepare a presentation on the standards to the Joint Commission's Board of Commissioners.

To accelerate the development process, RWJF designated grant funds to support a Joint Commission staff member to perform activities such as drafting the standards and developing survey questions to assess the field's readiness to meet the new standards.

Project staff reported that this staff member helped maintain support for the new standards within the commission when stakeholder groups such as behavioral health facilities, which do not typically treat pain, voiced early concern about their ability to comply with new standards.

Pain Management Quality Improvement Programs for Home Health Agencies and Hospitals

Home Care Pain Management Quality Improvement Programs

To improve pain assessment and treatment in home care settings, the project team developed and helped implement a pain management quality improvement program for Wisconsin home health agencies.

Project staff:

- Recruited two to three staff members from each participating agency to act as quality improvement teams for pain management.
- Provided pain management and quality improvement education in one full-day and two half-day conferences, over a six-month period.
- A team nurse experienced in pain management and quality improvement visited sites before and after the educational meetings to provide additional technical assistance and to perform an agency assessment.
- Evaluated agency pain management practices and opioid prescriptions through chart audits and the agency assessment.

Six months after the final training session, the project team used evaluation data to measure changes in agency pain management practices.

In addition, project staff created a set of videos designed to help home health and other health care providers develop key skills in pain assessment and management. See Results for details.

Postoperative Pain Quality Improvement Efforts for Hospitals

The project team developed a quality improvement project for postoperative pain management in hospitals that aimed to help them improve administrative policies and procedures, practice patterns and patient outcomes related to pain.

The project team also designed an intervention that it packaged as a "Project-in-a-Box" (i.e., a reproducible set of materials and items that can be passed on and promoted by health care organizations) containing:

- A copy of the project team's *Building an Institutional Commitment to Pain Management: The Wisconsin Resource Manual* (available for purchase online), which describes the quality improvement process and provides more than 100 examples of clinical tools to assist institutions in developing quality improvement processes related to pain management.

- A 56-page site coordinator's manual providing detailed information about administrative strategies for project implementation.
- Guidelines for managing acute pain.
- An accompanying CD-ROM.

The last three items are not publicly available.

The project team also supported participants' use of the materials through telephone and e-mail assistance, a Web site, and an e-mail listserv.

A total of 233 hospitals participated in the project (including 180 that responded from among 1,000 randomly selected hospitals the project team invited to participate and 53 hospitals that asked to join the project).

Project staff collected data to evaluate the quality improvement project just before the intervention began and 12 to 18 months later. They gathered data on:

- The presence of structural elements important to pain quality improvement. For example:
  - An interdisciplinary work group to deal with issues and practices related to pain management.
  - Explicit policies and procedures to guide the use of specialized techniques for analgesic administration.
  - Readily available information for clinicians about analgesics and nonpharmacologic interventions.
- The prevalence of key indicators in the medical record that would reveal clinical processes critical to pain management. For example:
  - Percentage of records in which at least one numeric or descriptive pain rating was present.
  - Percentage of records with orders for pharmacological pain treatment.
  - Percentage of records with documented use of a nonpharmacological approach.
- Patient outcomes. For example:
  - Changes in pain intensity.
  - Changes in the degree to which pain interfered with life activities.
  - Overall satisfaction with pain management.

Additional Communications Activities

Project staff published four reports and approximately 20 articles in peer-reviewed journals, along with a chapter in a book, *Pain Management for Primary Care Clinicians.* Project staff also made more than 30 presentations on the pain standards at national meetings and at individual health care facilities. See the Bibliography for details.

RESULTS

Joint Commission Standards for the Assessment and Treatment of Pain

- **New pain standards received final approval from the Board of Commissioners of the Joint Commission on July 30, 1999, and appeared in all of the 2000–01 accreditation manuals.**

  The standards became a formal part of the commission's survey process in January 2001 to allow health care organizations time to prepare to comply with the new standards.

  The standards call upon hospitals, home health agencies, long-term care facilities, pharmacies, behavioral health facilities, outpatient clinics and health plans to:

  — Recognize the right of patients to the appropriate assessment and management of pain.

  — Assess pain in all patients.

  — Record the results of the assessment in a way that facilitates regular reassessment and follow-up.

  — Educate relevant providers in pain assessment and management.

  — Determine competency in pain assessment and management during the orientation of all new clinical staff.

  — Establish policies and procedures that support appropriate prescription or ordering of pain medications.

  — Assure that pain does not interfere with patients' rehabilitation.

  — Educate patients and their families about the importance of effective pain management and include patients' needs for symptom management in the discharge-planning process.

  — Collect data to monitor the appropriateness and effectiveness of pain management.

- **The project team used the new Joint Commission pain standards as an opportunity to create a national media campaign around the importance of**

treating pain. The project team worked with two communications firms—the Washington-based HomeFront Communications and Burness Communications—both hired through a subcontract with RWJF. The campaign resulted in the following:

— Major daily newspapers covered the new pain standards and pain management issues, including the *New York Times, Washington Post* and *Chicago Tribune,* and hundreds of other local newspapers through a syndicated Associated Press article.

— All major national television news stations broadcast reports and/or segments about the issue.

— Some 250 news stories covered pain management and the pain standards in more than 100 television markets nationwide.

— *Health* (circulation 1.5 million) and e (circulation 4 million) magazines published articles about the issue.

— National Public Radio gave the topic a four-minute report.

Pain Management Quality Improvement Programs for Home Health Agencies and Hospitals

- **The project team revised and published the second edition of a manual for pain management quality improvement programs in Wisconsin, entitled *Building an Institutional Commitment to Pain Management: The Wisconsin Resource Manual.*** Available for purchase online, some 3,000 copies have been sold as of early 2008. See the Bibliography for details.

- **The project team helped implement pain management quality improvement programs in 52 Wisconsin home health agencies—26 percent of the 203 home health agencies licensed in the state at the time.** Assessments of the agencies and medical chart audits six months after implementation showed that:

  — Agencies made substantial improvements in administrative policies and procedures, such as:

    - The initiation of a formal system to screen for pain.
    - Adoption of pain-rating scales, assessment forms and written pain policies.
    - Formation of pain quality improvement teams.

  — Physician orders for opioids were present in an average of 22 percent of charts at the beginning of the program and in 30 percent after the program.

- **The project team worked with the University of Wisconsin School of Nursing TV Studio to produce a series of seven videos to provide pain education for health care professionals.** Each video is 10 to 15 minutes long and aims to develop key skills in pain assessment and management. Titles include:

- Video 1: Pain Assessment: Simplifying the Context.
- Video 2: Patient's Fears and Misconceptions About Pain and Opioids.
- Video 3: That Extra Pain Medication Didn't Help! What to Do When Your Patient is Getting Opioids, but is Still in Pain.
- Video 4: It Isn't Really Pain…,Exactly: Treatment of Neuropathic Pain.
- Video 5: Managing Opioid Side Effects.
- Video 6: Pain Management Patient Education.
- Video 7: How to Talk to Doctors About Pain Management.

The videos are available for purchase online (see the Bibliography for details). The project director reported that home health care agencies bought some 500 sets as of spring 2008. Project staff also distributed some 50 sets to State Quality Improvement Organizations. (Operating under the direction of the Centers for Medicare & Medicare Services, such organizations work in every state, territory and the District of Columbia to improve health care delivery systems.)

FINDINGS

As reported in an article in the *Journal of Pain*, 4(7): 361–371, 2003, findings from the quality improvement project for postoperative pain management in hospitals included:

- **Among the hospitals participating in the study, there was a statistically significant increase from baseline (45% of hospitals) to follow-up (72%) in the presence of structural elements (e.g., administrative policies and procedures) that are critical to improving pain management.**
- **Among the hospitals participating in the study, there were statistically significant improvements in pain management practices, including documented use of pain-rating scales, decreased use of intramuscular opioids and increased use of nonpharmacological strategies to alleviate pain.**
- **Patient survey data showed no change in pain outcomes.** According to the principal investigator, possible reasons for this included:
  - Considering the project's dominant focus on structures and processes, it is possible that the intervention might not have focused enough on pain management strategies.
  - Changes in patients' pain might have been missed because the outcome measures might not have been sensitive enough to capture them.
  - Either the length of the intervention or the length of the follow-up period may have been too short.

- **Seventy percent of hospitals were "very" or "extremely" satisfied with their participation in the project, and 90 percent of them planned to continue efforts to improve pain management after the program ended.**

LESSONS LEARNED

1. **Focus on securing "buy-in" from the people who really get things done within an organization.** Once key individuals within the Joint Commission were committed to the new standards, they supported the project even in the face of opposition. (Project Director/Dahl)

2. **Requiring organizations to pay a fee to participate in a program may enhance administrators' commitment to the program.** According to the project director, there was a drift of administrative attention in some of the home health agencies that participated in the pilot program, resulting possibly from the fact that project staff did not charge a fee for the services provided. Later, when project staff replicated the project in other states (see Afterward), a $500 payment was required from each participating organization. (Project Director/Dahl)

3. **Allocate sufficient resources to writing video scripts.** The process was not as simple as project staff initially assumed. Staff also learned how critical it is to work with a professional, high-quality studio. (Project Director/Dahl)

4. **New standards should be supported with training on how to implement them.** In this project, the Joint Commission created new standards for the management of pain. They were not widely implemented, however, because providers did not receive enough training about how to manage pain and administer analgesics. (RWJF Program Officer/Gibson)

AFTERWARD

The project team facilitated the replication of pain management quality improvement programs in more than 150 home health care organizations in nine states with support from other funders including the Open Society Institute, a private foundation, and the Lance Armstrong Foundation. The team coordinated with state pain initiatives in those states to hire coordinators to help set up the programs and provided training meetings, measurement tools and data analysis.

(State pain initiatives are state-based, volunteer, interdisciplinary organizations trying to improve the management of cancer pain. A description is available online at the Web site of the Alliance of State Pain Initiatives, which is based at the University of Wisconsin Comprehensive Cancer Center.)

In 2006, the project team created the National Pain Resource Nurse Training Program. A train-the-trainer program, it focuses on educating nurses from some 70 hospitals in pain

management practices and on how to convey that information to the other nurses they work with in their own health care settings.

The project was supported through a $90,000 grant from Mayday Fund and a $365,000 grant from Abbott Laboratories. The latter grant also supported the project team in the creation of a curriculum on pain management for medical residents.

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