

Pain Management

A Systems Approach to Improving Quality and Safety

Module 1 – Make the Case

Assess and Improve Your Organization's Pain Management System

Is your institution a top performer when it comes to minimizing patient pain?

Pain management is a complex health care challenge. In light of substantial industry changes under way regarding institutional reputation, value-based care models, and accountability, pain management has important implications for health care organization executives.

Today, real business needs with economic ramifications now require an assessment of the current pain services within individual health care systems.

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey

Value-based purchasing, patient satisfaction scores, and reports from the HCAHPS survey are all changing how services are evaluated and publicly reported.

The Centers for Medicare & Medicaid Services has created the HCAHPS survey. This standardized survey instrument and data collection methodology can be used for measuring a patient's perspective on his or her care. The survey has three core objectives:

1. Produce comparable data on patients' perspectives on care to enable objective and meaningful comparisons between health care organizations
2. Create incentives for health care organizations to improve quality of care
3. Enhance public accountability in health care through increased transparency

Pain management is one of the key 8 topics in the HCAHPS survey on patient perspectives

The Centers for Medicare & Medicaid Services (CMS) and Agency for Healthcare Research and Quality (AHRQ) Team Up to Assess Patient Pain

As a purchaser, CMS will be seeking health care value for patients, which might include the active management and improvement of pain outcomes, as seen in the HCAHPS survey scores. In the summer of 2002, the CMS asked the AHRQ to develop an instrument to measure patient perceptions of care. The measurements were to be used to publicly report hospital performance (based on patient perceptions of quality of care), and this public reporting instrument would do the following:

- Provide consumers with information that might be helpful in choosing a health care organization.
- Complement rather than compete with quality improvement instruments already being used by health care organizations.
- Include 27 questions (stand-alone or embedded in an existing discharge survey) about recent hospital stays.
- Ask patients to rate the frequency of events during their care, using the scale "never," "sometimes," "usually," "always."
- Organize information under the following headings: Your Care from Nurses, Your Care from Doctors, The Health

Care Environment, Your Experiences in the Health Care Organization, When You Left the Health Care Organization, Overall Rating of the Health Care Organization, and About You.

Survey questions are to be reported in the following areas:

- Communication with Doctors
- Communication with Nurses
- Responsiveness of Staff
- Pain Control
- Communication About Medicines
- Cleanliness of Health Care Organization Environment
- Quietness of Health Care Organization Environment
- Discharge Information
- Overall Health Care Organization Rating
- Likelihood to Recommend the Healthcare Organization

For more information, visit the AHRQ Web site, at https://www.cahps.ahrq.gov/content/products/HOSP/PROD_HOSP_Intro.asp.

Economic rationale for the improvement of pain management

The current state of pain management requires a systemwide assessment to identify gaps and improve the overall delivery of pain control services.


There are significant process improvement opportunities for health care organizations, and these, along with real market forces such as value-based purchasing, will play a role in the return on investment (ROI) potential for an individual organization.

Joint Commission Resources: Implementing a Successful Systemwide Approach

Effective pain management within our complex health care system does not happen as a matter of course; it requires knowledge of pain assessment and management, prevention strategies, documentation systems, and care coordination across individual care practitioners, diverse care teams, and patient care units.

Improving and establishing an effective pain management program requires a systemwide approach, championed by leaders who understand and support the value of minimizing a patients' experience of pain.


To better understand what is required to implement a successful systemwide approach, Joint Commission Resources consultants conducted site visits at several organizations (Duke University Hospital (NC), University of Miami



Hospital (FL), University of Wisconsin Hospital and Clinics (WI), St. Joseph's Baycare Health System (FL), and St. Peter's Health Care Services (NY)) that implemented successful improvement actions to minimize patient pain. The CD by Joint Commission Resources incorporates findings that result from critically analyzed events where health care systems most often fail in their management of pain.

Joint Commission Resources Lessons Learned

Joint Commission Resources consultants identified key lessons learned from the review of the site visits, including the following:

- The decentralized existence of providers of pain services contributes to confusion regarding who is accountable for managing the patient's pain
 - Clarity of roles and responsibilities is needed
 - Patients frequently present with increased complexities in diagnosis, numerous comorbidities, and existing complex medication regimens. These complexities often are not known before a patient is admitted
 - Patients also enter via emergency services, often compromising the collection of complete and accurate history information. This dynamic creates patient safety issues and practitioner concerns
 - Providers express fear related to over- or underadministration of pain medication, particularly opioids, and question their own competence in pain management
 - It is not uncommon to find practitioners focusing more on documenting a patient's pain intensity on an objective scale than on being attentive to actually intervening to relieve the pain
 - Physicians and staff have a wide variety of knowledge, skills, and interest in managing pain
 - Clinical education updates are necessary for managing patients' pain-related needs
 - Communication (oral and written) among health care providers, patients, and community practitioners leaves considerable room for improvement. New systems are needed to apply technology that quickly and reliably connects all care providers
 - Many caregivers are frustrated that patients often use a drug before trying a simpler nonpharmacologic intervention, such as repositioning
 - The issues of labor demands and time management continue to challenge organizations. Staff must often manually audit medical records to gather data. Information technology systems need to be optimized to quantify and qualify the data needs of patients with pain. Clinical resources and information technology support need to partner in solving this issue
 - Organizations need to strive for continuous improvement of pain management
 - Use quality tools to analyze data
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JCR consultants observed many creative pain management and safety practices during their site visits. Many sites use evidence-based practice interventions. On the right is a list of best practices.

Key Components for Building/Expanding a Pain Management Service

Joint Commission Resources consultants together with national pain advisors reviewed the literature, as well as the collected site visit data. Their review and discussion led to the identification of eight components appropriate for a systematic approach to pain treatment services. Here they are:

Module 1 will help you to:

- Assess and improve your organization’s pain management system
- Understand the pain imperative and provide an overview of the project, including the need to determine the current state of pain management in an organization

Core objectives for this module include the following:

- Engage your organization in understanding the value and high priority of meeting current standards for pain control
- Crosswalk the tangible challenges of pain management to the specific needs of your organization
- Identify the potential for external review of a health care organization to assess the following:
- Gaps in the existing pain management program
- Opportunities to continuously improve organizational pain management efforts using a performance improvement approach
- Describe the eight components of an effective pain management program
- Use a case study to facilitate your organization’s understanding of specific needs in the areas described in this module

Best Practices Gleaned from Site Visits

Evidence-based practice interventions used at site-visit organizations include the following:

- The use of color as a safety practice was impressive. For example, the operating room of one organization switches the patient’s head cap to one of a different color to indicate completion of the time-out at the transition from preoperative care to the operating room.
- Unit-based nurse pain champions attended to pain-specific needs.
- Each site had acute pain services primarily serving inpatients with acute postoperative pain.
- All sites showed appreciation for and compliance with the pain standards.
- Each site recognized education and competencies as being important, but not all sites had the capacity to prepare and teach relevant pain content to their staff.
- A few sites had pharmacy involvement in bedside pain rounds. All these sites displayed respect and appreciation for the depth of pharmacy involvement.
- One site described its chronic pain clinic and used it as an extended resource beyond acute care.
- A variety of communication techniques were used to keep all staff updated on advances in pain management.
- Some of the education resources were designed to be available 24/7 in electronic form.
- All sites found measurement requirements challenging and were hopeful that some vendors would offer products or services to address their needs to extract data electronically from the medical record.

The Eight Critical Components

These eight critical components are necessary for building and/or expanding a systemic pain service:

Component #1	Use of National Pain Standards
Component #2	Commitment of a Senior Leader Champion
Component #3	Consistent Oversight of a Pain Project Manager
Component #4	Collaboration of the Interdisciplinary Team
Component #5	Provision of Systematic Performance Improvement Methodology
Component #6	Provision of a Pain Management Infrastructure
Component #7	Promotion of the Patient’s Continuous Learning
Component #8	Transition of Care for all Stakeholders



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