

Canadian Health Care Accreditation Standards Focus on Pain Management: Making it Happen!

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Overview of Key Sections & Making the Standards Happen in Everyday Practice

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Accreditation Standards

- Standards relate to assessment, management, monitoring, documentation and organizational responsibility
- Canadian Council on Health Services Accreditation (CCHSA) included new criterion for pain assessment and management in 2005
- Criterion is evidenced-based and includes the organizations accountability to train and update health care professionals, patients and families
- Reference can be found in Acute Care Standard 7.0 under the sub-section Addressing Needs

Criterion 7.4

- In response to the changes in the criterion that focus on pain, the CPS Special Interest Group on Nursing Issues developed a guide called 'Accreditation Pain Standard: Making it Happen!'
- resource to help organizations and health care professionals meet the new pain assessment and management standard.
- The guide has been reviewed by an inter-professional group.
- It is available on the CPS website:
www.canadianpainsociety.ca

Accreditation Pain Management: Making it Happen!

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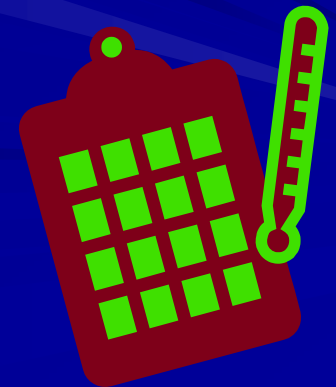
Roman Jovey

Criterion 7.4

- All clients receive a pain assessment on admission and routinely thereafter
- The team assesses pain using standardized clinical measures
- The team manages pain appropriately and routinely monitors the effectiveness of pain management strategies
- The team identifies and consults with pain management experts
- The team educates patients and families on pain management strategies
- The team documents and shares the results of pain management strategies
- The organization trains and updates staff on evidenced-based strategies to prevent, minimize or relieve pain

Pain Assessment on Admission and Routinely

- All clients receive a pain assessment on admission and routinely thereafter
 - Goal of an initial pain assessment is to characterize an individual's pain by location, intensity and if possible etiology
 - Every patient should have an initial pain assessment at the point to entry to care
 - Pain should be reassessed routinely



Making it Happen!

- Patient's pain assessment and treatment rights should be made visible and can be included in the mission statement of the organization
- Identify patients with pain in an initial screening assessment
 - emergency department
 - pre-admission program
 - standardized admission assessment
- Perform a more comprehensive pain assessment when pain is identified

Making it Happen!



- Assess pain routinely or around the clock, so that a pattern of pain is evident. Pain assessment should not be on a “prn” basis!
- Organizations may want to establish policies and procedures that mandate the frequency of pain assessment. These standards should be used in a flexible and adaptive manner to meet the needs of different clinical care settings and/or patient populations.
 - At least once per shift for inpatients
 - At least once every visit for outpatients and homecare
 - Monitor pain before, during and after procedures
 - Monitoring of the effectiveness of therapy

Standardized Clinical Measures

- The team assesses pain using standardized clinical measures
 - Approaches to pain assessment may include self-report, behavioural and physiological indicators
 - Most desirable to obtain and rely on self-report measures
 - Pain assessment is a critical component of high quality patient care and is the first step in effective pain management

Making it Happen!

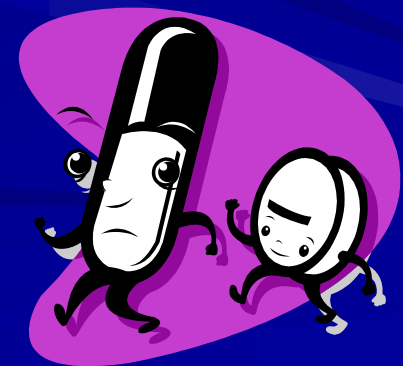
- Understand the distinction between pain measurement and assessment.
- The organization should select a pain assessment tool and pain intensity measure which will be used throughout the organization.
- Design pain assessment to conform to the unique developmental, communication capabilities, and cultural needs of the patient
- Use a multidimensional approach to pain assessment incorporating self-report, behavioural, physiological and contextual factors
- Use validated and reliable pain assessment measures

Choosing the Right Pain Assessment Measure

- There are several reliable, valid and clinically useful pain measures available for assessing pain in neonates, children and adults.
- The measure needs to :
 - Be standardized with published evidence of reliability and validity
 - Be feasible to use e.g., simple to use and not long, short training time, easy to score, inexpensive and well received by patients
 - Have clinical utility and give information that makes a difference for the patients
 - Be practical for assessing different types of pain and versatile for use in diverse clinical settings
 - Be sensitive to people's diverse conditions, ages, ethnic backgrounds, cognitive level and context in which pain is experienced
 - Is available in various languages spoken in clinical setting or may be easily translated

Management of Pain

- The team manages pain appropriately and routinely monitors the effectiveness of pain management strategies
 - Pain management strategies involve appropriate analgesics, physical, behavioural and psychological interventions
 - There are well-established practice guidelines on pain management approaches



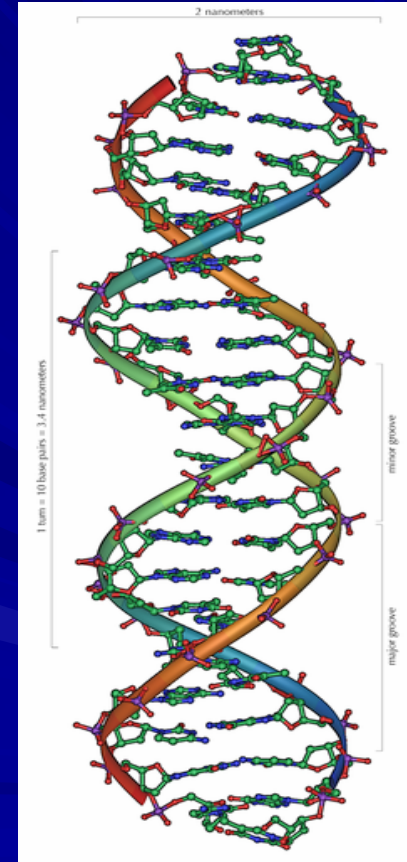


Making it Happen!

- A multi-modal treatment approach is recommended. This can include pharmacologic and non-pharmacologic approaches
- People may require several classes of medication for pain concurrently to manage their pain
- It is important to use the least invasive route (preferably oral) to administer medications and to avoid the use of intramuscular injections
- Equianalgesic conversion tables should be used, in conjunction with the health care professional's clinical experience, when switching from one opioid to another or from one route to another.

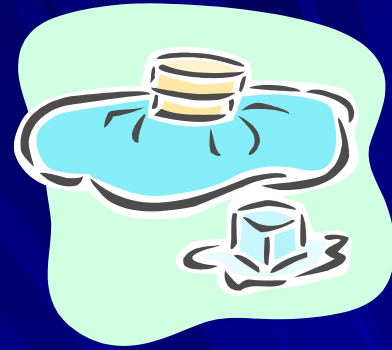
Making it Happen!

- Prevention and early management of medication related side effects must be part of providing optimal pain management relief.
- Be aware of active metabolites of analgesics
 - Meperidine (Demerol) is no longer recommended for general use with acute pain.
- Be aware of pharmacogenetics of analgesics
 - For example, approximately 7 - 10% of the Caucasian population cannot metabolize codeine to its active metabolites (morphine) due to a genetic polymorphism of the 2D6 isoenzyme.



Making it Happen!

- A wide range of non-pharmacological therapies are being used by people of all ages and with a variety of pain problems, both acute and persistent.
- Organizations may need to develop policies that address the use of non-pharmacological modalities
- Create a list of non-pharmacological modalities that the organization can offer



Consultation with Experts



- The team identifies and consults with pain management experts
 - Pain can be a complex multidimensional problem and therefore effective management requires a variety of strategies involving all health care professionals
 - Interprofessional approach is essential

Making it Happen!

- Referrals should be made to the appropriate consultant when a patient's pain is not effectively managed with standard therapies.
- Organizations should have an established referral process in place that provides access to clinical expertise when consultation is necessary.
- Pain management experts are not always available within the organization. An option is to bring in an expert from outside the organization.

Education of Patients and Families

- The team educates patients and families on pain management strategies
 - Educating patients and families has been shown to decrease anxiety, pain intensity, and misbeliefs regarding pain management
 - The Canadian Pain Society position statement identifies that
 - “The best pain management involves patient, families and health care professionals”

Making it Happen!



- Patients and families need help to understand that effective pain management is important and that it is their right to have the best relief possible.
- They should be encouraged to communicate their pain
- Many misbeliefs exist around pain management. Clarification of inaccurate statements or beliefs is important
- Patients must be taught how and when to communicate their pain to the healthcare provider.
- Pain assessment and reporting tools must be taught to the patient and used in every pain situation

Making it Happen!

- Patients and families need to participate in decisions about management strategies, including pharmacological and non-pharmacological techniques
- Patients must be encouraged to report any adverse effects
- All patients in the healthcare organization will benefit from pain management education
- Patients will benefit most from pain management education that is repeated several times in various formats
- Review methods for assessing pain with the patient prior to hospital discharge

Documentation

- The team documents and shares the results of pain management strategies
 - Documentation is a means of communicating pain assessment, intervention utilized for pain and response to this intervention
 - Documentation is closely linked to assessment of pain



Making it Happen!



- Documentation of pain contains all the information/components of a pain assessment and should occur as frequently as assessment occurs
- Standardized forms/tools for the documentation of pain allow for the initial assessment and ongoing re-assessment. They can also be used for the documentation of the efficacy of pain relieving interventions
- Forms/tools should be accessible to the entire inter-professional team to help facilitate communication
- Including pain intensity as part of the vital signs record allows for pain to be assessed, documented and taken as seriously as other vital signs.

Training Staff

- The organization trains and updates staff on evidenced-based strategies to prevent, minimize or relieve pain
 - Building an organizational commitment to pain management requires a sustainable infrastructure that supports staff development, training, preceptorship, mentorship and a comprehensive approach to the use of evidenced-based strategies for optimal pain management
 - Change that results in long-lasting effects requires ongoing initiatives that are multi and interprofessional and that reflect the multidimensional nature of pain

Making it Happen!

- Pain assessment and management should be included in orientation programs
- Professional development opportunities on pain management should be made available to all health care professionals
- If advanced techniques are utilized, it is important for health care professionals to have the appropriate knowledge and skills to execute, and to monitor these techniques
- There are many beliefs and fears about using opioids, which prevent optimal use of these agents in controlling pain.

OWEE ANYWHERE?



FEELING ANY BETTER, SWEETIE?



IF YOU MEAN PAIN, MOM,
MY PAIN LEVEL IS AT
ABOUT SEVEN ON A
ZERO TO TEN PAIN SCALE.



I'M GONNA HAVE TO
STOP TALKING ABOUT MY
JOB AT THE DINNER TABLE.



Making it Happen!

- Health care organizations have benefited from educational interventions. Some of these outcomes include:
 - Enhanced staff knowledge related to pain management;
 - Consistent use of evidence-based practice guidelines;
 - Consistent utilization of pain assessment tools;
 - Increased overall patient satisfaction with pain management;
 - Increased overall health care professional satisfaction in managing pain

Thank-you