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New JCAHO Standards Focus on Pain Management

by June L. Dahl, Ph.D.

Despite two decades of work by health professionals from all disciplines, the undertreatment of cancer pain remains a major public health problem. At least half of persons with cancer do not receive adequate relief of their pain. If real improvement in pain management is to occur, the basic principles of pain assessment and management must be incorporated into the patterns of daily practice, including documentation systems, policies, standards, procedures, orientation, and continuing educational and quality improvement programs. Many refer to this process as "institutionalizing pain management." "Institution," however, often conjures up negative images of sterile concrete structures. But the process of institutionalizing pain management is not defined by walls or buildings, but rather by groups of health care providers organized to be proactive about pain management—to make assessment and management of pain a priority in their practice settings.

Barriers to the treatment of cancer pain have been well studied. We know that health care professionals may lack the knowledge and skills to assess and manage pain appropriately. We know that patients and families may be reluctant to complain about their pain and may harbor fears and misconceptions about pain medicines, especially opioids. We know that laws and regulations governing the prescribing of opioids may lead physicians, fearing investigation by regulatory authorities, to hesitate in prescribing adequate amounts of opioids at appropriate dosing intervals. Much work has been done to identify regulatory barriers and create positive interactions between the pain and regulatory communities, although much more needs to be done.

Yet even with knowledgeable health care professionals, informed patients, and rational drug regulations, it still may be difficult to improve pain management unless we address barriers in the health care system itself. There is no question that education about pain management is critical, but knowledge alone rarely changes practice.

Traditional patterns of practice may create the most formidable barriers. The failure to routinely assess and document pain, the lack of access to practical treatment protocols, and the view that pain is an expected and relatively insignificant symptom continue to impede change. As Mitchell Max pointed out, pain is not a visible lesion.[1] Since we have no instrument to measure pain intensity (there is no "pain o' meter," if you will), the only valid measure of pain is the patient's self-report. We have all overheard colleagues stating, "She doesn't *look* like she's in pain." Failure to conduct thorough pain assessments may lead to erroneous conclusions about the presence and impact of pain.

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JCAHO TAKES ON PAIN

In September 1996 I participated in a practice change workgroup at a pain summit sponsored by the American Cancer Society, the Oncology Nursing Society, and the American Alliance of Cancer Pain Initiatives. Lively and intense discussion took place about the difficult task of changing clinical behaviors. I came away from that meeting sensing the futility of a pain management program focused solely on education and advocacy.

We all recognize that there is a critical need to promote change in the health care system. One way to do just that is to incorporate pain in the standards used to assess the performance of the nation's health care facilities. I initiated a dialogue with the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) during the fall of 1996 and winter of 1997. The Joint Commission accredits 80 percent of the nation's hospitals, with 98 percent of licensed beds; thus revised standards should be extremely powerful in influencing institutional accountability in regard to pain management practices. I began a search for financial support to examine the feasibility of revising their accreditation standards. The Board of Directors of the American Pain Society was a strong ally in these efforts.

In August 1997 the Wisconsin Pain Initiative received a three-year grant from the Robert Wood Johnson Foundation to make pain assessment and management an integral part of the nation's health care system. A major goal of that project was to integrate pain assessment and management into the standards, intent statements, scoring guidelines, and survey process questions of the Joint Commission. Such new standards would require

health care facilities to address the barriers in their practice settings to ensure that all patients receive effective management of their pain.

Revision of the standards seemed daunting, but with tremendous cooperation and collaboration from key members of the Department of Standards of the Joint Commission, the goal was accomplished. The proposed standards were reviewed by a variety of standing committees of the Joint Commission and also sent out for field review. We were gratified that the proposed standards were well received, with an average approval rating of 92 percent. The new standards received final approval from the Board of Commissioners of the Joint Commission on July 31, 1999, and will appear in the 2000-2001 accreditation manuals published this fall. (The standards will be first scored for compliance in 2001.)

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

- recognize the right of patients to appropriate pain assessment and management
- 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(s) and/or medication orders
- assure that pain does not interfere with participation in rehabilitation
- educate patients and their families about the importance of effective pain management
- include the need for symptom management in the discharge planning process
- collect data to monitor the appropriateness and effectiveness of pain management.

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During the next year we will be working with the Joint Commission's Department of Education Programs to familiarize accredited health care organizations and health care professionals from all disciplines with the new pain standards and help them assess their readiness to conform. The new standards are posted on the Joint Commission's web site at www.jcaho.org.

The Wisconsin Cancer Pain Initiative has developed a manual entitled *Making Pain an Institutional Priority* to assist health care facilities in improving pain management practices. The manual outlines a process for institutional change, and contains sample resource tools that can be adapted for individual care settings. Ordering information is available at www.aacpi.org.

Pain has no redeeming virtues and patients with cancer should expect, and indeed demand, adequate relief.

REFERENCE

[1]Max MB. Improving outcomes of analgesic treatment. Is education enough? *Ann Int Med* 113:885-889, 1990.