An Overview of Two Monographs

Pain: Current Understanding of Assessment, Management, and Treatments

Improving the Quality of Pain Management Through Measurement and Action
The United States Congress declared the decade beginning on January 1, 2001 as the Decade of Pain Control and Research. But despite the importance of pain management, pain remains grossly undertreated. In 2001, the Joint Commission on Accreditation of Healthcare Organizations and the National Pharmaceutical Council began a collaborative effort to facilitate improvements in pain management. To date, this effort has produced a set of monographs intended for those involved in pain management activities, including clinicians, quality management professionals, and others involved in pain management performance, assessment, improvement, education, and policy making. The two monographs, *Pain: Current Understanding of Assessment, Management, and Treatments,* and *Improving the Quality of Pain Management Through Measurement and Action,* are intended to be used as complementary resources. We hope that readers will find the material relevant and helpful in their efforts to improve pain management processes and patient outcomes.

**The Importance**

Pain, both chronic and acute, is prevalent and undertreated. One of the primary reasons for undertreatment is the complexity of pain assessment and monitoring. Pain is a subjective experience with no objective measures, and was perhaps best defined by Margo McCaffrey as “whatever the experiencing person says it is, existing whenever s/he says it does.”*¹* Pain is the most common reason individuals seek health care, and about 9 in 10 Americans regularly suffer from pain.*²* Each year, an estimated 25 million Americans experience acute pain due to injuries or surgery, and another 50 million suffer from chronic pain.*³* Almost one-third of all Americans will experience severe chronic pain at some point in their lives. As the population ages, the number of people who will need treatment for pain—from back disorders, degenerative joint disease, rheumatologic conditions, visceral diseases, and cancer—is expected to rise tremendously.

There are significant adverse consequences from untreated, undertreated or inappropriately treated pain. Poorly managed acute pain may cause serious medical complications, impair recovery from injury or procedures, and can progress to chronic pain. Untreated chronic pain can impair an individual’s ability to carry out daily activities and diminish quality of their life. In addition to disability, undertreated pain causes significant suffering. Poorly controlled pain may lead to anxiety, fear, anger, depression, and in some cases,
Pain is also a major cause of work absenteeism, underemployment, and unemployment.

Increasing health care costs and disability compensation reflect undertreatment for pain-related conditions. Data from a 1999 survey suggest that only 1 in 4 individuals with pain receive appropriate therapy, despite the fact that there are numerous effective treatments available to manage pain. Even when pain is treated, treatment may be ineffective or under-utilized. Both pharmacologic and nonpharmacologic therapies may be used to treat pain, and sometimes a combination of therapies is necessary to achieve optimum pain management. In addition to their pain-relieving properties, nonpharmacologic therapies may also improve mood, reduce anxiety, increase a patient’s sense of control, strengthen coping abilities, assist with sleep, relax muscles, and improve quality of life.

In order to truly improve pain management, health care organizations and institutions need to support system changes. Experts consistently emphasize the need for a system-wide, collaborative, and interdisciplinary approach to pain management that focuses on processes of care across the organization. In addition to providing staff with practical clinical resources for pain management, health care organizations and institutions need to make pain “visible” and establish mechanisms to ensure accountability for pain control. Organizational performance measurement is one of the key strategies for attaining visible, accountable and effective implementation of pain management initiatives while improving existing programs.

Two reasons to measure performance in health care organizations are to assess change for quality improvement purposes within an organization (internal) and to compare quality of care between different entities (external). Data collection is crucial throughout any quality improvement project to document change and facilitate lasting improvement. Determining how to collect the data is an important decision. Many options exist for measuring performance including 1) organizational self-assessment, 2) medical records review 3) testing knowledge and attitudes, 4) direct observation of care, 5) point prevalence studies, 6) assessment of patient status and outcomes over time, 7) indicator data collection, and 8) utilization of an externally developed performance measurement system.

Assessing and translating data into information that can be used to make judgments and draw conclusions about performance is a critical step. It allows current performance to be compared with past performance or established standards, actions to be prioritized, and the effects of these actions to be evaluated. Assessment is not a one-time activity. In fact, systematic data collection and assessment often continues beyond the immediate quality improvement project time frame to ensure that desired levels of performance are maintained.

In addition to assessment and analysis of data, key findings must be effectively conveyed within the organization. This means, among other things, presenting the information in a format and at a level of detail appropriate to the audience, and differentiating between statistical significance and clinical importance. Disseminating results helps to raise awareness within the organization of how it is performing with respect to pain management. Providing performance feedback over time can be an effective tool in promoting and institutionalizing pain management practice changes.

At the most fundamental level, improving pain management is simply the right thing to do. As a tangible expression of compassion, it is a cornerstone of health care’s humanitarian mission. Yet it is just as important from a clinical standpoint, because undertreated pain has significant physical, psychological, and financial consequences.

More detailed information about pain management is available in two complementary publications, Pain: Current Understanding of Assessment, Management, and Treatments and Improving the Quality of Pain Management Through Measurement and Action.
References:

For more information or additional resources, please contact:

Joint Commission on Accreditation of Healthcare Organizations
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
ph: 630-792-5000
www.jcaho.org

National Pharmaceutical Council
1894 Preston White Drive
Reston, VA 20191-5433
ph: 703-620-6390
www.npcnow.org

About Pain: Current Understanding of Assessment, Management, and Treatments

Pain: Current Understanding of Assessment, Management, and Treatments primarily addresses noncancer pain and reviews the causes of pain, definitions of pain, types of pain and classification systems for pain. The monograph also explores some common barriers to pain assessment, treatment and monitoring, as well as some of the consequences of untreated or undertreated pain. Assessment tools, treatment strategies and information on existing therapies are presented. Finally, the monograph emphasizes the importance of clinical practice guidelines, standards, and outcome measures in improving pain management.

About Improving the Quality of Pain Management Through Measurement and Action

Improving the Quality of Pain Management Through Measurement and Action addresses the application of continuous quality improvement techniques to pain management and the implementation of performance measurement processes. The use of a multidisciplinary systems point of view is described and the Cycle for Improving Performance, a structured approach to improvement activities, is outlined. Factors that influence an organization’s ability to implement change and improve performance are also discussed. In addition, the real-world experience of four organizations in improving pain management is described. The examples illustrate how the organizations used systematic processes for improvement, how measurement provided important data to support improvement activities, and how people committed to quality improvement in pain management achieved success. The examples provided encompass a diversity of settings and experiences—including a home health agency, a rural hospital, an academic medical center, and the hundreds of facilities under the Veterans Health Administration—and suggest strategies for overcoming obstacles to pain management improvement initiatives.

Acknowledgements

Special thanks to the Editorial Advisory Board members for each monograph, the Visiting Nurse Association & Hospice of Western New England, Inc., Memorial Hospital of Sheridan County, the University of Iowa Hospitals and Clinics, the Veterans Health Administration, and the staffs of the Joint Commission on Accreditation of Healthcare Organizations and the National Pharmaceutical Council for their contributions and hard work on this project.