

INDICATOR	Met	Not Met	Comments
PAIN MANAGEMENT POLICY / PROCESS			
The organization has defined criteria to screen, assess, and reassess pain consistent with the patient's age, condition, and ability to understand. This would include: <ul style="list-style-type: none"> Policy on pain screening, assessment, and reassessment. Pain scales and methods to assess for non-verbal signs of pain. Policy that outlines the provision of nonpharmacologic pain treatment modalities. Pain medication policies as applicable to practice. 			
Opioid treatment programs that can be used for patient referrals are identified and communicated to the provider staff.			
The organization facilitates licensed practitioners' and pharmacists' access to the Prescription Drug Monitoring Program databases.			
Leadership works with its clinical staff to identify and obtain the equipment needed to monitor patients who are at high risk for adverse outcomes from opioid treatment.			
MEDICAL RECORD REVIEW			
Review the Patient's Medical Record: <ul style="list-style-type: none"> Were they screened for pain in the Emergency Department and during the admission process (if an inpatient)? 			
For patients who screen positive for pain: <ul style="list-style-type: none"> The Interdisciplinary Team (IDT) developed a pain treatment plan based on evidence-based practices and the patient's clinical condition, past medical history, and pain management goals. 			
The IDT involved the patient in the pain management treatment planning process by: <ul style="list-style-type: none"> Developing realistic expectations and measurable goals that are understood by the patient for the degree, duration, and reduction of pain Discussing the objectives used to evaluate treatment progress (for example, relief of pain and improved physical and psychosocial function) Providing education on pain management, treatment options, and safe use of opioid and non-opioid medications when prescribed 			

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Patients were monitored who were identified as being at high risk for adverse outcomes related to opioid treatment.			
Review the Medical Record to determine if the patient was reassessed for pain and the response if pain was observed: <ul style="list-style-type: none"> There was an evaluation and documentation of response(s) to pain intervention(s) Progress toward pain management goals, including functional ability, was documented (for example, the ability to take a deep breath, turn in bed, and walk with improved pain control) The patient was monitored for side effects of treatment The patient was monitored for risk factors from adverse events caused by the treatment (such as falls). 			
Review the patient's pain management trend in Treatment Plan outcomes in the specific data-driven focus area. <ul style="list-style-type: none"> Look at the physician's orders, interdisciplinary progress notes, patient care plans, and other applicable medical record components to assess the facility's actions. Expect to see that one or more IDT members were monitoring the patient's outcome in that area, recognized that the patient was not attaining their goal or had a problem, and responded with meaningful interventions aimed at improvement/resolution. When the interventions were unsuccessful, the IDT continued to attain improvement by changing strategies with alternate interventions. 			
Patients sampled as in pain crisis or pain that is not controlled with prescribed interventions: <ul style="list-style-type: none"> Review the IDT documentation in progress notes, physician's orders, assessments, results of physical and mental functioning surveys, plans of care, etc., pertaining to the two most recent patient assessment and plan of care periods. Expect to see that an assessment of the patient was conducted and the clinical and psychosocial issues that contributed to the patient's instability were addressed through a revised plan of care interventions. 			

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<ul style="list-style-type: none"> There should be evidence of a functional IDT process, including substantive contributions from and communication among all required IDT members. 			
For patients that undergo an operative or other high-risk procedures and/or when sedation or anesthesia is administered: <ul style="list-style-type: none"> Review the patient record for monitoring data during the case. Determine if the patient's pain level is assessed at a frequency and intensity consistent with the potential effect of the procedure and/or the sedation or anesthesia. If the patient was administered pain medication, was the patient reassessed for effect according to policy? 			
PATIENTS SAMPLED AS NEWLY ADMITTED (<72 HOURS)			
Review the History and Physical Assessment and Physician Progress Notes. Look at the process for assuring the new patient was appropriately evaluated on admission for pain			
Review the Nursing Admission. Look at the process for assuring the new patient was appropriately evaluated on admission for pain			
Were identified pain concerns noted in the Treatment Plan/Care Plan?			
Was the patient's pain goal assessed and documented?			
EDUCATION			
Staff are oriented and trained in screening, assessing, and managing pain based on their scope of practice.			
Staff are educated on the safe use of opioid medications based on the identified needs of its patient population.			
Staff are educated on available services for pain management consultation and referral of patients with complex pain management needs.			
Based on their condition and assessed needs, the patient receives education and training on: <ul style="list-style-type: none"> An explanation of their plan for care and treatment addressing their pain. Safety issues and precautions associated with pain or the treatment of pain (such as falls, etc.). Information on the safe and effective use of pain medications 			

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<ul style="list-style-type: none"> Nutrition interventions (for example, supplements) and modified diets to address pain. Discussion of pain, the risk for pain, the importance of effective pain management, the pain assessment process, and methods for pain management. 			
<p>The hospital educates the patient and family on discharge plans related to pain management, including the following:</p> <ul style="list-style-type: none"> The pain management plan of care Any side effects of pain management treatment Activities of daily living, including the home environment, that might exacerbate pain or reduce the effectiveness of the pain management plan of care, as well as strategies to address these issues. Safe use, storage, and disposal of opioids when prescribed. 			
QUALITY AND PERFORMANCE IMPROVEMENT			
There is a leader or leadership team responsible for pain management and safe opioid prescribing, as well as developing and monitoring performance improvement activities.			
Data is collected on the pain assessment and pain management process, including types of interventions and their effectiveness.			
Data is analyzed on pain assessment and management to identify opportunities to increase patient safety and quality.			