



# Institutional Needs Assessment Tool: Building an Institutional Commitment to Pain Management

## Checklist

An interdisciplinary workgroup examines and reexamines issues and practices of pain management. Is there a process to gain administrative support to develop a pain management improvement workgroup and carry out a work plan?

- Yes  
 No  
 Don't Know

Are there other workgroups or committees already in existence that might be able to support the change efforts?

- Yes  
 No  
 Don't Know

Can you identify and recruit individuals from nursing, medicine, pharmacy, and other disciplines who are interested in improving pain management?

- Yes  
 No  
 Don't Know

Can you identify individual(s) to coordinate and lead the interdisciplinary workgroup?

- Yes  
 No  
 Don't Know

Is there institutional experience or are there training opportunities in continuous quality improvement?

- Yes  
 No  
 Don't Know

A standard for pain assessment and documentation ensures that pain is recognized and treated promptly. Do current nursing documentation forms screen for pain and provide for the ongoing recording of assessment, interventions, and trends of pain relief?

- Yes  
 No  
 Don't Know

Do current physician documentation forms screen for and address problems with pain?

- Yes  
 No  
 Don't Know

If your system uses clinical pathways, do they incorporate pain assessment, interventions, and outcomes?

- Yes  
 No  
 Don't Know

Is there a written standard of practice that articulates the method and frequency for documenting pain assessments?

- Yes  
 No  
 Don't Know

Does your method for pain documentation place pain in a highly visible and prominent position that encourages regular review by all disciplines?

- Yes  
 No  
 Don't Know

Are there standards/guidelines that define the maximum acceptable pain intensity (comfort goals) that will trigger a change in the pain management plan or consultation?

- Yes  
 No  
 Don't Know

Does your system ensure the communication of the pain management plan as the patients transition across settings, e.g., from home to hospital, from clinical unit to clinical unit?

- Yes  
 No  
 Don't Know

Do staff members have access to a variety of pain assessment tools for populations that are at particular risk for under treatment of pain? (e.g., children, cognitively impaired, patients unable to communicate verbally...)

- Yes  
 No  
 Don't Know

Are there written protocols or do physicians' orders include alternatives when pain is unrelieved by the initial prescription, e.g., titration with supplemental doses, increasing the dose?

- Yes  
 No  
 Don't Know

Explicit policies and procedures guide the use of specialized techniques for analgesic administration. Are there policies to govern the use of all available specialized techniques such as IV PCA, continuous intravenous, subcutaneous, and intraspinal infusions?

- Yes  
 No  
 Don't Know

Do these policies differentiate roles and responsibilities and describe a mechanism for monitoring competency for all staff involved?

- Yes  
 No  
 Don't Know

Do these policies define appropriate indications and contraindications and the acceptable level of patient monitoring?

- Yes  
 No  
 Don't Know

Accountability for pain management is clearly defined. Is there evaluation of pain management performance integrated into annual staff evaluations?

- Yes  
 No  
 Don't Know

Are there accountability clauses for pain management in existing policies that address procedures known to cause pain? (e.g., venipuncture, nasogastric intubation, invasive procedures...)

- Yes  
 No  
 Don't Know

Is there a clear line of consultation for difficult pain problems?

- Yes  
 No  
 Don't Know

Do policies and procedures that address pain assessment, documentation, and treatment and analgesic technology clearly define the role and responsibilities of all health care providers involved?

- Yes  
 No  
 Don't Know

Is there a privileging system for managing specialized techniques for drug administration? (e.g., IV PCS, spinal analgesia)?

- Yes  
 No  
 Don't Know

Are equi-analgesic charts available in all clinical areas where orders and prescriptions are written?

- Yes  
 No  
 Don't Know

Do staffs have easy access to clinical practice guidelines for pain assessment and management such as the AHCPR clinical practice guidelines and institution-specific guidelines?

- Yes  
 No  
 Don't Know

Are there tools to help clinicians select and dose analgesics such as algorithms, protocols, formulary guidelines, or preprinted orders?

- Yes  
 No  
 Don't Know

Are there quick reference materials available to address pain assessment and treatment, such as pocket reference cards or computer help screens?

- Yes  
 No  
 Don't Know

Are there expert preceptors/role models in pain management (e.g., pain resource nurses, clinical pharmacists) that are readily available to staff?  Yes  
 No  
 Don't Know

Is there an easily accessible mechanism that informs staff who they can consult with for pain issues?  Yes  
 No  
 Don't Know

Can staff readily provide non-drug interventions?  Yes  
 No  
 Don't Know

Are equipment and supplies available to patients (e.g., relaxation or music tapes, warm and cold packs, patient education materials)?  Yes  
 No  
 Don't Know

Are there mechanisms to prompt referral to physical therapy, social work, and pastoral care?  Yes  
 No  
 Don't Know

Patients and families are informed about the importance of pain relief. Are all patients informed verbally and in an electronic or printed format that effective pain relief is an important part of their treatment, that it is essential that they report unrelieved pain, and that staff will respond quickly to patients' requests for pain treatment?  Yes  
 No  
 Don't Know

Is pain management addressed in your Patient's Bill of Rights or the organization's mission statement?  Yes  
 No  
 Don't Know

Is information about pain integrated in existing classes or education materials for patients?  Yes  
 No  
 Don't Know

Does each unit maintain a supply of institutional-specific brochures on pain management, or the AHCPR consumer guidelines for acute and cancer pain, or any other patient pain education materials?  Yes  
 No  
 Don't Know

Are there opportunities for patients and families to learn about pain management at community forums or support group meetings?  Yes  
 No  
 Don't Know

Has your institution surveyed its nurses, pharmacists, and physicians to assess prevalent knowledge and attitudes about pain management?  Yes  
 No  
 Don't Know

Are there ongoing opportunities for case presentations or teaching rounds on patients with pain problems?  Yes  
 No  
 Don't Know

Does your staff education department offer a variety of resources on pain management? (e.g., self-directed learning programs, videos, printed materials)  Yes  
 No  
 Don't Know

Is information about pain management incorporated in employee orientation programs?  Yes  
 No  
 Don't Know

Is there a budget committed to staff and patient education about pain management?

- Yes
- No
- Don't Know

An ongoing process evaluates the outcomes and works to improve the quality of pain management. Are pain assessment and management outcomes monitored and reported through a QA/QI process?

- Yes
- No
- Don't Know

Does outcome monitoring involve periodic surveys of patients, including questions about pain intensity, expectations and goals, impact of pain, and satisfaction with the staff?

- Yes
- No
- Don't Know

Is staff in compliance with documentation standards evaluated?

- Yes
- No
- Don't Know

Are there ongoing, frequent opportunities to provide staff members with feedback about improvements in pain and/or areas for future focus?

- Yes
- No
- Don't Know

Can you use drug utilization reviews to monitor prescribing practices?

- Yes
- No
- Don't Know

Are there avenues to analyze cost issues related to unrelieved pain such as extended length of stay, reimbursement for pain treatment, rates of rehospitalization, or unplanned outpatient visits for pain?

- Yes
- No
- Don't Know

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