



NACNS Opioid Task Force Forum: March 1, 2018

Resources

Substance Abuse and Mental Health Services Administration - www.samhsa.gov

National Council of State boards of Nursing – Tool Kit - [State Board Opioid Tool Kit](#)

American Hospital Association: Stem the Tide: Addressing the Opioid Epidemic - <http://www.aha.org/content/17/opioid-toolkit.pdf>

World Health Organization - www.who.int/substance_abuse/publications/assist_sbi/en/

Ives, T., Chelminski, P., Hammet-Stabler, C., Malone, R., Perhac, J., Potisek, N., Shilliday, B., Dewalt, D., and Pignone, M. 2006. Predictors of opioid misuse in patients with chronic pain: A prospective cohort study. BMC Health Services Research. Retrieved from: <https://doi.org/10.1186/1472-6963-6-46>

National Alliance of Advocates for Buprenorphine treatment. 2008. Language matters. Retrieved from: https://www.treatmentmathc.org/docs/NAABT_language.pdf

Project Know. 2017. Understanding addiction. Retrieved from: <http://projectknow.com/research/addiction-glossary-of-terms-and-phrases>

National Institute of Health. National Institute on Drug Abuse. 2014. Screening, assessment and drug testing resource. Retrieved from: https://www.drugabuse.gov/sites/default/files/files/QuickScreen_Updated_2013%281%29.pdf

Chang ,A et al (2017) Effect of a single dose of oral opioid and non-opioid analgesics on acute extremity pain in the ED. JAMA 318. (17). 1661-1667.

Opioid Safety Toolkit for EDs: <http://www.edsafety.org/opioid-safety.html>



Press Ganey – HCAHPS – Pain Domain Changes

In the most recently released Inpatient Prospective Payment System Final Rule, the Centers for Medicare & Medicaid Services (CMS) finalized their proposal to alter the current Pain Management domain on the HCAHPS survey. Effective for patients discharged on or after Jan. 1, 2018 the existing questions within the Pain Management domain will be replaced on the survey with the new Communication About Pain domain, containing the three questions below.

Old – Pain Management Domain	New Communication About Pain Domain
During this hospital stay, did you need medicine for pain?	During this hospital stay, did you have any pain?
During this hospital stay, how often was your pain well controlled	During this hospital stay, how often did hospital staff talk with you about how much pain you had?
During this hospital stay, how often did the staff do everything they could to help you with your pain?	During this hospital stay, how often did hospital staff talk with you about how to treat your pain?



2018 Joint Commission Indicators

Standards Revisions Related to Pain Assessment and Management

APPLICABLE TO HOSPITALS

Effective January 1, 2018

Leadership (LD)

Standard LD.04.03.13

Pain assessment and pain management, including safe opioid prescribing, is identified as an organizational priority for the hospital.

Elements of Performance for LD.04.03.13

1. The hospital has a leader or leadership team that is responsible for pain management and safe opioid prescribing and develops and monitors performance improvement activities.
2. The hospital provides nonpharmacologic pain treatment modalities.
3. The hospital provides staff and licensed independent practitioners with educational resources and programs to improve pain assessment, pain management, and the safe use of opioid medications based on the identified needs of its patient population.
4. The hospital provides information to staff and licensed independent practitioners on available services for consultation and referral of patients with complex pain management needs.
5. The hospital identifies opioid treatment programs that can be used for patient referrals.
6. The hospital facilitates practitioner and pharmacist access to the Prescription Drug Monitoring Program databases.
7. Hospital leadership works with its clinical staff to identify and acquire the equipment needed to monitor patients who are at high risk for adverse outcomes from opioid treatment.

Medical Staff (MS)

Standard MS.03.01.03

The management and coordination of each patient's care, treatment, and services is the responsibility of a practitioner with appropriate privileges.

Element of Performance for MS.03.01.03

Standard MS.05.01.01

The organized medical staff has a leadership role in organization performance improvement activities to improve quality of care, treatment, and services and patient safety.

Element of Performance for MS.05.01.01

18. The medical staff is actively involved in pain assessment, pain management, and safe opioid prescribing through the following: Participating in the establishment of protocols and quality metrics; Reviewing performance improvement data

Provision of Care, Treatment, and Services (PC)

Standard PC.01.02.07

The hospital assesses and manages the patient's pain and minimizes the risks associated with treatment.

Elements of Performance for PC.01.02.07

1. The hospital has defined criteria to screen, assess, and reassess pain that are consistent with the patient's age, condition, and ability to understand.
2. The hospital screens patients for pain during emergency department visits and at the time of admission.
3. The hospital treats the patient's pain or refers the patient for treatment.
4. The hospital develops a pain treatment plan based on evidence-based practices and the patient's clinical condition, past medical history, and pain management goals.
5. The hospital involves patients in the pain management treatment planning process through the following:
 - 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
6. The hospital monitors patients identified as being high risk for adverse outcomes related to opioid treatment.
7. The hospital reassesses and responds to the patient's pain through the following:
- Evaluation and documentation of response(s) to pain intervention(s)
 - Progress toward pain management goals including functional ability (for example, ability to take a deep breath, turn in bed, walk with improved pain control)
 - Side effects of treatment
 - Risk factors for adverse events caused by the treatment
8. The hospital educates the patient and family on discharge plans related to pain management including the following:
- Pain management plan of care
 - Side effects of pain management treatment
 - Activities of daily living, including the home environment, that might exacerbate pain or reduce 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

Performance Improvement (PI)

Standard PI.01.01.01

The hospital collects data to monitor its performance.

Element of Performance for PI.01.01.01 The hospital collects data on pain assessment and pain management including types of interventions and effectiveness.

Standard PI.02.01.01

The hospital compiles and analyzes data.

Elements of Performance for PI.02.01.01

18. The hospital analyzes data collected on pain assessment and pain management to identify areas that need change to increase safety and quality for patients.

19. The hospital monitors the use of opioids to determine if they are being used safely (for example, the tracking of adverse events such as respiratory depression, naloxone use, and the duration and dose of opioid prescriptions).