

PAIN MANAGEMENT PLAN

PLAN: HCPC's Pain Management Plan supports the Center's mission of patient care through acknowledging that every patient has a right to have their pain assessed and managed by providing each with effective pain management techniques that respect their dignity, autonomy, positive self-regard, civil rights, and involvement in their own care.

DESIGN: While the attending physician has ultimate responsibility for the assessment of pain and its management, responsibility will be multidisciplinary in nature and will be shared among all physicians, nursing staff, and other clinicians.

Pain management begins during the inpatient and outpatient admission process. Each patient is assessed for pain in the nursing assessment. The assessment procedure will consist of acknowledging patients' report/non-report of pain, rating of pain intensity through Wong-Baker FACES scale for children/adolescents and cognitively impaired adults, *Attachment A*), localization of pain using a body diagram, and questions concerning quality/radiation of pain and its onset, duration, and current alleviation methods, *Attachment B*. Following the initial nursing assessment, pain is further assessed by the admitting physician through the physician assessment which will assess patient's pain management history (i.e. current medications, past interventions, and patient's response manner) and functional effects of pain.

After nursing and physician assessments have been completed, physician will ultimately determine the patient's pain management needs. If appropriate, pain management issues will become part of the Master Treatment Plan (MTP). Continual reassessment will be done throughout patient's inpatient treatment when there is a change in status, diagnosis, or condition, *Attachment C*.

Assessment of pain after a patient's initial admission assessment, will be completed upon the basis of patient self-report anytime during his/her inpatient stay or outpatient episode in the Partial Hospitalization Program. Responsibility of attending to patient's self-report will not be limited to medical and nursing staff, but will be extended to all other designated clinicians. During admission procedures, patients and their families will be educated on the patient's right to pain management and the right to self-report pain.

In summary, appropriate pain management will include the following:

1. Evaluation of pain (*Attachment D*)
2. Evaluation for intensity of pain
3. Localization of pain
4. As appropriate, elimination of cause or causes of pain when possible
5. Use of analgesics and adjunctive modalities according to established pain rating criteria: Pain rating of 2 to 3 may be appropriate for the administration of PRN medications and pain ratings of 4 or more may initiate an internal medicine consultation. When possible and appropriate, adjunctive, non-pharmacological

modalities such as repositioning, relaxation therapy, elevation, cold/hot compresses, etc. will be utilized in conjunction with or as an alternative to analgesics.

6. Referral to specialist and specialty centers as medically indicated
7. Ongoing reassessment of pain throughout patient's stay, *Attachment D*. Upon patient's inpatient discharge, any chronic pain or pain management component is disseminated in the Discharge Summary and to the responsible entity in the patient's continuum of care (i.e. family, community provider such as MHMRA, private physicians).

HCPC assures that at each level of patient care, care providers are adequately trained to develop competencies related to his/her function as part of the pain management team. New nursing, clinical, and medical staff will receive training and orientation in pain management as part of their New Employee Orientation. All other nursing, clinical, and medical staff employees will receive ongoing annual training in pain management as part of their Mandatory Training Requirements.

MEASURE: Patient Satisfaction will be measured via the Patient Satisfaction Survey Process.

ANALYSIS: The Pharmacy and Therapeutic Committee will be charged with monitoring medication for appropriate prescription of pain relieving medication and will conduct reviews, according to assigned indicators, of the utilization of pain management medications as aid in improving the overall quality of patient care.

Other clinical committees (i.e. Medical Staff, Nursing Management) will conduct reviews, according to assigned indicators, of the effectiveness of the organization's pain management techniques as aid in improving the overall quality of patient care.

IMPROVE: The Pain Management Plan is monitored through the Performance Improvement Plan with oversight by the medical staff as specified in the Performance Improvement Plan.