

	Yes	No	Don't Know
<b><i>An interdisciplinary work group examines and re-examines issues and practices of pain management</i></b>			
• Is there a process to gain administrative support to develop a cross-departmental workgroup and carry out a workplan?	46(78%)	4	8
• Are there currently other workgroups or committees that can support change efforts?	51(86%)	3	5
• Can you identify and recruit individuals in a variety of disciplines who are interested and knowledgeable in pain management?	53(90%)	5	1
• Can you identify individual/s to coordinate and lead the interdisciplinary workgroup?	48(81%)	6	5
• Is there institutional experience or training opportunities in continuous quality improvement?	46(78%)	8	3
• Other:			
<b><i>A standard for pain assessment and documentation assures that pain is recognized and treated promptly</i></b>			
• Do nursing documentation forms screen for pain, and provide for the ongoing recording of assessment, intervention and trends of pain relief?	56(95%)	3	
• Do physician documentation forms screen for and address problems with pain?	12(20%)	34	12
• If your system uses critical pathways, do they incorporate pain assessment, intervention, and outcomes?	37(62%)	6	9
• Is there a written standard of practice that articulates the method and frequency for documenting pain assessments?	52(88%)	1	6
• Does your method for pain documentation place pain in a highly visible and prominent position that encourages regular review by all disciplines?	42(71%)	16	1
• Are there standards/guidelines that define the maximum acceptable pain intensity and triggers for change in plan of care or consultation?	29(49%)	18	12
• Does your system assure the communication of the pain management plan as patients transition across settings?	35(59%)	13	10
• Do staff have access to a variety of pain assessment tools for populations that are at particular risk for undertreatment of pain? (e.g. children, cognitively impaired, patients unable to communicate verbally...)	51(86%)	3	5
• Other:			
<b><i>Explicit policies and procedures guide the use of specialized techniques for analgesic administration</i></b>			
• Are there policies to govern the use of all available specialized techniques such as IV PCA, continuous intravenous, subcutaneous and spinal infusions?	53(90%)	3	3
• Do these policies differentiate roles and responsibilities, and describe a mechanism for competency monitoring for all staff involved?	43(73%)	5	11
• Do these policies define appropriate indications and contraindications and the acceptable level of patient monitoring?	40(69%)	7	11
• Are the necessary medications available on the formulary for specialized analgesic techniques? preservative free morphine for epidural infusion concentrated doses of morphine or hydromorphone for continuous subcutaneous administration fentanyl or sufentanyl for parenteral administration long acting oral opioid preparations and transdermal fentanyl other:	46(78%)	4	8
• Other:			
<b><i>Accountability for pain management is clearly defined</i></b>			
• Is evaluation of staff's management of pain integrated into performance evaluations?	19(32%)	32(54%)	7
• Are there accountability clauses for pain management in existing policies that address interventions known to cause pain (e.g. veinipuncture, nasogastric intubation, invasive procedures...)	20(34%)	20	19
• Is there a clear line of consultation for difficult pain problems?	14(24%)	32(54%)	11
• Is there a competency based system for orientation and evaluation of staff performance related to the management of pain?	22(37%)	28(48%)	9
• Do policies and procedures that address pain assessment and analgesic technology clearly define the role and responsibilities of all health care providers involved?	36(61%)	12	11
• Is there a privileging system for managing specialized techniques for drug administration (e.g. IV PCA, spinal analgesia)	35(59%)	8	14
• Other:			

	Yes	No	Don't Know
<b>Information about analgesics and non-pharmacological interventions is readily available to clinicians</b>			
• Are equianalgesic charts available in all clinical areas where orders are written?	12(22%)	34(58%)	11
• Do staff have easy access to guidelines for pain assessment and management such as the AHCPR clinical practice guidelines?	14(24%)	28(48%)	17
• Are there tools to help clinicians select and dose analgesics such as algorithms, protocols, formulary guidelines or pre-printed orders?	29(49%)	22(37%)	8
• Are there quick reference materials available to address pain assessment and treatment, such as pocket reference cards or computer help screens?	28(48%)	23(39%)	7
• Are there expert preceptors/role models in pain management (such as "Pain Resource Nurses") that are readily available to staff?	23(39%)	31(53%)	3
• Is there an easily accessible mechanism that informs staff who they can consult with for pain issues?	17(29%)	38(64%)	3
• Can staff readily provide non-pharmacological interventions? Is equipment available to patients (e.g. relaxation or music tapes, warm and cold packs, patient education materials) Are there mechanisms to prompt referral to physical therapy, social work and/or pastoral care?	44(75%)	13	2
• Other:			
<b>Patients and families are informed about the importance of pain relief</b>			
• 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?	49(83%)	5	4
• Is pain management addressed in your patients Bill of Rights or organization's mission statement?	45(76%)	2	11
• Is information about pain integrated in existing classes or educational materials for patients (e.g., First Day Surgery, cancer care, or HIV materials)?	34(58%)	6	18
• Does each unit maintain a supply of the AHCPR consumer guides for acute and/or cancer pain or any other pain patient education materials?	13(22%)	20	23
• Are there opportunities to teach about pain at community forums or support group meetings?	20(34%)	9	29
<b>Staff have ongoing educational opportunities in pain management</b>			
• Has your institution done a staff needs assessment for knowledge and attitudes about pain management?	20(34%)	29(49%)	10
• Are there ongoing opportunities for case presentations or teaching rounds on patients with pain problems?	25(42%)	27(46%)	6
• Does your staff education department offer a variety of resources on pain management such as self-directed learning packets, videos, and printed materials?	19(32%)	30(51%)	10
• Is information about pain management incorporated in staff orientation programs?	38(64%)	6	15
• Is there a budget committed to staff and patient education about pain?	7(12%)	26	25
• Other:			
<b>An ongoing process evaluates the outcomes and works to improve the quality of pain management</b>			
• Are pain management outcomes monitored and reported through a QA/I process?	45(76%)	1	13
• Does outcome monitoring involve periodic surveys of patients including questions about pain intensity, expectations and goals, impact of pain, and satisfaction with staff?	50(85%)	3	6
• Is staff compliance with documentation standards evaluated?	45(76%)	10	4
• Are there ongoing, frequent opportunities to provide staff with feedback about improvements in pain and/or areas for future focus?	32(54%)	15(25%)	12
• Can you utilize drug utilization reviews to monitor prescribing practices?	22(37%)	17	20
• Are there avenues to analyze cost issues related to unrelieved pain such as extended length of stay, reimbursement for pain treatment, rates of re-hospitalization or unanticipated outpatient visits for pain?	14(24%)	10	34

*Institutional Needs Assessment*  
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Modified from:  
*Pain Audit Tool*, Betty Ferrell, City of Hope, Duarte CA  
*Institutional Audit Tool - Pain Management*, Major Diana Ruzicka, Tripler Army Hospital, Honolulu, HI