

INFORMATIONAL ONLY

NOTIFICATION OF PRACTITIONER RIGHTS

- Practitioners have the right to be informed of the status of their credentialing or reappointment application upon request.
- Practitioners have the right to review information obtained and used for purposes of credentials evaluation with the exception of professional references and/or any other type of information that is deemed to be privileged and confidential and/or is protected under Ohio peer review statute
- Practitioners have the right to correct information collected from outside sources that is erroneous. Corrections to erroneous information must be made in writing and sent to OHCS within fifteen days of notification that erroneous information has been received.
- Practitioners have the right to copy only documents in their file which they have submitted with regard to their application.
- Practitioners have the right to be credentialed in a non-discriminatory manner based upon race, gender, nationality, origin, or religion.

COMPREHENSIVE PAIN MANAGEMENT

The Joint Commission's current standards require that organizations establish policies and procedures that address comprehensive clinical assessment of pain; treatment or referral for treatment; and reassessment for patients as it designates, based on patient population and scope of services provided. They required that an organization:

- Establish a clinical leadership team
 - Actively engage medical staff and hospital leadership in improving pain assessment and management, including strategies to decrease opioid use and minimize risks associated with opioid use
 - Provide at least one non-pharmacological pain treatment modality
 - Facilitate access to prescription drug monitoring programs
 - Improve pain assessment by concentrating more on how pain is affecting patients' physical function
 - Engage patients in treatment decisions about their pain management
 - Address patient education and engagement, including storage and disposal of opioids to prevent these medications from being stolen or misused by others
 - Facilitate referral of patients addicted to opioids to treatment programs
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Pain can reveal a tremendous amount about the health status of your patient. Pain can affect the quality of life through its effect on such things as mood, activity, appetite and the ability to focus and concentrate. OhioHealth recognizes the priority of pain management in the overall wellbeing of the patient and that pain relief is important in the overall management of patient care. Pain should be managed to a level that is both safe and acceptable to the patient's clinical situation. If pain is identified, perform a pain assessment which may include but is not limited to the following components as warranted by the patient's condition and clinical setting:

- Location
- Pain Intensity Rating
- Description of pain (e.g., burning, dull, ache, etc.)
- Onset, duration, and pattern (e.g., constant, intermittent, radiating)
- Aggravating factors
- Alleviating factors
- Current pain management interventions
- Effects on function and quality of daily life
- Establish Comfort Goal with patient
- Screen for risk factors associated with opioid induced over sedation and respiratory depression

- Assess history of analgesic use or abuse, duration and possible side effects to identify potential opioid
- Tolerance or intolerance
- Reconcile pain medications with patient including last dose taken
- Assess patient for presence of patch (e.g., Fentanyl or Lidocaine patch), implanted drug delivery or system or infusion pump prior to administration of new opioid

The standard pain rating tool for adults and appropriate pediatric patients is the 0-10 Numeric Pain Intensity scale with 0=no pain and 10=the worst pain possible. If the patient is unable to speak English, the 0-10 Numeric Pain Intensity scale is available in 19 different languages. If the patient is unable to use the 0-10 Numeric Pain Intensity scale, use alternative scales such as the Simple Descriptive Pain Intensity Scale; Visual Analogue Scale (VAS); Wong-Baker Faces Pain Rating Scale. Infants/Children: Wong-Baker Faces Scale for children, FLACC Face/ Legs/Activity/Cry/Consolability for children ages 2 months – 7 yrs of age, NIPS Neonatal Infant Pain Scale. For patients unable to provide self-reports of pain (e.g., confused, decreased level of consciousness) use the Critical-Care Pain Observation Tool (CPOT) to assess for pain.

Safety considerations should be made for patients receiving opioids and could include assessing risk factors such as age, obesity, renal/hepatic impairment, known or suspected sleep apnea, multiple coexisting conditions, concurrent central nervous system depressants, opiate nativity, smoking status, and post-operative/post-anesthesia complications.

For examples of the tools used in pain assessment, refer to Policy P-100.010 Pain Management on Compliance 360.