

May 2, 2003

PAIN MANAGEMENT

1. PURPOSE: This Veterans Health Administration (VHA) Directive provides policy and implementation guidance for the improvement of pain management consistent with the VHA National Pain Management Strategy and compliance with generally accepted Pain Management Standards of Care.

2. BACKGROUND:

a. The VHA National Pain Management Strategy was initiated November 12, 1998, and established Pain Management as a national priority. The overall objective of the national strategy is to develop a comprehensive, multicultural, integrated, system-wide approach to pain management that reduces pain and suffering for veterans experiencing acute and chronic pain associated with a wide range of illnesses, including terminal illness. Specific objectives of the VHA National Pain Management Strategy are to:

- (1) Provide a system-wide VHA standard of care for pain management that reduces suffering from preventable pain.
- (2) Ensure that pain assessment is performed in a consistent manner.
- (3) Ensure that pain treatment is prompt and appropriate.
- (4) Include patients and families as active participants in pain management.
- (5) Provide for continual monitoring and improvement in outcomes of pain management.
- (6) Provide for an interdisciplinary, multi-modal approach to pain management.
- (7) Ensure that clinicians practicing in the VA healthcare system are adequately prepared to assess and manage pain effectively.

b. A VHA National Pain Management Strategy Coordinating Committee was established to oversee the development and implementation of the VHA National Pain Management Strategy. The Committee was charged with:

- (1) Coordinating the system-wide implementation of the strategy.
- (2) Coordinating the development and dissemination of state-of-the-art treatment protocols for pain management.

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(3) Identifying VHA pain management expertise and resources and facilitating a national referral system to assure that veterans in every network have access to pain management services.

(4) Coordinating a national employee education initiative to assure that VHA clinicians have the expertise to provide high quality pain assessment and treatment.

(5) Identifying research opportunities and priorities in pain management and facilitating collaborative research efforts.

(6) Integrating VHA pain management standards into the curricula and clinical learning experiences of medical students, allied health professional students, interns and resident trainees.

(7) Establishing target goals, mechanisms for accountability and a timeline for implementation for a comprehensive, integrated VHA National Pain Management Strategy

(8) Establishing a communication plan for both the internal and external communication of VHA's National Pain Management Strategy.

3. POLICY: It is VHA policy that VHA's National Pain Management Strategy and the on-going work of the VHA National Pain Management Strategy Coordinating Committee must be used to guide the development of local policies related to pain management.

4. ACTION

a. **Veterans Integrated Service Network (VISN) Director.** The VISN Director is responsible for ensuring that:

(1) All facilities within the network establish and implement current pain management policies consistent with this Directive and designed to improve performance consistent with the VHA National Pain Management Strategy.

(2) A pain management Point of Contact (POC) is appointed at the VISN level.

b. **Facility Director.** The facility Director is responsible for ensuring that:

(1) All pain management education is documented in employee records and reflects the course content and/or the key elements of the training.

(2) VHA standards for pain management are communicated to all medical students, allied health professional students, residents, and interns providing patient care in VHA medical facilities. These include:

(a) Pain Assessment and Treatment. Procedures for early recognition of pain and the design of prompt and effective treatment shall be implemented by all VA medical healthcare facilities.

1. VHA must implement “Pain as the 5th Vital Sign” in all clinical settings to ensure consistent recognition and screening of pain.

2. Once pain symptoms are recognized, a timely and appropriate comprehensive pain assessment is performed and a pain treatment plan must be developed; both must be documented. **NOTE:** *To ensure consistency of documentation and to facilitate pain outcomes monitoring, all facilities are encouraged to use the pain reminders and dialogs sponsored by the VHA National Pain Management Strategy Coordinating Committee. These reminders and dialogs can be downloaded from the Clinical Reminders web page <http://vista.med.va.gov/reminders/Pain.htm>.*

3. Patient and family education about pain and its management is to be included in the treatment plan and patients will be encouraged to be active participants in pain management.

4. Pain management protocols must be established and implemented in all clinical settings. For most uncomplicated pain conditions, responsibility for assessment and management rests with the primary care provider or team. However, the complexity of chronic pain management is often beyond the expertise of a single practitioner, especially for patients whose pain problems are complicated by homelessness, post-traumatic stress disorder, combat injuries, and substance abuse. The experience of pain impacts and is affected by psychosocial and family functioning. Primary care providers need to have ready access to resources such as pain specialists, multidisciplinary pain clinics and centers, and Mental Health and Social Work, to effectively evaluate and manage these complex patients.

5. Pain management is an integral part of palliative and end-of-life care. The expertise of hospice and palliative care clinicians needs to be available to all patients with a serious, life-limiting illness.

(b) Evaluation of Outcomes and Quality of Pain Management

1. A pain management committee must be established at each VHA facility to provide oversight, coordination, and monitoring of pain management activities and processes to ensure consistency with the VHA Pain Management Strategy.

2. Processes for measuring outcomes and quality of pain management must be implemented, with the goal of continuous improvement.

3. Monitoring of the quality of pain assessment and the effectiveness of pain management interventions must be implemented. Measures should be developed to support this routine process.

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4. All elements of pain management must be documented in the patient record, including:

a. History (prior experience of pain).

b. Routine Screening. Routine screening for the presence and intensity of pain using 0 (no pain) to 10 (worst pain imaginable) numeric rating scale (5th Vital Sign) must be documented at a frequency specified according to VISN, local facility, and clinical setting specific Pain Management Policies; but at least in association with outpatient or home visits, and in residential and inpatient settings at a frequency that is appropriate to the specific clinical setting and problem. **NOTE:** *It is important to appreciate that the goals of this method include the timely monitoring of pain treatment effectiveness, and the identification of new or previously undetected pain concerns.*

c. Comprehensive pain assessment. **NOTE:** *Use of pain reminders and dialogs is encouraged.*

d. A pain plan of care that includes, but is not limited to:

(1) Pharmacologic interventions.

(2) Documentation of opioid agreement, if used.

(3) Non-pharmacologic interventions.

e. Evaluation of adherence and response to interventions, to include:

(1) Moderation or alleviation of pain,

(2) Satisfaction with current pain level,

(3) Moderation or change in function and mood, and

(4) Adherence to opioid agreement, if used.

f. Education. Pain education for family and patient:

(1) During hospitalization.

(2) At discharge.

(3) In all outpatient treatment settings.

g. Patient satisfaction with overall pain management will be monitored on an ongoing basis.

(c) Clinician Competence and Expertise in Pain Management

1. All clinical staff (e.g., physicians, nurses and therapists) must have appropriate orientation and employee education related to pain assessment and pain management.

2. There must be an annual pain management education for clinical staff that must include, as appropriate:

a. Principles of pain assessment and management; and

b. Treatment modalities including pharmacologic (especially opiates and including education regarding physical dependency, pseudoaddiction, tolerance, and potential for addiction, effects, appropriate titration, side effects, and benefits), and non-pharmacological (including psychological, physical, complementary, and spiritual).

5. REFERENCES

a. Healthcare Inspection, VA Office of Inspector General (OIG), Veterans Health Administration Pain Management Initiative. Report No. 01-00026-101. June 10, 2002.

b. VHA National Pain Management Strategy. November 12, 1998.

6. FOLLOW-UP RESPONSIBILITY: The Chief Consultant for Geriatrics and Extended Care Strategic Healthcare Group (114) is responsible for the contents of this Directive. Questions may be addressed to 202-273-8537.

7. RESCISSIONS: None. This VHA Directive expires May 31, 2008.

S/ Nevin M. Weaver for
Robert H. Roswell, M.D.
Under Secretary for Health

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