

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
INDIAN HEALTH SERVICE**

Ref: CMO

ALBUQUERQUE AREA INDIAN HEALTH SERVICE CIRCULAR NO. 99-02
PAIN MANAGEMENT/PALLIATIVE MEDICINE PROGRAM

Sec.

1. Purpose
 2. Background
 3. Definition
 4. Policy
 5. Procedures
 6. Responsibilities
 7. Reference
 8. Effective Date
- Exhibits

1. **PURPOSE.** The purpose of this circular is to establish a policy for a Pain Management/Palliative Medicine Program for the Albuquerque Area Indian Health Services (AAIHS).

2. **BACKGROUND.** For the past three decades it has been recognized that many patients receive far less than optimal management of their pain. There is a growing body of evidence that unrelieved pain carries with it great physiological and psychological risks, including increased metabolic rate, blood clotting, water retention, impaired immune function, and anxiety, depression, loss of hope, and even suicide. Aggressive pain prevention and control can yield both short and long term benefits.

Control of pain is a national priority and many organizations have worked to establish pain relief. One strategy that has been used to assure optimal pain management is to develop formal means within each institution to evaluate pain management practices and work to continuously improve outcomes.

3. **DEFINITION.**

Intractable Pain: Pain in which the cause cannot be removed or otherwise treated and no relief or cure has been found after reasonable efforts. The term includes pain due to cancer as well as other diseases and chronic conditions.

Distribution: Indian Health Service Manual Holders

Date: January 26, 1999

Page 2. **ALBUQUERQUE AREA INDIAN HEALTH SERVICE CIRCULAR NO. 99-02**

Palliative Medicine: A interdisciplinary approach to the study and care of patients with

active, progressive, far advanced disease for whom the prognosis is limited and the focus of care is quality of life. This discipline recognizes the multidimensional nature of suffering, responds with care that addresses all of these dimensions and communicates in a language that conveys mutuality, respect and interdependence.

4. **POLICY.** The AAIHS will promote and provide a standardized approach to the patient with intractable pain that emphasizes a non-judgemental, multi-modal and individualized care plan. Such plan should increase access to known therapies, improve continuity of care, maximizing provider communication for the relief of pain and suffering in all forms of chronic pain in all stages of a person's life. This policy applies to all IHS hospital and clinics and shall include the following:
 - a. Pain screening and evaluation will be part of all triage, inpatient, outpatient and community (during home visits) setting processes. Pain screening and evaluation will be incorporated as a **fifth vital sign. Pain assessment is based on patient's self report.**
 - b. Patient and provider must enter into a therapeutic alliance with mutual consent when pain is identified.
 - c. Once a pattern of intractable pain has been co-documented by the patient and provider, the standardized process for assessment and interdisciplinary treatment will be implemented and followed with documented evaluations of outcomes of relief.
 - d. Patient care should be evaluated on an on-going basis to identify opportunities to improve process of providing pain management/ palliative medicine to the patients we serve. Data will be collected relevant to outcomes i.e. length of therapy and impact of quality of life improvements, assessment of success of therapies and patient satisfaction.
 - e. AAIHS has a responsibility for IHS providers to be trained, oriented and educated to palliative medicine and intractable pain management.

5. **PROCEDURES.**

A. Service Unit

- (1) Each Service Unit will develop a pain management/palliative medicine policy/ procedure that will include, as a minimum, the following:
 - (a) Philosophy of Care and Patient's Rights for pain management and palliative care. (Exhibit I)

- (b) Initial pain management assessment tools for pediatrics and adult use. (Exhibit II)

- (c) Interdisciplinary approach to pain management utilizing non-pharmaceutical and pharmaceutical therapies. Plan of cares are required. (Exhibit III)
- (d) Pain management flow sheet.
- (e) Drug formulary appropriate for intractible pain management and treatment of drug side effects. (Exhibit IV)
- (f) Identification of non-pharmaceutical and environmental therapies. (Exhibit V)
- (g) Patient educational tools and sources for community resources for referrals. (Exhibit VI)
- (h) Quality monitoring tools to evaluate patient satisfaction, drug useage, length of therapy and impact on quality of life, etc. Documented process of on-going data collection to evaluate outcomes and use of data to improve program. (Exhibit VII)
- (i) Orientation plan for providers. (Exhibit VIII)

6. **RESPONSIBILITIES.**

A. Area Office

- (1) The Area Chief Medical Officer (CMO) ensures that all service units have an on-going standardized pain management/palliative medicine services.
- (2) The Area CMO will network with academic centers, State agencies and National organizations for technical assistance and resources for Service Unit Pain Management /Palliative Programs.

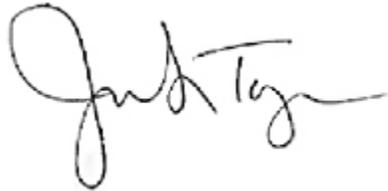
B. Service Unit

- (1) The Service Unit Director is responsible for the overall implementation and monitoring of the Pain Management/Palliative Medicine Program. Biannual performance improvement reports documenting the on-going data collection and assessment process with impact of data analysis on improved outcomes will be prepared for the Office of the Chief Medical Officer.

- (2) The Clinical Director and the Director of Nursing are responsible for the formation of an interdisciplinary pain management/palliative medicine team that will develop the required standardized service unit policy/procedures. The interdisciplinary team,

at a minimum will include a physician, nurse, pharmacist, mental health practitioner, social services, quality improvement coordinator and administrative support staff.

7. **REFERENCE.** Public Law 94-437, Health Care Improvement Act, Joint Commission of Accreditation of Health Care Organization Home Care/Hospice Standards, Patient Self Determination Act 1990.
8. **EFFECTIVE DATE.** This circular is effective upon date of signature and shall remain in effect until canceled or superseded.

A handwritten signature in black ink, appearing to read "James L. Toya". The signature is fluid and cursive, with the first name "James" being the most prominent part.

James L. Toya
Area Director
Albuquerque Area Indian Health Service