

surveys suggest that their efforts have had little impact. Data from the Robert Wood Johnson funded SUPPORT study showed a high incidence of uncontrolled pain (from 74% to 95%) in very ill and dying adults in spite of planned interventions from nurses to encourage physicians to attend to pain control. The authors of the SUPPORT study concluded that "more proactive and forceful measures may be needed" to improve care of seriously ill and dying patients.¹⁸

The purpose of this proposed project is to develop more proactive and forceful measures to improve pain management in the terminally ill and in those who experience pain from surgery or trauma as well as those who suffer from cancer or chronic non-cancer pain. We believe that everyone regardless of diagnosis should expect and receive appropriate pain management.

III. Specific Goals

A. Development and implementation of a process to assure that the accreditation standards of the Joint Commission on Accreditation of Healthcare Organizations include the assessment and treatment of pain.

Last December, JCAHO surveyors reviewed the quality improvement efforts of the University of Wisconsin Hospital and Clinics Pain Patient Care Team. They were impressed that systematic efforts like those of the Team could improve pain management practices. Professor June Dahl approached the surveyors at the end of the review, and discussed the importance of making pain relief an integral part of the JACHO standards. Within a week, the JCAHO Standards Department contacted her and initiated a dialog that has culminated in their pledge of support for this proposal.

We have exchanged information with the Standards Department, justified need through a review of the literature, discussed and refined a process to change the content of the accreditation standards, intent statements, scoring guidelines and survey process questions. Advisors and benchmark organizations are being identified.

All members of the Quality of Care Committee of the American Pain Society have pledged to assist in the work of the proposed project. Furthermore, the American Pain Society has committed \$10,000 to the project so that we can begin the process while we are seeking larger and more permanent sources of support.

The revision process we have proposed to the Joint Commission is summarized in Table 1. We assume that some suggestions for standards revision may come from surveyors. Thus we may want to survey them or facilitate focus group discussions in order to learn about their experiences and perspectives related to the process of standards revision. We will explore with JCAHO whether there is a precedent for surveyor input at this stage of the standards revision process and what mechanisms, if any, are in place to get surveyor perspectives or assemble a representative group for focus group discussions.