

Intent of COP.07.00

Unrelieved pain has adverse physical and psychological effects, and patients in pain have the right to appropriate assessment and management of it. Pain may be part of the patient's experience and may be associated with the patient's condition or illness. Pain may also be an expected part of certain treatments, procedures, or examinations. Patients are informed about the likelihood of pain when it is an anticipated effect from treatments, procedures, or examinations and what options for pain management are available.

Based on the scope of services provided, the hospital has processes to manage pain appropriately, including the following:

- Identifying patients with pain during initial assessment and reassessments
- Providing information to patients about pain that may be an expected result of treatments, procedures, or examinations
- Providing management of pain, regardless of the origin of pain, according to guidelines or protocols and in alignment with patient goals for pain management
- Communicating with and educating patients and families about pain and symptom management in the context of their personal, cultural, and religious beliefs
- Educating clinical staff about pain assessment and management

Measurable Elements of COP.07.00

1. Patients are informed about the likelihood of pain and options for pain management when pain is an expected result of planned treatments, procedures, or examinations. (*See also AOP.01.04, ME 3*)
2. Patients in pain receive care according to pain management guidelines and in alignment with the patient's goals for pain management.
3. The hospital has processes to communicate with and to educate patients and families about pain. (*See also ACC.01.04, ME 3*)
4. The hospital provides education to clinical staff about pain assessment and management.

End-of-Life Care

Standard COP.08.00

The hospital has a process to provide end-of-life care that addresses the needs of the patient and family and optimizes the patient's comfort and dignity.

Intent of COP.08.00

End-of-life or dying patients have unique needs; the hospital implements processes to address these needs and to incorporate the patient's and family's preferences into the care processes. End-of-life care may be influenced by cultural and religious traditions. Concern for the patient's comfort and dignity guides all aspects of care during the final stages of life. All staff members are made aware of patients' needs at the end of life. These needs include but are not limited to the following:

- Treatment of primary and secondary symptoms
- Pain and discomfort management
- Response to the patient's and family's psychological, social, emotional, religious, and cultural concerns
- Involvement in care decisions

The patient assessment may identify symptoms that require management, such as nausea, respiratory distress, and pain; factors that alleviate or exacerbate physical symptoms; and the patient's response to symptom management. Identifying the patient's physical needs is just one aspect of determining the patient's end-of-life care. Patients and families may also have a need for spiritual, psychosocial, and support services, as appropriate to the patient's individual needs and cultural preferences.

End-of-life care provided by the hospital includes but is not limited to the following:

- Taking interventions to manage pain and discomfort
- Providing appropriate treatment for any symptoms according to the wishes of the patient and family
- Sensitively addressing such issues as autopsy and organ donation
- Respecting the patient's values, religion, and cultural preferences
- Involving the patient and family in all aspects of care
- Responding to the psychological, emotional, spiritual, and cultural concerns of the patient and family

To accomplish these goals, all staff should be educated and trained to assess and manage the needs of patients and their families at the end of life. The hospital's goal for providing care at the end of life considers the settings in which care or service is provided (such as a hospice or palliative care unit), the type of services provided, and the patient population served. The hospital develops processes to manage end-of-life care, including the use of recognized assessment tools such as the Palliative Performance Scale, or others when appropriate. These processes include the following:

- Assessing and managing symptoms
- Defining the frequency of assessments
- Treating terminally ill patients with dignity and respect
- Planning preventive and therapeutic approaches to manage symptoms
- Educating patients, family, and staff about managing symptoms
- Providing support to the patient's family and/or caregivers
- Providing support to staff members caring for the dying patient

Measurable Elements of COP.08.00

1. The hospital has a process to assess and manage the needs of patients receiving end-of-life care.
2. Staff are educated and trained about assessing and managing needs of patients and their families at the end of life.
3. The hospital provides patient care and support services that accommodate the patient and their family with consideration of their personal, spiritual/religious, and cultural preferences.
4. End-of-life care addresses the symptoms, conditions, and health care needs of the dying patient as indicated by their assessment, including pain and comfort needs.
5. The patient and family are involved in end-of-life care decisions.
6. The hospital provides support to the patient's family, caregivers, and staff members caring for the dying patient.

Hospitals Providing Transplant Services

Note: The following standards are intended to be used in situations when patients request information about organ and tissue donation and/or when organ or tissue donation may occur. When organ or tissue donation and transplantation are performed, the standards for organ and tissue transplant programs apply. It is recognized that there are significant differences between organ and tissue transplants. The requirements apply to both, respectively, depending on the services the hospital offers. For example, if a hospital performs only tissue transplant services, the requirements then apply to the tissue transplant services offered by the hospital. The following are considered *tissue* and *cell products* for the standards below.

Examples of Tissue and Cell Products

- Amnion/amniotic membrane
- Arteries
- Autologous cells
- Autologous tissue
- Bone