

Clinical care standard indicators: Low back pain

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Clinical care standard indicators: Low back pain

Identifying and definitional attributes

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Indicator set type: Other

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Registration status: [Australian Commission on Safety and Quality in Health Care, Standard 01/09/2022](#)

Description: The Australian Commission on Safety and Quality in Health Care has developed these indicators to support health service organisations to monitor implementation of the care described in the Low Back Pain Clinical Care Standard (ACSQHC 2022). The indicators included in this specification are a tool to support local clinical quality improvement and may be used to support other quality assurance and peer review activities.

The goal of the standard is to:

- Improve the early assessment, management, review and appropriate referral of patients with low back pain
- Reduce the use of investigations and treatments that may be ineffective or unnecessary in managing low back pain.

The standard relates to the care that should be received by patients aged 16 years and over who present with low back pain, with or without leg pain. It covers the early clinical assessment, management, and review and referral of people with low back pain symptoms who present with a new acute episode.

The standard applies to all healthcare settings where care is provided to patients with low back pain with or without leg pain, especially primary healthcare services, and emergency departments.

This clinical care standard does not cover:

- Delivery of surgical interventions or their indications for use
- Ongoing management of low back pain persisting longer than 12 weeks, beyond the initial management of an acute exacerbation (although many of the principles of care described may still be relevant)
- Diagnosis or treatment of specific causes of low back pain.

A clinical care standard contains a small number of quality statements that describe the clinical care expected for a specific clinical condition or procedure. Indicators are included for some quality statements to help health service organisations monitor how well they are implementing the care recommended in the clinical care standard.

The quality statements that are included in the Low Back Pain Clinical Care Standard are as follows:

1. **Initial clinical assessment.** The assessment of a patient with a new presentation of low back pain symptoms, with or without leg pain or other neurological symptoms, focuses on screening for specific and/or serious pathology and consideration of psychosocial factors. It includes a targeted history and physical examination, with a focused neurological examination when appropriate. Arrangements are made for follow-up based on an evidence-based low back pain pathway.
2. **Psychosocial assessment.** Early in each new presentation, a patient with low back pain, with or without leg pain or other neurological symptoms, is screened and assessed for psychosocial factors that may affect their recovery. This includes assessing their understanding of, and concerns about, diagnosis and pain, and the impact of pain on their life. The assessment is repeated at subsequent visits to measure progress.
3. **Reserve imaging for suspected serious pathology.** Expectations of imaging and its limited role in diagnosing low back pain are discussed with a patient. Early and appropriate referral for imaging occurs when there are signs or symptoms of specific and/or serious pathology. The likelihood and

significance of incidental findings are reported and discussed with the patient.

4. **Patient education and advice.** A patient with low back pain is provided with information about their condition and receives targeted advice to increase their understanding, and address their concerns and expectations. The potential benefits, risks and costs of medicines and other treatment options are discussed, and the patient is supported to ask questions and share in decisions about their care.
5. **Encourage self-management and physical activity.** A patient with low back pain is encouraged to stay active and continue, or return to, usual activity, including work, as soon as possible or feasible. Self-management strategies are discussed. The patient and clinician develop a plan together that includes practical advice to maximise function, and limit the impact of pain and other symptoms on daily life. The plan addresses individual needs and preferences.
6. **Physical and/or psychological interventions.** A patient with low back pain is offered physical and/or psychological interventions based on their clinical and psychosocial assessment findings. Therapy is targeted at overcoming identified barriers to recovery.
7. **Judicious use of pain medicines.** A patient is advised that the goal of pain medicines is to enable physical activity, not to eliminate pain. If a medicine is prescribed, it is in accordance with the current Therapeutic Guidelines, with ongoing review of benefit and clear stopping goals. Anticonvulsants, benzodiazepines and antidepressants are avoided, because their risks often outweigh potential benefits, and there is evidence of limited effectiveness. Opioid analgesics are considered only in carefully selected patients, at the lowest dose for the shortest duration possible.
8. **Review and referral.** A patient with persisting or worsening symptoms, signs or function is reassessed at an early stage to determine the barriers to improvement. Referral for a multidisciplinary approach is considered. Specialist medical or surgical review is indicated for severe or progressive back or leg pain that is unresponsive to other therapy, progressive neurological deficits, or other signs of specific and/or serious pathology.

Relational attributes

Indicators linked to this Indicator set:

[Low Back Pain Clinical Care Standard: 1a-Evidence of a locally approved low back pain assessment protocol](#)

[Australian Commission on Safety and Quality in Health Care](#), Standard 01/09/2022

[Low Back Pain Clinical Care Standard: 1b-Proportion of patients with acute low back pain with the findings from both their clinical assessment and screening for specific or serious underlying pathology documented in their medical record](#)

[Australian Commission on Safety and Quality in Health Care](#), Standard 01/09/2022

[Low Back Pain Clinical Care Standard: 2a-Evidence of a locally approved policy to guide assessment of psychosocial factors early in each new presentation](#)

[Australian Commission on Safety and Quality in Health Care](#), Standard 01/09/2022

[Low Back Pain Clinical Care Standard: 3a-Evidence of a locally approved policy to ensure the appropriate use of imaging for low back pain](#)

[Australian Commission on Safety and Quality in Health Care](#), Standard 01/09/2022

[Low Back Pain Clinical Care Standard: 3b-Proportion of patients with a new episode of low back pain referred for imaging for whom an appropriate indication for imaging is documented in the medical record](#)

[Australian Commission on Safety and Quality in Health Care](#), Standard 01/09/2022

[Low Back Pain Clinical Care Standard: 4a-Evidence of local arrangements to ensure patients with low back pain are provided with information, advice and reassurance](#)

[Australian Commission on Safety and Quality in Health Care](#), Standard 01/09/2022

[Low Back Pain Clinical Care Standard: 5a-Proportion of patients with low back pain who have documented discussions in their medical record about both self-management strategies and staying active by continuing usual activities](#)

[Australian Commission on Safety and Quality in Health Care](#), Standard 01/09/2022

[Low Back Pain Clinical Care Standard: 6a-Proportion of patients with low back pain at risk of poor outcomes who were referred to physical and/or psychological clinical services](#)

[Australian Commission on Safety and Quality in Health Care](#), Standard 01/09/2022

[Low Back Pain Clinical Care Standard: 6b-Evidence of a locally approved policy that specifies the referral pathways to clinicians who provide appropriate physical and/or psychological therapies](#)

[Australian Commission on Safety and Quality in Health Care](#), Standard 01/09/2022

[Low Back Pain Clinical Care Standard: 7a-Proportion of patients with low back pain who received an opioid analgesic](#)

[Australian Commission on Safety and Quality in Health Care](#), Standard 01/09/2022

[Low Back Pain Clinical Care Standard: 7b-Proportion of patients with low back pain who received an anticonvulsant](#)

[Australian Commission on Safety and Quality in Health Care](#), Standard 01/09/2022

[Low Back Pain Clinical Care Standard: 8a-Evidence of a locally approved policy that defines the process for review and referral of patients with low back pain](#)

[Australian Commission on Safety and Quality in Health Care](#), Standard 01/09/2022

Collection and usage attributes

National reporting arrangement:

Clinicians and health service organisations may choose to prioritise some of the suggested indicators based on the focus of quality improvement activities at the health service. No benchmarks are set for the indicators.

Comments:

Monitoring the implementation of the Low Back Pain Clinical Care Standard (ACSQHC 2022) will assist in meeting some of the requirements of the National Safety and Quality Health Service Standards (ACSQHC 2021).

Some data required to support computation of the indicators can be sourced from existing routine collections including local administrative data collections. Other data will need to be collected through prospective collections or retrospective medical record audits. It is important that collection of these indicators is undertaken as part of a quality improvement cycle and results are shared with all healthcare professionals involved in patient care.

Source and reference attributes

Submitting organisation: Australian Commission on Safety and Quality in Health Care