

Joint Commission Enhances Pain Assessment and Management Requirements for Accredited Hospitals

The Joint Commission announces the implementation of new and revised pain assessment and management standards, **effective January 1, 2018**, for its accredited **hospitals**. These new and revised requirements were developed through a rigorous research, evaluation, and review process.

In early 2016, The Joint Commission began conducting an extensive literature review on contemporary clinical guidelines and best practices for pain assessment and management, including safe opioid prescribing, in order to identify disparities between its current accreditation requirements and contemporary guidance. Following the literature review, staff convened a technical advisory panel of experts to discuss developments in the field of pain assessment and management. Staff's next step was to conduct learning visits to research leading practices in pain assessment and management and the safe use of opioids.

The Joint Commission then convened a standards review panel to review draft pain assessment and management standards. (Standards review panel members, who are nominated from Joint Commission-accredited organizations or professional associations, are individuals who can provide a "boots-on-the-ground" point of view and give insights into the practical application of proposed standards.) Finally, the draft pain assessment and management standards were released for public comment in January 2017.

The enhanced pain assessment and management standards include the following new requirements:

- Identifying a leader or leadership team that is responsible for pain management and safe opioid prescribing
- Involving patients in developing their treatment plans and setting realistic expectations and measurable goals
- Promoting safe opioid use by identifying high-risk patients

Continued on page 3

Contents

- 1  Joint Commission Enhances Pain Assessment and Management Requirements for Accredited Hospitals
- 2 In Sight
- 5 Deletions for Distinct Part Units in Critical Access Hospitals
- 5 FSA Tool Temporarily Offline for July 2017 Standards Update
- 6 Protecting Security and Confidentiality on Survey
- 6 Consistent Interpretation
- 7 **CLARIFICATIONS AND EXPECTATIONS: Understanding Key Changes to the Life Safety Standards**
- 11  Revisions to Advanced Stroke Certification Programs Effective January 1, 2018
- 12  **APPROVED: Phase II** Revisions to Update Behavioral Health Care Requirements
- 15  New "Medication Compounding" Chapter for Home Care Manual
- 15  Revisions Continue for Life Safety and Environment of Care Chapters
- 16 Joint Commission Clarifies Four Life Safety Requirements
- 17 New Performance Measures for Advanced Certification in Total Hip and Total Knee Replacement
- 17 Revisions Announced for Comprehensive Stroke Center Measures
- 19 JQPS June Table of Contents




Joint Commission Enhances Pain Assessment and Management Requirements for Accredited Hospitals (continued)

Continued from page 1

- Monitoring high-risk patients
- Facilitating clinician access to prescription drug monitoring program databases
- Conducting performance improvement activities focusing on pain assessment and management to increase safety and quality for patients

The new and revised requirements shown below (new text is underlined and deleted text has ~~strike through~~) will also be posted by the end of June on The Joint Commission website

at https://www.jointcommission.org/standards_information/prepublication_standards.aspx. These revisions will be reflected in the fall 2017 E-dition® release for the *Comprehensive Accreditation Manual for Hospitals* (as well as the hard copy publications for 2018).

Questions may be directed to Trina Crow, RN, MJ, associate project director, Department of Standards and Survey Methods, The Joint Commission, at tcrow@jointcommission.org. 



Official Publication of Joint Commission Requirements

New and Revised Standards Related to Pain Assessment and Management

APPLICABLE TO HOSPITALS

Effective January 1, 2018

Leadership (LD)

Standard LD.04.03.13

Pain assessment and pain management, including safe opioid prescribing, is identified as an organizational priority for the hospital.

Elements of Performance for LD.04.03.13

1. The hospital has a leader or leadership team that is responsible for pain management and safe opioid prescribing and develops and monitors performance improvement activities. (See also PI.02.01.01, EP 19)
2. The hospital provides nonpharmacologic pain treatment modalities.
3. The hospital provides staff and licensed independent practitioners with educational resources and programs to improve pain assessment, pain management, and the safe use of opioid medications based on the identified needs of its patient population. (See also RI.01.01.01, EP 8)
4. The hospital provides information to staff and licensed independent practitioners on available services for consultation and referral of patients with complex pain management needs.
5. The hospital identifies opioid treatment programs that can be used for patient referrals.
6. The hospital facilitates practitioner and pharmacist access to the Prescription Drug Monitoring Program databases.

Note: This element of performance is applicable in any state that has a Prescription Drug Monitoring Program.

database, whether querying is voluntary or is mandated by state regulations for all patients prescribed opioids.


7. Hospital leadership works with its clinical staff to identify and acquire the equipment needed to monitor patients who are at high risk for adverse outcomes from opioid treatment. (See also PC.01.02.07, EP 6)

Medical Staff (MS)

Standard MS.03.01.03

The management and coordination of each patient's care, treatment, and services is the responsibility of a practitioner with appropriate privileges.

Element of Performance for MS.03.01.03

2. The hospital educates all licensed independent practitioners on assessing and managing pain. (See also RI.01.01.01, EP 8). 

Standard MS.05.01.01

The organized medical staff has a leadership role in organization performance improvement activities to improve quality of care, treatment, and services and patient safety.

Element of Performance for MS.05.01.01

18. The medical staff is actively involved in pain assessment, pain management, and safe opioid prescribing through the following:
 - Participating in the establishment of protocols and quality metrics
 - Reviewing performance improvement data

Continued on page 4

New and Revised Standards Related to Pain Assessment and Management (continued)

Provision of Care, Treatment, and Services (PC)

Standard PC.01.02.07

The hospital assesses and manages the patient's pain and minimizes the risks associated with treatment.

Elements of Performance for PC.01.02.07

1. ~~The hospital conducts a comprehensive pain assessment that is consistent with its scope of care, treatment, and services and the patient's condition. (See also PC.01.02.01, EP 2; RI.01.01.01, EP 8).~~ **R**

2. 1. ~~ⓐ~~ The hospital ~~uses methods~~ has defined criteria to screen, assess, and reassess pain that are consistent with the patient's age, condition, and ability to understand. **R**

3. 2. The hospital ~~reassesses and responds to the patient's pain, based on its reassessment criteria~~ screens patients for pain during emergency department visits and at the time of admission. **R**

4. 3. The hospital ~~either~~ treats the patient's pain or refers the patient for treatment.

Note: Treatment strategies for pain may include pharmacologic and nonpharmacologic, pharmacologic, or a combination of approaches. Strategies should reflect a patient-centered approach and consider the patient's current presentation, the health care providers' clinical judgment, and the risks and benefits associated with the strategies, including potential risk of dependency, addiction, and abuse.

4. ~~ⓐ~~ The hospital develops a pain treatment plan based on evidence-based practices and the patient's clinical condition, past medical history, and pain management goals.

5. ~~ⓐ~~ The hospital involves patients in the pain management treatment planning process through the following:

- Developing realistic expectations and measurable goals that are understood by the patient for the degree, duration, and reduction of pain
- Discussing the objectives used to evaluate treatment progress (for example, relief of pain and improved physical and psychosocial function)
- Providing education on pain management, treatment options, and safe use of opioid and non-opioid medications when prescribed (See also RI.01.02.01, EPs 6–8; RI.01.03.01, EP 6)

6. The hospital monitors patients identified as being high risk for adverse outcomes related to opioid treatment.

(See also LD.04.03.13, EP 7)

7. ~~ⓐ~~ The hospital reassesses and responds to the patient's pain through the following:

- Evaluation and documentation of response(s) to pain intervention(s) (See also RC.01.01.01, EP 7)
- Progress toward pain management goals including functional ability (for example, ability to take a deep breath, turn in bed, walk with improved pain control)
- Side effects of treatment
- Risk factors for adverse events caused by the treatment

8. ~~ⓐ~~ The hospital educates the patient and family on discharge plans related to pain management including the following:

- Pain management plan of care
- Side effects of pain management treatment
- Activities of daily living, including the home environment, that might exacerbate pain or reduce effectiveness of the pain management plan of care, as well as strategies to address these issues
- Safe use, storage, and disposal of opioids when prescribed

Performance Improvement

Standard PI.01.01.01

The hospital collects data to monitor its performance.

Element of Performance for PI.01.01.01

56. The hospital collects data on pain assessment and pain management including types of interventions and effectiveness.

Standard PI.02.01.01

The hospital compiles and analyzes data.

Elements of Performance for PI.02.01.01

18. The hospital analyzes data collected on pain assessment and pain management to identify areas that need change to increase safety and quality for patients.

19. The hospital monitors the use of opioids to determine if they are being used safely (for example, the tracking of adverse events such as respiratory depression, naloxone use, and the duration and dose of opioid prescriptions). (See also LD.04.03.13, EP 1)