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

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- 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 strikethrough) 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.

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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)*

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.

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.

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 nonpharmacologic, pharmacologic, or a combination of approaches. Strategies should reflect a patient-centered approach and consider the patient’s current presentation, the healthcare providers’ clinical judgment, and the risks and benefits associated with the strategies, including potential risk of dependency, addiction, and abuse.

4. 3. 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. 4. 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. 5. 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. 6. 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)*