Revisions to pain management requirements encourage new treatment approaches

Nursing care centers may now consider both pharmacologic and nonpharmacologic approaches to pain management under revisions to the Provision of Care, Treatment and Services standard PC.01.02.07, which became effective January 1, 2015. Following an extensive literature review, The Joint Commission revised the rationale and added a note to element of performance (EP) 4. Clinical experts in pain management provided feedback on these revisions and guidance on the future direction of pain management. The experts affirmed treatment strategies may consider both pharmacologic and nonpharmacologic approaches. In addition, when considering the use of medications to treat pain, organizations should consider both the benefits to the patient, as well as the risks of dependency, addiction and abuse. The revisions are below.

(Contact: Emi Datuin-Pal, BDatuin-Pal@jointcommission.org)

Standard PC.01.02.07: The nursing care center assesses and manages the patient’s or resident’s pain.

[Revised] Rationale for PC.01.02.07

The identification and management of pain is an important component of person-centered care. Patients or residents can expect their health care providers will involve them in their assessment and management of pain. Both pharmacologic and nonpharmacologic strategies have a role in the management of pain. The following examples are not exhaustive, but strategies may include the following:

- Nonpharmacologic strategies: physical modalities (for example, acupuncture therapy, chiropractic therapy, osteopathic manipulative treatment, massage therapy, and physical therapy), relaxation therapy and cognitive behavioral therapy
- Pharmacologic strategies: nonopioid, opioid and adjuvant analgesics

EP 4: The nursing care center either treats the patient or resident pain or refers the patient or resident for treatment.

[New] Note: Treatment strategies for pain may include pharmacologic and nonpharmacologic approaches. Strategies should reflect a person-centered approach and consider the patient’s or resident’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.

Top five most challenging requirements for nursing care centers in 2014

The Joint Commission collects data on organizations’ compliance with standards, National Patient Safety Goals (NPSGs) and Accreditation and Certification Participation Requirements to identify trends and focus education on challenging requirements. These data also help The Joint Commission identify risk areas to highlight in the Focused Standards Assessment (FSA) process. The table below identifies five Joint Commission nursing care center requirements identified most frequently as “not compliant” during surveys from January 1-December 31, 2014. The data represents citations only from organizations due to be surveyed during this time period – that is, data from for-cause surveys are not included. For more
information, see the April issue of Perspectives or the Standards Frequently Asked Questions. (Contact: Standards Interpretation Group, 630-792-5900 or online question form)

<table>
<thead>
<tr>
<th>Non-compliance %</th>
<th>Standard/NPSG</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>36%</td>
<td>HR.02.01.04</td>
<td>The organization permits licensed independent practitioners to provide care, treatment, and services.</td>
</tr>
<tr>
<td>21%</td>
<td>PC.01.02.03</td>
<td>The organization assesses and reassesses the patient or resident and his or her condition according to defined time frames.</td>
</tr>
<tr>
<td>18%</td>
<td>IM.02.02.01</td>
<td>The organization effectively manages the collection of health information.</td>
</tr>
<tr>
<td>18%</td>
<td>MM.03.01.01</td>
<td>The organization safely stores medications.</td>
</tr>
<tr>
<td>17%</td>
<td>PC.01.02.07</td>
<td>The organization assesses and manages the patient’s or resident’s pain.</td>
</tr>
</tbody>
</table>

**FAQs**

The Joint Commission recently revised the accreditation decision process for organizations undergoing initial surveys. Now only two outcomes – Accredited, or Denial of Accreditation – are possible. The following FAQs clarify the revised process:

- When can an organization undergoing an initial Joint Commission survey withdraw from the accreditation process without incurring a Denial of Accreditation decision?
  - The organization can withdraw up until the time it submits an evidence of standards compliance (ESC).
  - After ESC submission, the organization will receive a Denial of Accreditation decision.

- What happens if an immediate threat to health or safety is declared during an initial Joint Commission survey?
  - The organization receives a Denial of Accreditation decision with no opportunity for appeal.
  - The Joint Commission notifies the licensing authority with jurisdiction that the organization was denied accreditation due to an immediate threat to health or safety.

- Once a health care organization withdraws from the initial survey or receives a Denial of Accreditation decision, when can it reapply for accreditation?
  - An organization must wait a minimum of four months before reapplying.
  - The Joint Commission can decrease the waiting period based on the merits of the petition.

*Note: If an organization was denied accreditation because of an immediate threat to health or safety and then reapply for accreditation, it will be surveyed to show that the threat has been resolved. This survey may be conducted before, or in conjunction with, the full survey.*

**Resources**

**Advancing Excellence workshop on disrupting infections in nursing homes**
A new workshop – *Disrupt Infections: Creating a Community of Prevention* – educates nursing home staff on simple, practical ways to build community immunity in the care setting. The workshop, sponsored by the Advancing Excellence in Long-Term Care Collaborative (of which The Joint Commission is a member), is being held in 30 cities nationwide. The cost is $79, with a sliding fee for others from the same care community. Continuing education credits are also available. Register. (Contact: Gina Zimmermann, gzimmermann@jointcommission.org)

**New on the web**
- Free webinars: July 14 – Preparing for Quality-Based Reimbursement; July 30 – Leveraging Specialty Certifications to Grow Census; September 3 – Emergency Management Strategies
- Free learning module: Applying High Reliability Principles to Infection Prevention and Control in Long Term Care