



# Common myths about The Joint Commission pain standards

## Myth No. 1: The Joint Commission endorses pain as a vital sign.

The Joint Commission never endorsed pain as a vital sign. Joint Commission standards never stated that pain needs to be treated like a vital sign. The roots of this misconception go back to 1990 (more than a decade before Joint Commission pain standards were released), when pain experts called for pain to be “made visible.” Some organizations tried to achieve this by making pain a vital sign. The only time the standards referenced the fifth vital sign was when examples were provided of how some organizations were assessing patient pain. In 2002, The Joint Commission addressed the problems of the fifth vital sign concept by describing the unintended consequences of this approach to pain management, and described how organizations subsequently modified their processes.

## Myth No. 2: The Joint Commission requires pain assessment for all patients.

The original pain standards, which were applicable to all accreditation programs, stated “Pain is assessed in all patients.” This requirement was eliminated in 2009 from all programs except Behavioral Health Care. It was thought that these patients were less able to bring up the fact that they were in pain and, therefore, required a more aggressive approach. The current Behavioral Health Care standard states, “The organization screens all patients for physical pain.” The current standard for the hospital and other programs states, “The organization assesses and manages the patient’s pain.” This allows organizations to set their own policies regarding which patients should have pain assessed. Surveyors determine whether such policies have been established, and whether there is evidence that the organization’s own policies are followed. Some organizations may still follow the old standard and require pain assessment of all patients.

## Myth No. 3: The Joint Commission requires that pain be treated until the pain score reaches zero.

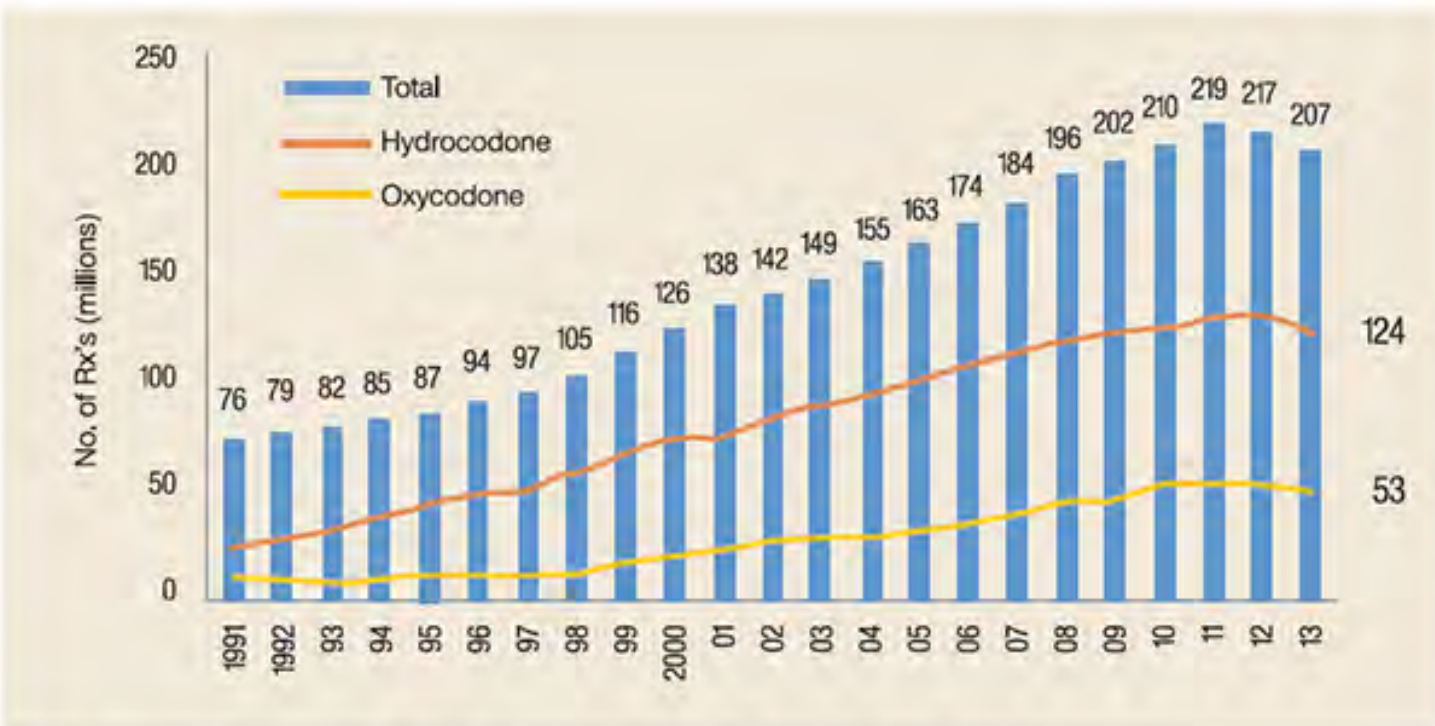
There are several variations of this myth, including that patients are treated by an algorithm according to their pain score. In fact, throughout its history, The Joint Commission has advocated for an individualized patient-centric approach that does not require zero pain. The introduction to the “Care of Patients” functional chapter in 2001 started by stating that the goal of care is “to provide individualized care in settings responsive to specific patient needs.”

## Myth No. 4: The Joint Commission standards push doctors to prescribe opioids.

The current standards do not push clinicians to prescribe opioids. In fact, the standards do not mention opioids at all. The note to the standard states: *Treatment strategies for pain may include pharmacologic and nonpharmacologic 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.*

## Myth No. 5: The Joint Commission pain standards caused a sharp rise in opioid prescriptions.

This claim is completely contradicted by data from the National Institute on Drug Abuse. The graph below (Figure 1 in the report) shows that the number of opioid prescriptions filled at commercial pharmacies in the United States from 1991 to 2013 had been steadily increasing for 10 years prior to the standards’ release in 2001. It is likely that the increase in opioid prescriptions began in response to the growing concerns in the U.S. about under treatment of pain and efforts by pain management experts to allay physicians’ concerns about using opioids for nonmalignant pain. Moreover, the standards do not appear to have accelerated the trend in opioid prescribing. An uptick in the rate of increase in opioid use appears to have occurred around 1997-1998, two years prior to release of the standards.



Opioid Prescriptions Dispensed by US Retail Pharmacies IMS Health, Vector One: National, years 1991-1996, Data Extracted 2011. IMS Health, National Prescription Audit, years 1997-2013, Data Extracted 2014.



### The Joint Commission pain standards

- The hospital educates all licensed independent practitioners on assessing and managing pain.
- The hospital respects the patient’s right to pain management.
- The hospital assesses and manages the patient’s pain.

### Requirements for what should be addressed in organizations’ policies:

1. The hospital conducts a comprehensive pain assessment that is consistent with its scope of care, treatment, and services and the patient’s condition.
2. The hospital uses methods to assess pain that are consistent with the patient’s age, condition, and ability to understand.
3. The hospital reassesses and responds to the patient’s pain, based on its reassessment criteria.
4. The hospital either treats the patient’s pain or refers the patient for treatment. Note: *Treatment strategies for pain may include pharmacologic and nonpharmacologic 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.*