

Pain Assessment and Management Standards for Joint Commission Accredited Health Care Organizations

Pain assessment and management standards

- Since 2001, Joint Commission standards have required accredited hospitals to establish policies and procedures for pain assessment and management based on appropriate clinical determinations, its patient population and the scope of services provided.
- Standards require hospitals to have a process to address pain assessment when necessary; a process upon clinical determination to either treat patient pain or refer patients for pain treatment, which may include nonpharmacologic or pharmacologic approaches; and a process for the clinician to reassess and respond to a patient's pain based on reassessment criteria.
- The Joint Commission revised its pain management standards for accredited hospitals, effective Jan. 1, 2018. For more than a year, the development process involved:
 - Extensive research and literature review
 - A technical advisory panel of leadership, clinicians, researchers, and other practitioners and experts in anesthesiology, pain management, perioperative services, patient safety, emergency medicine, psychiatry, behavioral health bioethics, surgery, and neurobehavioral research on addiction, from leading hospitals and other organizations across the country
 - Learning visits at hospitals to research leading practices in pain assessment and management and the safe use of opioids
 - A standards review panel including practicing nurses, pharmacists, physicians, physical rehabilitation medicine practitioners and other practitioners and administrators with clinical experience and knowledge in pain assessment and management.
- The new and revised standards reflect the current need to support hospitals in preventing any overprescribing of opioids and for improving the safety of opioid use when prescribed. Among the new requirements, accredited hospitals must:
 - Actively engage medical staff and hospital leadership in improving pain assessment and management, including strategies to decrease opioid use and minimize risks associated with opioid use
 - Provide at least one non-pharmacological pain modality when clinicians determine need for pain treatment
 - Facilitate access to prescription drug monitoring programs
 - Engage patients in treatment decisions about their pain management
 - Address patient education and engagement, including storage and disposal of opioids to prevent these medications from being stolen or misused by others
 - Facilitate referral of patients addicted to opioids to treatment programs

Myths related to The Joint Commission's pain standards

- The Joint Commission did not develop the concept of pain as a vital sign and opposes the use of pain as the "5th Vital Sign".
 - The American Pain Society developed the "pain as the fifth vital sign" campaign in 1995, and the Veteran's Health Administration then launched their pain as the fifth vital sign initiative in 1999. California's legislature passed Assembly Bill 791 in 1991, which mandated that *"Every health facility licensed pursuant to this chapter shall, as a condition of licensure, include pain as an item to be assessed at the same time as vital signs are taken. The pain assessment shall be noted in the patient's chart in a manner consistent with other vital signs."* Measuring pain as the fifth vital sign was a well-established national movement years before The Joint Commission standards became effective in 2001.
- The Joint Commission standards have never specified what types of pharmacological or non-pharmacological treatments should be prescribed for pain. Specifically, the standards have never mentioned opioids or encouraged clinicians to prescribe opioids. The Joint Commission never writes clinical practice guidelines, and establishing requirements for specific clinical treatments is not within the scope of accreditation.
- Joint Commission accreditation standards have never required that treat patients to "zero pain."
- The Joint Commission has never endorsed use of pain "satisfaction scores" for national, public or any other purpose other than an organization's internal quality improvement. Our focus is on achieving and maintaining high-quality systems of care, as measured through valid outcome measures. Patient satisfaction surveys are helpful for individual organizations internally evaluating their services but do not serve as reliable and valid data on health care quality.

For more information:

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