

Prepublication Requirements

The Joint Commission has approved the following revisions for prepublication. While revised requirements are published in the semiannual updates to the print manuals (as well as in the online E-dition®), accredited organizations and paid subscribers can also view them in the monthly periodical *The Joint Commission Perspectives*®. To begin your subscription, call 800-746-6578 or visit <http://www.jcrinc.com>.



Standards Revisions 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). **R**

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

Key: **D** indicates that documentation is required; **R** indicates an identified risk area

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

4. ~~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**~~
21. Ⓓ 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**
32. ~~The hospital reassesses and responds to the patient's pain, based on its reassessment criteria. The hospital screens patients for pain during emergency department visits and at the time of admission. **R**~~
3. The hospital treats the patient's pain or refers the patient for treatment.
Note: *Treatment strategies for pain may include nonpharmacologic, pharmacologic, or a combination of approaches.*
4. Ⓓ The hospital either treats the patient's pain or refers the patient for treatment. 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.
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.*
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 (PI)

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)