Pain assessment and management standards for home health services

Effective July 1, 2019, new and revised pain assessment and management standards will be applicable to Joint Commission-accredited home health services under the Home Care Accreditation program. The new requirements are not applicable to personal care and support services. This project is a continuation of the initiative that resulted in new and revised pain assessment and management requirements for hospitals, ambulatory care organizations, critical access hospitals, and office-based surgery practices (see July 2017 The Joint Commission Perspectives and July 2018 The Joint Commission Perspectives. The program-tailored standards are designed to provide accreditation programs with contemporary guidance for pain assessment and management and strengthen organizations’ practices for pain assessment, treatment, education, and monitoring.

Engagement with stakeholders, customers, and experts
In addition to an extensive literature review and public field review, The Joint Commission obtained expert guidance from the following groups:

- **Technical Advisory Panel (TAP)** of practicing clinicians from various health care and academic organizations, professional associations, and the payor and health technology sectors.
- **Home Health Expert Panel** consisting of professionals with clinical and leadership experience relating to pain management in the home health setting.
- **Standards Review Panel (SRP)** comprised of clinicians and administrators who provided a “boots on the ground” point of view and insights into the practical application of the proposed standards. Members of the home health expert panel as well as additional representatives from organizations or professional associations participated.

The prepublication version of the pain assessment and management standards will be available online until the end of June 2019. On or after July 1, 2019, please access the new requirements in the E-dition.
**LD.04.03.13: Pain assessment and pain management are identified as an organizational priority.**

<table>
<thead>
<tr>
<th>Requirement</th>
<th>LD.04.03.13, EP 3: The organization provides staff and licensed independent practitioners with educational resources to improve pain assessment, pain management, and the safe use of opioid medications based on the identified needs of its patient population.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rationale</td>
<td>A large number of patients in the home health setting experience pain, and a significant proportion receive opioid pain medications. Physicians and nurses report insufficient training in pain management. The organization can increase clinician and staff competence in pain assessment and management by providing access to educational evidence-based resources. Note: The methods for education may vary depending on the organization’s needs and resources. Topics for education may include functional pain assessment, nonpharmacologic and pharmacologic pain treatment, prevention of harms from opioid therapy, and management of patients with complex needs.</td>
</tr>
</tbody>
</table>
“Education for Clinicians.” University of Iowa, 2018, [https://geriatricpain.org/education/education-clinicians](https://geriatricpain.org/education/education-clinicians)  
“Centers of Excellence in Pain Education (CoEPEs),” NIH Pain Consortium, [https://painconsortium.nih.gov/Funding_Research/CoEPEs](https://painconsortium.nih.gov/Funding_Research/CoEPEs)  

**Provision of Care, Treatment, and Services**

**PC.01.02.07: The organization assesses and manages the patient’s pain.**

<table>
<thead>
<tr>
<th>Requirement</th>
<th>PC.01.02.07, EP 1: The organization has defined criteria to screen, assess, and reassess pain that are consistent with the patient’s age, condition, and ability to understand.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rationale</td>
<td>The Joint Commission’s technical advisory panel and current literature stress the importance of a consistent, evidence-based approach to pain assessment, which includes assessing how pain affects the patient’s function. Note: The organization has flexibility in choosing screening and assessment tools. Ideally, the tools will meet the needs of the patient population.</td>
</tr>
</tbody>
</table>
**Reference**


**Resources:**

"Pain Assessment," University of Iowa, 2018, [https://geriatricpain.org/pain-assessment](https://geriatricpain.org/pain-assessment)

---

**Requirement**

PC.01.02.07, EP 3: The organization treats the patient’s pain or refers the patient for treatment.

Note: Treatment strategies for pain include nonpharmacologic, pharmacologic, or a combination of approaches.

**Rationale**

Major professional organizations and experts recognize nonpharmacologic therapies and pharmacologic treatments as components of acute and chronic pain management. For patients who present with complex pain management needs, such as the patient with a substance use or mental health disorder, the patient who requires palliative or hospice care, or a patient whose pain management needs exceed the expertise of the patient’s attending licensed independent practitioner, a referral to internal or external health care professionals or organizations may be needed.

Note: The need for a treatment or referral will be determined based on assessment data by the licensed independent practitioner responsible for the home health plan of care.

**Reference**


**Resources:**

"Resources, Training, Tools," ElevatingHOME, [https://www.elevatinghome.org/resources/toolstraining#Pain](https://www.elevatinghome.org/resources/toolstraining#Pain)

"Pain Management," University of Iowa, 2018, [https://geriatricpain.org/pain-management](https://geriatricpain.org/pain-management)

**Requirement**

PC.01.02.07, EP 4: If the patient’s assessed needs warrant a pain treatment plan, the organization develops a pain treatment plan based on evidence-based practices and the patient’s clinical condition, past medical history, and pain management goals.
## Rationale

Differences in the experience of acute or chronic pain may be caused by pain pathophysiology, risk factors, comorbidities, and psychosocial characteristics. These individual variations support an individualized model of pain management. In some instances, an individualized approach to treatment and monitoring is necessary and safe because insufficient clinical guidance exists in areas such as evidence on postoperative opioid tapering protocols. Note: Staff and the licensed independent practitioner responsible for the home health plan of care establish a plan based on needs identified by the patient’s assessment. Evidence-based practices could include practice guidelines, successful practices, information from current literature, and clinical standards.

## Reference*


**Resources:**

“Resources, Training, Tools,” ElevatingHOME, [https://www.elevatinghome.org/resources/toolstraining#Pain](https://www.elevatinghome.org/resources/toolstraining#Pain)

“Pain Management,” University of Iowa, 2018, [https://geriatricpain.org/pain-management](https://geriatricpain.org/pain-management)

## Requirement

**PC.01.02.07, EP 5:** The organization 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 2, 4, 8; RI.01.03.01, EP 1)

The Joint Commission’s technical advisory panel on pain management emphasized the importance of discussions between the patient (patient’s family or surrogate decision makers) and the provider/care team about realistic goals and expectations for the trajectory of pain, especially when the outcomes of pain treatment are uncertain. It is important to identify domains of function or quality of life issues that the patient values and prioritize improvement in these areas to increase satisfaction with treatment progress.

**Resources**


“Resources, Training, Tools,” ElevatingHOME, [https://www.elevatinghome.org/resources/toolstraining#Pain](https://www.elevatinghome.org/resources/toolstraining#Pain)


**PC.01.02.07, EP 7:** Based on the patient’s condition, the organization reassesses and responds to the patient’s pain through the following:

- Evaluation and documentation of response(s) to pain intervention(s)
- Progress toward pain management goals including functional ability (for example, improved pain, physical function, quality of life, mental and cognitive symptoms, sleep habits, functioning in life roles)
- Side effects of treatment
- Risk factors for adverse events caused by the treatment

(See also PC.01.02.03, EP 3)
| Rationale | Reassessment should be completed to determine if the intervention is working or if the patient is experiencing side effects of treatment (for example, constipation or sedation) or develops risk factors for adverse effects (for example, falls or adverse medication interactions).

Note: The patient is reassessed as necessary based on his or her plan of care or changes in his or her condition. Unidimensional reassessment based on pain intensity ratings alone is inadequate. The Joint Commission’s technical advisory panel stressed the importance of reassessing how pain affects function and the ability to make progress toward treatment goals. For example, the goal of pain management may be improved ability to participate in physical therapy tasks or daily activities. |
|---|---|

| Requirement | PC. 01.02.07, EP 8: The organization educates the patient and family on safe use, storage, and disposal of opioids when prescribed. (See also PC.02.03.01, EP 10) |
| Rationale | Opioid medications are commonly prescribed in the home health setting. Potential harms of opioid medications include misuse, addiction, and diversion. If applicable, the provider/care team must engage the patient and family in a discussion on opioid safety. |

Resources:
- “Pain Management,” University of Iowa, 2018, https://geriatricpain.org/pain-management

*Not a complete literature review.*