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**Joint Commission unveils new design for Standards FAQs**

The Joint Commission’s [Standards FAQs](#) have a new look and format to make it as easy as possible to find important information about patient safety and health care quality. The goal of the FAQs is to provide answers to frequently asked questions about Joint Commission standards. The answers are vetted by The Joint Commission’s Standards Interpretation Group and are the most current information available.

Based on customer feedback, the site was redesigned so users can now:

- Print the FAQs individually, by chapter or by manual
- Search by manual, chapter and/or keyword
- Vote (thumbs up/down) with optional comment section
- View featured and new FAQs for two weeks

In addition, the highest-rated FAQs will be listed at the top of the list by chapter, and there will only be one question/answer per FAQ. All users are encouraged to search the FAQs before submitting a question, since many health care organizations face similar issues and can offer the best advice for working through them.

**Quality and safety**

**Joint Commission releases statement on pain management**


He said that when trying to make sense of the prescription opioid epidemic, people are quick to try and place blame. A target of that criticism is The Joint Commission’s pain standards, but he encouraged critics to look at the exact standards to fully understand what accredited organizations are required to do with regard to pain.

The Joint Commission first established standards for pain assessment and treatment in 2001 in response to the national outcry about the widespread problem of undertreatment of pain. The Joint Commission’s current standards require that organizations establish policies regarding pain assessment and treatment and conduct educational efforts to ensure compliance. The standards **DO NOT** require the use of drugs to manage a patient’s pain; and when a drug is appropriate, the standards do not specify which drug should be prescribed.

The foundational standards are:

- 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 include:
• The hospital conducts a comprehensive pain assessment that is consistent with its scope of care, treatment, and services and the patient's condition.
• The hospital uses methods to assess pain that are consistent with the patient's age, condition, and ability to understand.
• The hospital reassesses and responds to the patient's pain, based on its reassessment criteria.
• 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.

He also addressed five misconceptions, which are:
• The Joint Commission endorses pain as a vital sign
• The Joint Commission requires pain assessment for all patients
• The Joint Commission requires that pain be treated until the pain score reaches zero.
• The Joint Commission standards push doctors to prescribe opioids
• The Joint Commission pain standards caused a sharp rise in opioid prescriptions.

The Joint Commission pain standards were designed to address a serious, intractable problem in patient care that affected millions of people, including inadequate pain control for both acute and chronic conditions. The standards were designed to be part of the solution.

“We believe that our standards, when read thoroughly and correctly interpreted, continue to encourage organizations to establish education programs, training, policies, and procedures that improve the assessment and treatment of pain without promoting the unnecessary or inappropriate use of opioids,” Baker wrote. “The Joint Commission is committed to working to dispel these misunderstandings and welcomes dialogue with the dedicated individuals who are caring for patients in our accredited organizations.”

Read more on the misconceptions or read the full statement on pain standards.

NAHQ summit to focus on improving outcomes for all patients
To help prepare health care organizations to meet the challenge of improving outcomes for all patients, the National Association for Healthcare Quality is hosting a summit — The National Quality Summit: Improving Health Outcomes through Population Health — May 11-12 in Dallas, Texas.

This event will provide attendees:
• The opportunity to learn from key industry players about common barriers to success
• Engage in dialogue with peers, who are seeking unique solutions for their organizations
• A chance to enhance already specialized skills to improve their organization’s health outcomes through population health management

Attendees also will have the opportunity to participate in-person or online. Find out more information.
Recognition

Meshkati named Ernest Amory Codman Award® Lectureship honoree

Najmedin (Najm) Meshkati, PhD, has been selected as the 2016 Ernest Amory Codman Award® Lectureship honoree. Dr. Meshkati is a professor of civil/environmental engineering, industrial and systems engineering, and international relations at the University of Southern California. He was a Jefferson Science Fellow and a senior science and engineering advisor, as well as an Office of Science and Technology advisor to the Secretary of State in the United States State Department.

Dr. Meshkati has been a trailblazer and innovator in his field, and has been dedicated to solving high-risk problems, such as risk reduction and reliability enhancement, in the field of complex technological systems, including nuclear power plants.

The Ernest Amory Codman Award® Lectureship recognizes an individual whose work focuses on leadership areas applied to health care and that supports The Joint Commission’s mission of continuously improving the safety and quality of care.

Established in 1996, the award honors the legacy of Dr. Codman, who founded what is today known as outcomes management. It was Codman’s lifelong mission to establish an “end results system” to track patient outcomes as an opportunity to identify clinical misadventures to improve patient care.

Find out how Meshkati felt after learning he was named the Ernest Amory Codman Award® honoree.

Modern Healthcare: Joint Commission president one of Most Influential Physician Executives

Modern Healthcare recently unveiled selections for its Top 50 Most Influential Physician Executives and Leaders, and The Joint Commission’s president and CEO, Dr. Mark R. Chassin, was No. 20 on the list.

According to Modern Healthcare, the nomination process asked for reader input on specific criteria for judging nominees, including:

- Executive responsibility
- Leadership qualities
- Professional achievement, inside and outside of their respective organizations
- Innovation
- Community service

The ballot comprised 150 names, and more than 27,000 votes were submitted. Reader votes counted for 50 percent of the outcome, while the other 50 percent was based on selections by Modern Healthcare’s senior editors.

Three Joint Commission leaders named to Becker’s Healthcare patient safety experts list

Becker's Healthcare released its 2016 edition of “50 Experts Leading the Field of Patient Safety,” Monday, April 18, and three doctors from The Joint Commission were named to the list, which features clinicians, advocates and legislators who work tirelessly to eliminate medical errors and improve safety in the industry.

According to Becker’s, experts were selected based on editorial research and discretion. Nominations were also considered when making selections for this list. Individuals could not pay to be included on the list.

The Joint Commission leaders named to the list were:
Mark R. Chassin, MD, president and CEO
David W. Baker, MD, executive vice president, Division of Health Care Quality Evaluation, and inaugural editor-in-chief of *The Joint Commission Journal on Quality and Patient Safety*
Ronald Wyatt, MD, patient safety officer and medical director, Division of Healthcare Improvement

View the full list, as well as full biographies on the three Joint Commission leaders.

**In the news**

Chassin discusses high performing organizations with NEJM Catalyst
Joint Commission President Mark R. Chassin, MD, recently sat down for an interview with Tom Lee of New England Journal of Medicine (NEJM) Catalyst to discuss a few organizations that are doing great work in safety, efficiency and culture in health care, as well as the common denominators of why those organizations are successful.

Read or listen to the [interview](#).

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