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Quality and safety

Patient Safety Awareness Week set for March 13-19
Patient Safety Awareness Week is March 13-19, and this year's activities are part of the National Patient Safety Foundation's larger United for Patient Safety Campaign, which aims to highlight and reinforce that everyone within the health care community has a role to play in keeping patients safe and free from harm.

As a sponsor of the week, The Joint Commission plans to feature a Web page dedicated to patient safety resources, including a new Quick Safety on the Patient Safety Systems chapter of the hospital manual. Look for the new Web page and Quick Safety on Monday, March 14, by visiting The Joint Commission website.

NPSF is hosting a Twitter chat on Tuesday, March 15, scheduled for 11 a.m. PT / noon MT / 1 p.m. CT / 2 p.m. ET. The chat will focus on safety in all health care settings. Organizers are asking participants to use the hashtag #PSAW16chat and check out the Twitter handle, @theNPSF.

NPSF also is hosting a complimentary webcast — “Patient Safety is a Public Health Issue” — on Thursday, March 17, at 10 a.m. PT / 11 a.m. MT / noon CT / 1 p.m. ET. One of the speakers will be NPSF President Tejal Gandhi, MD, MPH, CPPS.

Visit here to honor a loved one affected by a medical error, or to download educational materials, post pictures or share plans for Patient Safety Awareness Week.

Joint Commission clarifies intent of pain assessment standards
Relieving pain is one of the central missions of health care. The field of medicine benefits from an increasing set of evidence-based treatments for pain, including nonpharmacologic modalities (such as acupuncture, chiropractic therapy, osteopathic manipulative treatment, massage therapy, physical therapy, relaxation therapy, and cognitive behavioral therapy) and pharmacologic modalities (such as nonopioid, opioid, and adjuvant analgesics). At the same time, this wide array of treatment options can make it more difficult to decide on the optimal treatment regimen for an individual patient. Appropriate treatment may vary depending upon the disease process, the prognosis, the patient's overall physical and mental health, and the patient's preferences. Therefore, a comprehensive assessment of the patient's pain and attitudes toward treatment is a critical first step towards controlling the pain.

While The Joint Commission has standards related to pain management in multiple accreditation and certification programs, the goal of this article is to debunk some common misconceptions about the intent of the standards specific to pain assessment.

A fitting example is the simply-stated Joint Commission pain assessment standard, Provision of Care, Treatment, and Services (PC) Standard PC.01.02.07 for hospitals: “The hospital assesses and manages the patient’s pain.”

Pain assessment is then addressed further in three of this standard’s elements of performance (EP):

- EP 1—The hospital conducts a comprehensive [emphasis added] pain assessment that is consistent with its scope of care, treatment, and services and the patient’s condition.
• EP 2— The hospital uses methods to assess pain that are consistent with the patient’s age, condition, and ability to understand [emphasis added].
• EP 3— The hospital reassesses and responds to the patient’s pain, based on its reassessment criteria [emphasis added]. Joint Commission standards do not require the use of any particular treatment modality, whether nonpharmacologic or pharmacologic.

The Joint Commission also does not specify any of the following:

• **How the assessment should be done.** Joint Commission surveyors evaluate compliance with the organization’s own policies. As stated in the introduction to Standard PC.01.02.01, “Assessment activities may vary between settings, as defined by the hospital’s leaders [emphasis added].”
• **Whether numerical pain scales should be used.** A recent article by Dr. Jane Ballantyne and Dr. Mark Sullivan criticized the use of numerical intensity scales as the sole tool for assessing patients with chronic pain. The Joint Commission believes this criticism also applies to the assessment of acute pain. Numerical pain scales can be appropriate and helpful as part of the initial comprehensive assessment, but they are not required by Joint Commission standards and are usually inadequate on their own. Indeed, the fact that some patients have difficulty assigning scores to their pain (as implied in Standard PC.01.02.07, EP 2) could mean that qualitative assessments of severity (such as mild, moderate, or severe) may work better.
• **When reassessment should occur.** The timing of reassessment to determine the adequacy of the pain treatment plan should be specified by the organization.

The Joint Commission does not specify that the goal of treatment is complete elimination of pain and does not require organizations to set numerical treatment goals. The goal of pain treatment is to reduce discomfort to a desired, achievable level as determined by the patient. Oftentimes, patients will tolerate a higher level of pain in exchange for being more alert and able to interact with loved ones. In addition, as Ballantyne and Sullivan point out, the level of discomfort is also determined by the patient’s anxiety. Because pain may evoke fear or depression, simply increasing pharmacological therapy will not only be ineffective but also could pose significant risk.

The assessment of pain is an essential component of the pain management process. The Joint Commission fully endorses the humane, compassionate approach that physicians Ballantyne and Miller recommend for assessing the complex pathological, physiological and psychosocial factors that contribute to patients’ perceived pain and for determining the adequacy of pain control.

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**Center for Transforming Healthcare**

**Michigan second state to partner with Joint Commission Center for Transforming Healthcare**

The Michigan Health & Hospital Association (MHA) and its member hospitals have partnered with the Joint Commission Center for Transforming Healthcare on a statewide high reliability organization (HRO) improvement effort. Michigan is now the second state to partner with the Center.

At its Nov. 4, 2015 meeting, the MHA Board of Trustees unanimously supported a motion for Michigan hospitals to begin the journey to become HROs — organizations that manage safety hazards extremely well, and do so consistently over extended periods of time.

“Achieving high reliability in health care is the next step in improving Michigan’s quality of care, reducing costs and minimizing institutional risk for both patients and providers,” stated Sam R. Watson, MHA senior vice president of patient safety and quality, executive director of MHA Keystone Center, in a recent interview. “High reliability in health care signifies excellent care is consistently delivered, with a commitment to zero preventable harm.”

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The partnership with the Joint Commission Center for Transforming Healthcare will allow Michigan hospitals to systematically look at and develop strategies to improve organizational effectiveness and efficiency, customer satisfaction, compliance and organizational culture — all while ensuring the best care is provided to every patient, every time.

“Michigan hospitals are already committed to patient safety; this collaboration is different because it showcases the leadership’s commitment to transform health care delivery,” said Erin DuPree, MD, chief medical officer and vice president for the Joint Commission Center for Transforming Healthcare. “We applaud MHA and its participating hospitals for aiming to achieve the ultimate goal of zero patient harm by demonstrating that commitment, establishing a culture of safety and using robust methods of performance improvement.”

Learn more about the Joint Commission Center for Transforming Healthcare, as well as information about HROs.

Resources

Trending on jointcommission.org

- Emergency Management Resources - Vulnerable Populations: Zika Virus Disease resources have been developed and compiled by the HHS Assistant Secretary for Preparedness and Response. This resource document contains background information on the virus, populations at most risk, transmission, testing and links to additional information.

Learn more about Joint Commission Resources’ offerings online or call 877-223-6866.