

Prepublication Requirements

• Issued December 17, 2018 •



Standards Revisions for Pain Assessment and Management in Behavioral Health Care

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>.

Please note: Where applicable, this report shows current standards and EPs first, with deleted language struck-through. Then, the revised requirement follows in bold text, with new language underlined.

APPLICABLE TO BEHAVIORAL HEALTH CARE

Effective July 1, 2019

Standard CTS.02.01.09

The organization screens all individuals served for physical pain.

Elements of Performance for CTS.02.01.09

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| <p>3. For acute 24-hour settings: The organization assesses pain, then treats or refers individuals served for treatment.
 Note 1: “Acute 24-hour settings” includes inpatient crisis stabilization or medical detoxification.
 Note 2: Treatment strategies for pain include nonpharmacologic, pharmacologic, or a combination of approaches.</p> <p><i>EPs 3 moved to EP 4</i></p> | <input type="checkbox"/> <input type="checkbox"/> |
| <p>3. For opioid treatment programs: The program employs a multidisciplinary approach for treating patients with both chronic pain disorder and addiction, including both addiction medicine specialists and pain medicine specialists.
 Note: The site of such treatment may be either a medical clinic or an opioid treatment program, depending on the patient’s needs and the best utilization of available resources.</p> | <input type="checkbox"/> <input type="checkbox"/> |
| <p>4. For opioid treatment programs: The program employs a multidisciplinary approach for treating patients with both chronic pain disorder and addiction, including both addiction medicine specialists and pain medicine specialists.
 Note: The site of such treatment may be either a medical clinic or an opioid treatment program, depending on the patient’s needs and the best utilization of available resources.</p> <p><i>EP 4 moved to EP 5</i></p> | <input type="checkbox"/> <input type="checkbox"/> |
| <p>4. For opioid treatment programs: Patients with pain management needs receive their regular opioid medication at adequate doses to treat addiction.</p> | <input type="checkbox"/> <input type="checkbox"/> |

- 5. For opioid treatment programs: Patients with pain management needs receive their regular opioid medication at adequate doses to treat addiction.**

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Standard HRM.01.05.01

Staff participate in education and training.

Elements of Performance for HRM.01.05.01

- 11. Staff performing pain screening participate in education and training on screening individuals for pain.**
- 12. For acute 24-hour settings: Practitioners providing direct care, treatment, or services participate in education and training on pain assessment and pain management consistent with the scope of their license.**
Note: "Acute 24-hour settings" includes inpatient crisis stabilization or medical detoxification.

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Standard MM.01.01.01

The organization plans its medication management processes.

Note: This standard is applicable to organizations that engage in any of the medication management processes.

Elements of Performance for MM.01.01.01

- 2. For organizations that prescribe medications: The organization facilitates practitioner access to the Prescription Drug Monitoring Program databases.**

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