

# Prepublication Requirements

• Issued December 17, 2018 •



## Standards Revisions for Pain Assessment and Management in Nursing Care Centers

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 NURSING CARE CENTERS

**Effective July 1, 2019**

#### Standard LD.01.06.01

A medical director oversees the care, treatment, and services provided to patients and residents.

##### Elements of Performance for LD.01.06.01

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|---|---|--|--|
| <p><b>16. The medical director is actively involved in pain assessment, pain management, and safe opioid prescribing through the following:</b></p> <ul style="list-style-type: none"> <li>- Developing and communicating medical care policies, procedures, and guidelines</li> <li>- Monitoring pain management and prescribing practices</li> </ul> <p>(See also PI.02.01.01, EP 19)</p> | <table border="1" style="width: 40px; height: 20px; margin: 0 auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> |  |  |
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#### Standard LD.04.03.13

Pain assessment and pain management, including safe opioid prescribing, are identified as an organizational priority.

##### Elements of Performance for LD.04.03.13

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|---|---|--|--|
| <p><b>1. The organization has a leader or leadership team that is responsible for pain management and safe opioid prescribing, as well as developing and monitoring performance improvement activities. (See also PI.02.01.01, EP 19)</b></p>                               | <table border="1" style="width: 40px; height: 20px; margin: 0 auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> |  |  |
|   |   |  |  |
| <p><b>2. The organization provides nonpharmacologic pain treatment modalities.</b></p>  | <table border="1" style="width: 40px; height: 20px; margin: 0 auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> |  |  |
|   |   |  |  |
| <p><b>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 or resident population.</b></p> | <table border="1" style="width: 40px; height: 20px; margin: 0 auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> |  |  |
|   |   |  |  |

6. The organization 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.

### Standard PC.01.02.07

The organization assesses and manages the patient's or resident's pain.

**The organization assesses and manages the patient's or resident's pain and minimizes the risks associated with treatment.**

#### Elements of Performance for PC.01.02.07

*EPs 1 and 2 Consolidated*

1. The organization conducts a comprehensive pain assessment of the patient or resident that is consistent with the patient's or resident's condition. (See also PC.01.02.01, EP 2)
2. The organization uses methods to assess pain that are consistent with the patient's or resident's age, condition, and cognitive ability.
1. **The organization has defined criteria to screen, assess, and reassess pain that are consistent with the patient's or resident's age, condition, and ability to understand.**

*EP 4 moved to EP 3 and revised*

4. The organization either treats the patient's or resident's pain or refers the patient or resident for treatment.   
 Note 1: Treatment strategies for pain may include pharmacologic and nonpharmacologic approaches. Strategies should reflect a person-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.  
 Note 2: Treatment of pain includes interventions for breakthrough pain.
3. **The organization treats the patient's or resident's pain or refers the patient or resident for treatment.**   
**Note: Treatment strategies for pain include nonpharmacologic, pharmacologic, or a combination of approaches.**
4. If the patient's or resident's assessed needs warrant a pain treatment plan, the organization develops a pain treatment plan based on evidence-based practices and the patient's or resident's clinical condition, past medical history, and pain management goals.  (D)
5. The organization involves patients, residents, and/or their families in the pain management treatment planning process through the following:  (D)
- Developing realistic expectations and measurable goals that are understood by the patient, resident, and/or family 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 5–7; RI.01.03.01, EP 1)

*EP 3 moved to EP 7 and revised*

3. The organization reassesses the patient's or resident's pain, based on its reassessment criteria.

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7. **Based on the patient's or resident's condition, the organization reassesses and responds to the patient's or resident'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, improved or preserved physical function, quality of life, mental and cognitive symptoms, sleep habits)**  
**- Side effects of treatment**  
**- Risk factors for adverse events caused by the treatment**

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8. The organization educates the patient or resident and his or her 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

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9. If the patient or resident is unable to convey the presence of pain, the organization uses a validated non-verbal/non-cognitive pain assessment tool. \*
- Footnote \*: A useful tool for assessing pain for patients and residents with dementia is the "Pain Assessment in Advanced Dementia (PAINAD) Scale."

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9. **If the patient or resident is unable to convey the presence of pain, the organization uses a validated non-verbal/non-cognitive pain assessment tool.**

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*EP 6 moved to EP 10*

6. For organizations that elect The Joint Commission Post-Acute Care Certification option: When assessing the patient for pain, the organization documents the following:  
 - Location  
 - Duration  
 - Type (for example: sharp, dull, throbbing)  
 - Intensity (pain scale)  
 - Exacerbating factors  
 - Alleviating factors  
 - Previous treatments and response  
 - Any barriers which may prevent effective treatment  
 Note: This element of performance applies only for those patients receiving post-acute care under the optional certification.

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- 10.** For organizations that elect The Joint Commission Post–Acute Care Certification option: When assessing the patient for pain, the organization documents the following:
- Location
  - Duration
  - Type (for example: sharp, dull, throbbing)
  - Intensity (pain scale)
  - Exacerbating factors
  - Alleviating factors
  - Previous treatments and response
  - Any barriers which may prevent effective treatment
- Note:** This element of performance applies only for those patients receiving post-acute care under the optional certification.

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*EP 7 moved to EP 11*

- 7.** For organizations that elect The Joint Commission Post–Acute Care Certification option: If the patient is unable to convey the presence of pain, the organization solicits input from the family in identifying and managing the patient’s pain. This input is documented.
- Note:** This element of performance applies only for those patients receiving post-acute care under the optional certification.

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- 11.** For organizations that elect The Joint Commission Post–Acute Care Certification option: If the patient is unable to convey the presence of pain, the organization solicits input from the family in identifying and managing the patient’s pain. This input is documented.
- Note:** This element of performance applies only for those patients receiving post-acute care under the optional certification.

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*EP 8 moved to EP 12*

- 8.** For organizations that elect The Joint Commission Post–Acute Care Certification option: The organization takes measures to prevent or reduce discomfort and pain before a treatment or procedure.
- Note 1:** Nonmedication (nonpharmacological) interventions for pain can be important adjuncts to pain treatment regimens.
- Note 2:** This element of performance applies only for those patients receiving post-acute care under the optional certification.

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- 12.** For organizations that elect The Joint Commission Post–Acute Care Certification option: The organization takes measures to prevent or reduce discomfort and pain before a treatment or procedure.
- Note 1:** Nonmedication (nonpharmacological) interventions for pain can be important adjuncts to pain treatment regimens.
- Note 2:** This element of performance applies only for those patients receiving post-acute care under the optional certification.

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### Standard PI.01.01.01

The organization collects data to monitor its performance.

#### Elements of Performance for PI.01.01.01

- 40.** The organization collects data on pain assessment and pain management including types of interventions and effectiveness.

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**Standard PI.02.01.01**

The organization compiles and analyzes data.

**Elements of Performance for PI.02.01.01**

- | Elements of Performance for PI.02.01.01  |                          |
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| 18. The organization analyzes data collected on pain assessment and pain management to identify areas that need change to increase safety and quality for patients or residents (for example, percent of patients/residents with complete assessment/reassessment data and percent of patients/residents meeting treatment goals). | <input type="checkbox"/> |
| 19. The organization monitors the use of opioids to determine if they are being used safely (for example, tracking of adverse events such as over-sedation). (See also LD.01.06.01, EP 16; LD.04.03.13, EP 1)  | <input type="checkbox"/> |