American Society of Pain Management Nurses

Joint Commission Update: Pain Management Standards

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Pain Management Standards
Addresses treatment and assessment of patients with acute and chronic pain

Affected the following chapters
- Leadership
- Medical Staff
- Provision of Care
- Performance Improvement

Leadership Chapter
Leadership Chapter

- **Element of Performance 1 for LD.04.03.13**
  - The hospital has a leader or leadership team that is responsible for pain management and safe opioid prescribing and develops and monitors performance improvement activities. (See also PI.02.01.01, EP 19)
  - Requirement is NOT prescriptive for credentials of leader or team

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Leadership Chapter

- **Element of Performance 2 for LD.04.03.13**
  - The hospital provides non-pharmacologic pain treatment modalities

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Quick Safety

Non-pharmacologic and non-opioid solutions for pain management

- **Behavioral/Cognitive Interventions/Psychological**
  - Meditation techniques, utilized with mindfulness-based stress reduction (MBSR), have been shown to be effective for pain reduction and strong continued patient compliance.
  - Progressive muscle relaxation, as a means to regulate neurosystems found in muscle tension and situational stress commonly seen with pain.
- **Environmental-based Interventions**
  - Lighting alterations can create an environment that supports muscle relaxation.
  - Music therapy has been associated with statistically significant reduction in opioid and non-opioid analgesic use.
- **Physical Interventions**
  - Acupuncture, recommended as a first-line treatment in lower back pain by the American College of Physicians.
  - Massage therapy has shown to be effective in adult and pediatric populations with minimal risk of side effects.
  - Spinal manipulation has shown improvement in pain for patients experiencing chronic lower back pain, shoulder pain and migraines.

*Not endorsed by The Joint Commission
Evaluating compliance
Non-pharmacologic treatment

- Ordering
  - Determined by State Law

- Credentialing of individuals
  - Requires assessment of Bi-Laws & Rules/Regulations

- Record of Care
  - Appropriate documentation of treatment and results

Organization evaluation of non-pharmacological treatment effectiveness

Suggested Tips:

- Joint Commission does require that post non-pharmacological assessment occur to determine the effectiveness of the intervention.

- Data collection examples:
  - Data on how often non pharmacological is utilized
  - Data on which non pharmacological option was utilized
  - Data on the ability to reduce the amount of pharmacological use by implementing a specific non pharmacological intervention.

Leadership Chapter

- Element of Performance 3 for LD.04.03.13

  - The hospital provides staff and licensed independent practitioners with educational resources and programs to improve pain assessment, pain management, and the safe use of opioid medications based on the identified needs of its patient population.
  - Expectation that resources are "readily available"
  - Education alone will not meet the intent of the standard
  - Should include:
    - Pain assessment
    - Pain management
    - Safe Opioid use
Element of Performance 4 for LD.04.03.13

The hospital provides information to staff and licensed independent practitioners on available services for consultation and referral of patients with complex pain management needs.

Staff/LIP’s should be able to articulate where they would find information regarding available services and resources to which patients can be referred to for continuing care at the time of discharge.

Element of Performance 5 for LD.04.03.13

The hospital identifies opioid treatment programs that can be used for patient referrals.

Public website maintained with available programs:
- U.S. Substance Abuse and Mental Health Services Administration
  - This site use is not mandated.

Element of Performance 6 for LD.04.03.13

The hospital 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 or not it is mandatory by state regulations for all patients prescribed opioids.

Use of PDMP is not mandated by Joint Commission:
- Unless required by State Law.
Leadership Chapter

- **Element of Performance 7 for LD.04.03.13**

  - Hospital leadership works with its clinical staff to identify and acquire the equipment needed to monitor patients who are at high risk for adverse outcomes from opioid treatment. (See also PC.01.02.07, EP 6)

Evaluating LD.04.03.13 EP 7

- Not limited to a service line or location
- Focus should be placed on patient / therapy type
- Guidelines should be established by organization
- High risk patients
- High risk treatments/modalities

Medical Staff Chapter
Medical Staff Chapter

- **Standard MS.03.01.03** The management and coordination of each patient’s care, treatment, and services is the responsibility of a practitioner with appropriate privileges.

- **Element of Performance for MS.03.01.03**
  - The hospital educates licensed independent practitioners on assessing and managing pain. (See also RI.01.01.01, EP 8).

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Medical Staff Chapter

- **Standard MS.05.01.01** The organized medical staff has a leadership role in organization performance improvement activities to improve quality of care, treatment, and services and patient safety.

- **Element of Performance for MS.05.01.01**
  - EP 18 The medical staff is actively involved in pain assessment, pain management, and safe opioid prescribing through the following:
    - Participating in the establishment of protocols and quality metrics
    - Reviewing performance improvement data

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Provision of Care Chapter
Provision of Care Chapter

Standard PC.01.02.07 The hospital assesses and manages the patient’s pain and minimizes the risks associated with treatment.

Elements of Performance for PC.01.02.07

1. The hospital conducts a comprehensive pain assessment that is consistent with its scope of care, treatment, and services and the patient’s condition. (See also PC.01.02.01, EP 2; RI.01.01.01, EP 8)

2. The hospital uses methods to screen, assess, and reassess pain that are consistent with the patient’s age, condition, and ability to understand.

3. The hospital reassesses and responds to the patient’s pain, based on its reassessment criteria. The hospital screens patients for pain during emergency department visits and at the time of admission.

4. The hospital treats the patient’s pain or refers the patient for treatment.

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

Evaluation

- Screening, Assessment and Reassessments
- Should be consistent with patients’ age, condition and ability to understand
- How will non-responsive patients be addressed
EP 4   The hospital either treats the patient's pain or refers the patient for treatment. The hospital develops a pain treatment plan based on evidence-based practices and the patient's clinical condition, past medical history, and pain management goals.

- Note: Treatment strategies for pain may include pharmacologic and nonpharmacologic approaches. Strategies must be individualized and take into consideration the patient's preferences, goals, and values. The goal of pain treatment is to improve function and quality of life, without causing additional harm or burden. Strategies may include interventions such as physical therapy, occupational therapy, and psychological support. The hospital should monitor the patient for signs and symptoms of drug overdose, sedation, or drug interactions, and for physical dependence and addiction. EP 5   The hospital involves patients in the pain management treatment planning 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 6–8; RI.01.03.01, EP 6)

EP 6 The hospital monitors patients identified as being high risk for adverse outcomes related to opioid treatment. (See also LD.04.03.13, EP 7)

EP 7 The hospital reassesses and responds to the patient's pain through the following:

  - Evaluation and documentation of response(s) to pain intervention(s) (See also RC.01.01.01, EP 7)
  - Progress toward pain management goals including functional ability (for example, ability to take a deep breath, turn in bed, walk with improved pain control).
  - Side effects of treatment
  - Risk factors for adverse events caused by the treatment

EP 8 The hospital educates the patient and family on discharge related to pain management including the following:

  - Pain management plan of care
  - Safe storage and disposal of opioids when prescribed
  - 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.

Evaluating compliance

- Reassessments should be completed timely to ensure adequate progression towards pain goals.
Standard PI.01.01 The hospital collects data to monitor its performance.

− Element of Performance for PI.01.01
− EP 56 The hospital collects data on pain assessment and pain management including types of interventions and effectiveness.

Standard PI.02.01 The hospital compiles and analyzes data.

− Elements of Performance for PI.02.01
− EP 18 The hospital analyzes data collected on pain assessment and pain management to identify areas that need change to increase safety and quality for patients.
− EP 19 The hospital monitors the use of opioids to determine if they are being used safely (for example, the tracking of adverse events such as respiratory depression, naloxone use, and the duration and dose of opioid prescriptions). (See also PI.02.01.01, EP 3)
Evaluation

- Who should evaluate pain management performance improvement data?
  - Leadership (LD.04.03.13 EP 1)
  - Medical Staff (MS.05.01.01 EP 18)

Pain Management Standards

Status Update

- Assessment not including all components listed in policy
- Assessments not consistent with age / ability to understand
- Post procedural pain assessment per policy

SAFER Matrix Distribution

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Available Resources