Interpretation of The Joint Commission Standards Related to Pain Management

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Agenda

- Discussion of standards related to pain management
- Related Conditions of Participation
- Survey process
- Risks Points
- Q & A

The Joint Commission Mission

To continuously improve health care for the public, in collaboration with other stakeholders, by evaluating health care organizations and inspiring them to excel in providing safe and effective care of the highest quality and value
PAIN MANAGEMENT STANDARDS

Pain Management Related Standards

PC.01.02.07: The hospital assesses and manages the patient’s pain
- EP 1: The hospital conducts a comprehensive pain assessment that is consistent with its scope of care, treatment, and services and the patient’s condition (also PC.01.02.01 EP 2) 3.16% (2011)
- EP 2: The hospital uses methods to assess pain that are consistent with the patient’s age, condition, and ability to understand 1.5% (2011)

PC.01.02.07: The hospital assesses and manages the patient’s pain
- EP 3: The hospital reassesses and responds to the patient’s pain, based on its reassessment criteria 16% (2011)
- EP 4: The hospital either treats the patient’s pain or refers the patient for treatment. 0.2% (2011)
Pain Management Related Standards

- RI.01.01.01: The hospital respects, protects, and promotes patient rights
  - EP 8: The hospital respects the patient’s right to pain management 1.3% (2011)
- 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
  - EP 2: The hospital educates all licensed independent practitioners on assessing and managing pain 0.74% (2011)

Pain Management Related Standards

- HR.01.04.01: The hospital provides orientation to staff
  - EP 4: The hospital orients staff on their specific job duties, including those related to infection prevention and control and assessing and managing pain. Completion of orientation is documented.

Other Related Standards (cont)

- HR.01.06.01: Staff are competent to perform their responsibilities
  - EP 1: The hospital defines the competencies it requires of its staff who provide patient care, treatment, and services
  - EP 5: Staff competence is initially assessed and documented as part of orientation
  - EP 6: Staff competence is assessed and documented once every three years, or more frequently as required by hospital policy or in accordance with law and regulation
Other Related Standards

LD.03.06.01: Those who work in the hospital are focused on improving safety and quality
- EP 3: Leaders provide for a sufficient number and mix of individuals to support safe, quality of care, treatment and services
- EP 4: Those who work in the hospital are competent to complete their assigned responsibilities

PC.01.02.01: The hospital assesses and reassesses its patients
- EP 2: The hospital defines, in writing, criteria that identify when additional, specialized, or more in-depth assessments are performed.

PC.02.03.01: The hospital provides patient education and training based on each patient’s needs and abilities

NPSG.03.06.01: Maintain and communicate accurate patient medication information

MM.04.01.01: Medication orders are clear and accurate
- EP 1: the hospital has a written policy that identifies the specific types of medication orders that it deems acceptable for use
- Several types of orders including:
  - As needed (PRN) orders: orders acted on based on the occurrence of a specific indication or symptom
  - Titrating orders: orders in which the dose is either progressively increased or decreased in response to the patient’s status
  - Range orders: Orders in which the dose or dosing interval varies over a prescribed range, depending on the situation or patient’s status
- EP 13: the hospital implements its policies for medication orders
CoPs for Hospitals

The conditions are not specific in terms of defining expectations on pain management. Pain management does fit in to several of the CoPs:

- 482.13 Patient Rights
  - 482.13(b)(1): The patient has the right to participate in the development and implementation of his/her plan of care.
- The Interpretative Guidelines mention the pain management plan
CoPs for Hospitals

- 482.21: Quality Assessment Performance Improvement
  - Just about everything ties back to the QAPI Condition
- 482.23: Nursing Services
  - 482.23(b)(5): A registered nurse must assign the nursing care of each patient to other nursing personnel in accordance with patient needs and the specialized qualifications and competence of the nursing staff available.

CoPs for Hospitals

- 482.23: Nursing Services (cont)
  - 482.23(c): Preparation and administration of drugs
    - Drugs and biologicals must be prepared and administered in accordance with Federal and State laws, the orders of the practitioner or practitioners responsible for the patient's care, specified under 482.12(c) and accepted standards of practice
    - i.e. ISMP, IHI, INS, USP, etc.

CoPs for Hospitals

- 482.23: Pharmaceutical Services
  - Hospitals must have pharmaceutical service that meets the needs of patients. Institutions must have a pharmacy directed by a registered pharmacist or a drug storage area under competent supervision. The medical staff is responsible for developing policies and procedures that minimize drug errors. This function may be delegated to the hospital's organized pharmaceutical service.
SURVEY PROCESS: TRACER METHODOLOGY

Conducting a Tracer

The surveyor will:
- Evaluate the patient experiences by following the course of care, treatment or services provided
- Assess the interrelationships between and among disciplines and departments
- Evaluate the relevant processes
- Identify potential concerns in the relevant processes

Tracers Include:
- Observation of direct patient care
- Observation of medication process (storage, dispensing or administration, adherence to policy)
- Performance Improvement discussion – staff level interaction
- Review of Open clinical records
- Staff questions and interviews
- Review of Policies (as needed)
- Education at various points
- Observation of Infection control, Environment of care, National patient safety goals
Tracers May Include:

- Review of a patient care unit (as a part of the tracer)
- Pharmacy
- Imaging
- Other involved patient care areas (lab, medical records, diagnostic areas)
- Interdisciplinary team interview
- Review of closed medical records
- Dietary area/ Kitchen

RISK POINTS

Pain Management Risk Points

- Population served
- Competence of practitioners writing pain management orders
- Competence of staff carrying out pain management orders
- Strength and appropriateness of pain management related policies and procedures
- Strength and competence of those providing oversight to the pain management processes
Population Served

- Geographic
  - Urban
  - Suburban
  - Rural
- Age specific
  - Adult
  - Pediatric, Neonatal
  - Geriatric
- Conditions
  - Acute
  - Chronic

Competence

- Practitioners writing pain management orders and the staff carrying out the orders
  - Competence/Knowledge of medications, side effects, interactions, etc
  - Competence/Knowledge of appropriate dosing
  - Competence/Knowledge of the patient populations
  - Knowledge of the specific patient in question
  - Competence/Knowledge of managing problems
  - State law and regulation
  - What education, updates, etc. are provided to the staff, medical staff, etc?

Strength and Appropriateness of Pain Mgmt Policies/Procedures

- Who wrote the policies?
  - Pharmacy? Nursing? Collaborative effort?
- Are there pain management experts in the organization and were they involved?
- How is adherence to policy and procedure evaluated?
- How are identified issues addressed?
Strength and Competence of Those Providing Oversight to Pain Mgmt Processes

- Who is charged with providing oversight to pain management processes?
  - Pharmacy, Nursing, Medical Staff, Pain Management Service?
  - Is the effort coordinated?
  - Is it part of the organization’s PI program?
  - What are the outcomes?
  - How successful are the pain management processes in the organization?
  - How are adverse outcomes dealt with?

Summary

- Joint Commission standards support the treatment of patients in their pain management needs through
  - Our focus on patient safety
  - Our focus on staff and medical staff competency
  - Our focus on medication safety
  - Our focus on patient education
For Standards/NPSG question:
– 630-792-5900, Option 6 or
– http://www.jointcommission.org/Standards/OnlineQuestionForm/

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