

Clarification of the Pain Management Standard

Provision of Care, Treatment, and Services Standard PC.01.02.07 addresses the assessment and management of pain. The Joint Commission has always held the position that pain may be managed by using pharmacologic and/or nonpharmacologic strategies. Following an extensive literature review, Joint Commission staff enhanced Standard PC.01.02.07 by revising or adding the rationale and adding a note to element of performance (EP) 4. These clarifications affirm that organizations' treatment strategies may consider both pharmacologic and nonpharmacologic approaches, as well as the benefits and risks to patients, when determining the most appropriate intervention. They also note to include the risks of dependency, addiction, and abuse of opioids when considering the use of medications to treat pain.

Staff convened conference calls with clinical experts and stakeholders in pain management to acquire feedback on this clarification as well as information on the future direction of

pain management. The experts recommended some editorial changes and affirmed that the note and rationale add to the strength of the requirements.

The revised (or added) rationale and the revised EP 4 are shown in the box below. The revisions are **effective January 1, 2015**, and appear in the *2014 Update 2* to the *Comprehensive Accreditation Manuals* for the **ambulatory care, critical access hospital, home care, hospital, nursing care centers, and office-based surgery programs**. Similar revisions are also scheduled for the behavioral health care program (in the "Care, Treatment, and Services" chapter) with a July 1, 2015, effective date and will be published closer to that date.

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Clarification to Standard PC.01.02.07

Effective January 1, 2015, for Ambulatory Care, Critical Access Hospital, Home Care, Hospital, Nursing Care Centers, and Office-Based Surgery Practice Programs

Standard PC.01.02.07: The [organization] assesses and manages the [patient's] pain.

Revised Rationale for PC.01.02.07 (New for Ambulatory Care and Office-Based Surgery Practice)

The identification and management of pain is an important component of [patient]-centered care. [Patients] can expect that their health care providers will involve them in their assessment and management of pain. Both pharmacologic and nonpharmacologic strategies have a role in the management of pain. The following examples are not exhaustive, but strategies may include the following:

- Nonpharmacologic strategies: physical modalities (for example, acupuncture therapy, chiropractic therapy, osteopathic manipulative treatment, massage therapy, and physical therapy), relaxation therapy, and cognitive behavioral therapy
- Pharmacologic strategies: nonopioid, opioid, and adjuvant analgesics

CEP 4 : The [organization] either treats the [patient's] pain or refers the [patient] for treatment.   

New Note for EP 4 (Additional Note for Nursing Care Centers)

Note: *Treatment strategies for pain may include pharmacologic and nonpharmacologic approaches. Strategies should reflect a [patient]-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.*