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Revisions to pain management standard effective January 1, 2015

Revisions to the Provision of Care, Treatment, and Services standard PC.01.02.07 – which addresses pain management – will be effective January 1, 2015. Following an extensive literature review, The Joint Commission revised the rationale and added a note to element of performance (EP) 4. Clinical experts in pain management provided feedback on these revisions and guidance on the future direction of pain management. The experts affirmed that treatment strategies may consider both pharmacologic and nonpharmacologic approaches. In addition, when considering the use of medications to treat pain, organizations should consider both the benefits to the patient, as well as the risks of dependency, addiction, and abuse of opioids. The revisions (below) will appear in the 2014 *Update 2* to the accreditation manuals. Similar revisions are 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. (Contact: Emi Datuin-Pal, BDatuin-Pal@jointcommission.org)

Effective January 1, 2015: For ambulatory care, critical access hospital, home care, hospital, nursing care center, and office-based surgery accreditation 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

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

[New] 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.

Recognition

BrightStar Care® recognized as Enterprise Champion for Quality for second year

For the second consecutive year, The Joint Commission has presented BrightStar Care® with the [Enterprise Champion for Quality](#) award. The award recognizes BrightStar Care for its efforts to promote the delivery of high quality home health care to its franchisees through Joint Commission accreditation. BrightStar Care is only one of two franchisors to receive the Enterprise Champion for Quality award since it was established in 2013. Read the [full news release](#). Pictured from left to right: BrightStar Care co-founder J.D.

Sun; BrightStar Care CEO and co-founder Shelly Sun; Joint Commission Executive Director for the Home Care program Margherita Labson, R.N., MSHSA, CPHQ; BrightStar Care Chief Clinical Quality Officer Sharon Roth Maguire, M.S., R.N., GNP-BC; BrightStar Care COO and President Thom Gilday. (Contact: Margherita Labson, mlabson@jointcommission.org)



Resources

New on the Web

- **Replays:**
 - [Stroke Core Measure Update: STK-4 Thrombolytic Therapy](#) (teleconference)
 - [Strategies for a Successful BHC Survey](#) (webinar)
- **Blog posts:**
 - *AmBuzz*: [What You Can Do to Prevent Health IT-Related Sentinel Events](#)
 - *@ Home with The Joint Commission*: [In the company of giants](#)

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