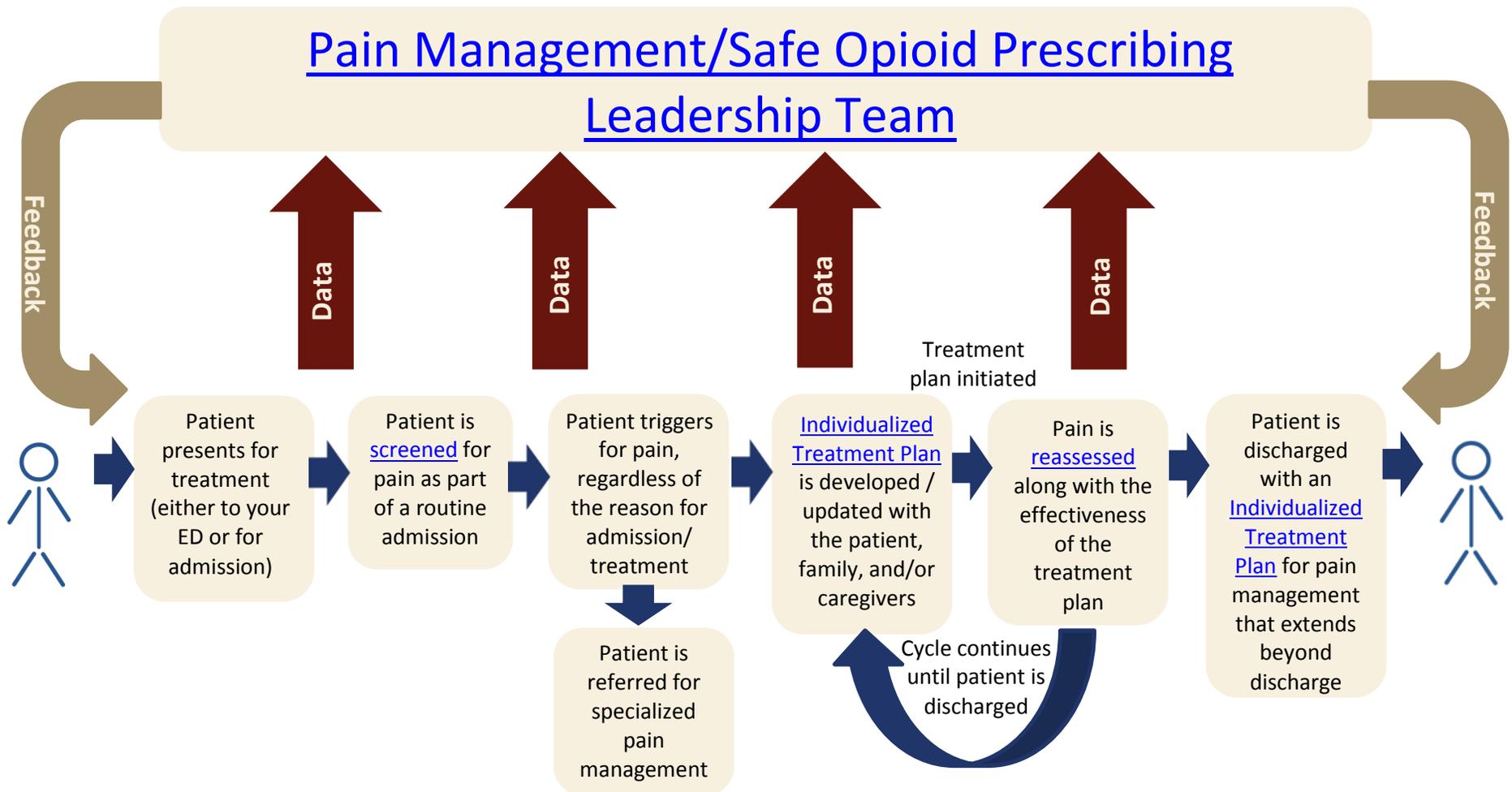


Joint Commission Compliance - 2018

In July 2017, the Joint Commission announced the implementation of new and revised pain assessment and management standards which would be effective January 1, 2018 for all accredited hospitals. The enhanced standards represent nearly two years of intensive research review of evidence-based practice, solicitation and consideration of feedback from technical advisory panels, clinicians, and the general public. Absent the survey standards, expected later in 2018, hospital compliance may look similar to the following. Each item in the process flow is hyperlinked to additional detail regarding compliance, recommendations, protocols, processes, policies, etc.



Pain Management/Safe Opioid Prescribing Leadership Team [LD.04.03.13 \(1\)](#)

Membership of this team can be designated by the hospital, but should be able to approve/allocate resources.

- Representation from medical staff
- Include representation from various departments involved in pain assessment, pain management and opioid prescribing

Role/Function:

Documentation of the following should be completed:

- Contribute to the establishment of protocols for pain assessment, pain management, opioid prescribing [MS.05.01.01](#)
- Review PI Data received as feedback from various points in the pain management process [PI.02.01.01 \(18,19\)](#) & [PI.01.01.01](#)
- Annually review/refine list of available/accessible services and make determinations about services accessible in house, through service-level agreements, or through referral [PC.01.02.07\(3\)](#)
- Provide feedback to Medical Staff credentialing process as necessary [MS.03.01.03](#)
- Provide input/define curriculum for annual staff competency training based on feedback data received from various points in the pain management process, including development of educational resources and programs to improve pain assessment, pain management and safe use of opioid medications based on the identified needs of the patient [LD.04.03.13\(3\)](#)
- Approve/allocate necessary resources to provide alternative therapies and to acquire equipment needed to monitor patients designated as “high risk” [LD.04.03.13](#)

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Global Screening Policy and assessment of compliance):

- Standardized screening for pain at Admission or during ED Visit
 - Using a functional pain assessment incorporates subjective and objective components to assess pain which provides a more accurate baseline and reassessment measurement than the utilization of the numerical pain scale.
- Additional and ongoing screening beyond admission
 - Pain should be reassessed with a functional pain assessment throughout treatment to ensure that the pain management plan is effective.
- All screening should include review of Prescription Drug Monitoring Program (PDMP) as a part of the assessment/ medication reconciliation process
 - PDMP review can identify potential drug-to-drug interactions as well as help providers assess risk of opioid misuse or risk of developing opioid use disorders (OUD) from proper use of opioid medications.
 - **RECOMMENDATION:** Make PDMP accessible from EHR [PC.01.02.07\(2\)](#)

Through screening, if pain is identified, pain must be assessed, and reassessed after intervention to determine effectiveness. Documentation of these assessments must be completed.

[IC.01.02.07\(1\)](#)

The [Patient Specific Functional and Pain Scales \(PSFS\)](#) is a self-reported, patient-specific measure, designed to assess functional change, primarily in patients presenting with musculoskeletal disorders. The scale was developed by Stratford and colleagues as a self-report measure of function that could be used in patients with varying levels of independence. It was designed to provide clinicians with a valid, reliable, responsive, and efficient outcome measure that would be easy to use and applicable to a large number of clinical presentations.

The [Functional Pain Scale](#) is a tool developed to assess pain in older adults. It incorporates both subjective and objective components to assess pain, based on the pain's perceived tolerability and interference with functioning.

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Development and documentation of a Pain Treatment Plan should be mutually developed and agreed upon with the patient: (Define selection process for evaluating non-pharmacological interventions) [LD.04.03.13\(2\)](#)

- Evaluation of evidence-based practices against the patients clinical condition, patient preferences, past medical history, pain management goals [PC.01.02.07\(4\)](#)
- Develop with the patient realistic expectations and measurable goals that are understood by the patient for degree, duration and reduction of pain (as defined by the functional assessment) [PC.01.02.07\(5\)](#)
- Discuss with patient the objectives used to evaluate treatment progress (i.e. relief of pain and improved physical and psychosocial function) [PC.01.02.07\(5\)](#)
- Provide education on pain management, treatment options (including risks and benefits of options, i.e. informed consent for opioid treatment), and safe use of opioid and non-opioid medications when prescribed including expectations of patient through an individualized treatment agreement [PC.01.02.07\(5\)](#)
- Selection of opioid therapy as an intervention should include screening of OUD to determine if patient is “high risk”.
 - Selection of opioid therapy should include a timeline for discontinuation of opioid medications.
 - Plan for treatment of patients identified as “high risk” should include a plan for monitoring for Adverse Events (*High Risk includes those with sleep apnea, receiving continuous IV Opioids, or those on supplemental oxygen*) [PC.01.02.07\(6\)](#)
- Protocols to monitor/control dose/duration

Informed Consent for Opioid Treatment

An informed consent form can be used with patients who are beginning long-term therapy with opioid analgesics to help ensure they understand the side effects, risks, conditions, and purpose of their treatment. This document can help facilitate clear communication between patients and healthcare providers about long-term opioid therapy, clearly define treatment expectations, and resolve any questions or concerns patients may have before treatment initiation. Please note, more sample informed consent forms are available outside of this toolkit.

[Sample Informed Consent \(1\)](#)

[Sample Informed Consent \(2\)](#)

[Sample Informed Consent \(3\)](#)

Individualized Treatment Agreement

Provided below are 3 different Sample Opioid Treatment Plan (Agreements) - These agreements differ in approach and each can be utilized as is, or adopted to meet the needs of your organization. Please note, more sample treatment plans are available outside of this toolkit.

[Sample Treatment Plan \(1\)](#)

[Sample Treatment Plan \(2\)](#)

[Sample Treatment Plan \(3\)](#)

Chronic Pain Screening and Monitoring Tools

Ongoing assessment tools are used throughout opioid treatment for chronic pain to monitor the patient's progress and prevent abuse of medication. They identify current misuse in patients already on opioids. Frequent use of the tool as a monitoring system should alert the clinician to early changes in the patient's behavior, and minimize the damaging effects of addiction in the patient's life. Every ongoing assessment tool varies in terms of criteria, length, target population and context. If an addictive disease is identified by the clinician, it must be aggressively managed. The clinician should take steps to address the addiction issues, through treatment changes, referrals or increased monitoring.

[Screening and Monitoring Tools](#)

Care Plan

Care plans provide direction for individual care of the patient. A care plan flows from each patient's unique list of diagnoses and should be organized to address the specific needs. An opioid care plan is most applicable in the event that the patient resides in a long term care setting. At a minimum, care plans should include:

- Diagnosis
- Goals/targets
- Risk/benefit discussion
- Medication plan
- Treatment plan
- Instructions for follow-up

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Risk Assessment Tools: ORT, DIRE, SOAPP-R, SOAPP and SISAP

[ORT: Opioid Risk Tool](#)

Description: This questionnaire developed by Dr. Lynn Webster, to be filled out by the patient, allows health care professionals to determine risk of addiction to prescription opioid medication.

[DIRE: Information Guide](#)

Description: DIRE: Diagnosis, Intractability, Risk, and Efficacy.

[SOAPP: Information Guide](#)

Description: Screener and Opioid Assessment for Patients with Pain (SOAPP).

[SOAPP-R: Information Guide](#)

Description: Screener and Opioid Assessment for Patients in Pain -Revised (SOAPP-R).

[SISAP: Information Guide](#)

Description: Screening Instrument for Substance Abuse Potential (SISAP).

Ongoing Assessment and Monitoring Tools: COMM, ABC, Chabal 5-Point Checklist, PMQ, and PADT.

[COMM: Current Opioid Misuse Measure](#)

Description: Brief, self-report measure designed to assess current aberrant behaviors. Unlike measures that aim to identify risk potential for substance abuse, the COMM asks patients to describe how they are currently using their medication

[ABC: Information Guide](#)

Description: Addiction Behaviors Checklist (ABC).

[Chabal 5-Point Prescription Opiate Abuse Checklist](#)

Description: Chabal C, Erjavec MK, Jacobson L, Mariano A, and Chaney E developed a five-point questionnaire that assesses the risk of opioid abuse through evaluation of behaviors that are consistent with opioid abuse rather than answers to specific questions.

[PMQ: Pain Medication Questionnaire](#)

Description: Information about the Pain Medication Questionnaire (PMQ).

[Pain Assessment and Documentation Tool](#)

Description: Pain Assessment and Documentation Tool (PADT) is a clinician directed interview and form for recording responses.