R³ Report | Requirement, Rationale, Reference

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**Published for Joint Commission-accredited organizations and interested health care professionals, *R3 Report* provides the rationale and references that The Joint Commission employs in the development of new requirements. While the standards manuals also may provide a rationale, *R3 Report* goes into more depth, providing a rationale statement for each element of performance (EP). The references provide the evidence that supports the requirement. *R3 Report* may be reproduced if credited to The Joint Commission. Sign up for email delivery.**

# Pain assessment and management standards for home health services

**Effective July 1, 2019**, new and revised pain assessment and management standards will be applicable to Joint Commission-accredited **home health services** under the Home Care Accreditation program. The new requirements are not applicable to personal care and support services. This project is a continuation of the initiative that resulted in new and revised pain assessment and management requirements for hospitals, ambulatory care organizations, critical access hospitals, and office-based surgery practices (see July 2017 *The Joint Commission Perspectives* and July 2018 *The Joint Commission Perspectives*. The program-tailored standards are designed to provide accreditation programs with contemporary guidance for pain assessment and management and strengthen organizations' practices for pain assessment, treatment, education, and monitoring.

## Engagement with stakeholders, customers, and experts

In addition to an extensive literature review and public field review, The Joint Commission obtained expert guidance from the following groups:

- **Technical Advisory Panel (TAP)** of practicing clinicians from various health care and academic organizations, professional associations, and the payor and health technology sectors.
- **Home Health Expert Panel** consisting of professionals with clinical and leadership experience relating to pain management in the home health setting.
- **Standards Review Panel (SRP)** comprised of clinicians and administrators who provided a "boots on the ground" point of view and insights into the practical application of the proposed standards. Members of the home health expert panel as well as additional representatives from organizations or professional associations participated.

The prepublication version of the pain assessment and management standards will be available online until the end of June 2019. On or after July 1, 2019, please access the new requirements in the E-dition.

**LD.04.03.13: Pain assessment and pain management are identified as an organizational priority.**

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| Requirement | LD.04.03.13, EP 3: The organization provides staff and licensed independent practitioners with educational resources to improve pain assessment, pain management, and the safe use of opioid medications based on the identified needs of its patient population. |
| Rationale | A large number of patients in the home health setting experience pain, and a significant proportion receive opioid pain medications. Physicians and nurses report insufficient training in pain management. The organization can increase clinician and staff competence in pain assessment and management by providing access to educational evidence-based resources.<br>Note: The methods for education may vary depending on the organization's needs and resources. Topics for education may include functional pain assessment, nonpharmacologic and pharmacologic pain treatment, prevention of harms from opioid therapy, and management of patients with complex needs. |
| Resources | Fishman SM, et al. "Core Competencies for Pain Management: Results of an Interprofessional Consensus Summit." *Pain Medicine* 14, no. 7 (July 2013): 971-981.<br><br>"Education for Clinicians." University of Iowa, 2018, https://geriatricpain.org/education/education-clinicians<br><br>"Centers of Excellence in Pain Education (CoEPEs)," NIH Pain Consortium, https://painconsortium.nih.gov/Funding_Research/CoEPEs<br><br>"Pain," Medline Plus, U.S. National Library of Medicine, updated Oct. 23, 2018, https://medlineplus.gov/pain.html |

## Provision of Care, Treatment, and Services

**PC.01.02.07: The organization assesses and manages the patient's pain.**

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| Requirement | PC.01.02.07, EP 1: The organization has defined criteria to screen, assess, and reassess pain that are consistent with the patient's age, condition, and ability to understand. |
| Rationale | The Joint Commission's technical advisory panel and current literature stress the importance of a consistent, evidence-based approach to pain assessment, which includes assessing how pain affects the patient's function.<br>Note: The organization has flexibility in choosing screening and assessment tools. Ideally, the tools will meet the needs of the patient population. |

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| Reference* | Cornelius R, et al. "Acute Pain Management in Older Adults." *Journal of Gerontological Nursing* 43, no. 2 (Feb 2017): 18-27.<br><br>Gordon DB. "Acute Pain Assessment Tools: Let Us Move Beyond Simple Pain Ratings." *Current Opinion in Anesthesiology* 28, no. 5 (Oct 2015): 565-569.<br><br>Hale D and Marshall K. "Assessing and Treating Pain in the Cognitively Impaired Geriatric Home Care Patient." *Home Healthcare Now* 35, no. 2 (Feb 2017): 116-117.<br><br>Puntillo K and Naidu RK. "Measurement of Chronic Pain and Opioid Use Evaluation in Community-Based Persons with Serious Illnesses." *Journal of Palliative Medicine* 21, no. S2 (Mar 2018): S43-S51.<br><br>**Resources:**<br>"Pain Assessment," University of Iowa, 2018, https://geriatricpain.org/pain-assessment |
| Requirement | PC.01.02.07, EP 3: The organization treats the patient's pain or refers the patient for treatment.<br>Note: Treatment strategies for pain include nonpharmacologic, pharmacologic, or a combination of approaches. |
| Rationale | Major professional organizations and experts recognize nonpharmacologic therapies and pharmacologic treatments as components of acute and chronic pain management. For patients who present with complex pain management needs, such as the patient with a substance use or mental health disorder, the patient who requires palliative or hospice care, or a patient whose pain management needs exceed the expertise of the patient's attending licensed independent practitioner, a referral to internal or external health care professionals or organizations may be needed.<br>Note: The need for a treatment or referral will be determined based on assessment data by the licensed independent practitioner responsible for the home health plan of care. |
| Reference* | Cornelius R, et al. "Acute Pain Management in Older Adults." *Journal of Gerontological Nursing* 43, no. 2 (Feb 2017): 18-27.<br><br>Hale D and Marshall K. "Assessing and Treating Pain in the Cognitively Impaired Geriatric Home Care Patient." *Home Healthcare Now* 35, no. 2 (Feb 2017): 116-117.<br><br>Qaseem A, et al. Noninvasive Treatments For Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline from the American College of Physicians. *Annals of Internal Medicine* 166, no. 7 (April 2017): 514-530.<br><br>Reid MC, et al. "Management of Chronic Pain in Older Adults." *BMJ* 350, no. h532 (Feb 13, 2015): 1-10.<br><br>**Resources:**<br>"Resources, Training, Tools," ElevatingHOME, https://www.elevatinghome.org/resourcestoolstraining#Pain<br><br>"Pain Management," University of Iowa, 2018, https://geriatricpain.org/pain-management |
| Requirement | PC.01.02.07, EP 4: If the patient's assessed needs warrant a pain treatment plan, the organization develops a pain treatment plan based on evidence-based practices and the patient's clinical condition, past medical history, and pain management goals. |

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| Rationale | Differences in the experience of acute or chronic pain may be caused by pain pathophysiology, risk factors, comorbidities, and psychosocial characteristics. These individual variations support an individualized model of pain management. In some instances, an individualized approach to treatment and monitoring is necessary and safe because insufficient clinical guidance exists in areas such as evidence on postoperative opioid tapering protocols.<br>Note: Staff and the licensed independent practitioner responsible for the home health plan of care establish a plan based on needs identified by the patient's assessment. Evidence-based practices could include practice guidelines, successful practices, information from current literature, and clinical standards. |
| Reference* | Gordon DB, et al. "Research Gaps in Practice Guidelines for Acute Postoperative Pain Management in Adults: Findings From a Review of the Evidence for an American Pain Society Clinical Practice Guideline." *Journal of Pain* 17, no. 2 (Feb 2016): 158-166.<br><br>Stanos S, et al. "Rethinking Chronic Pain in a Primary Care Setting." *Postgraduate Medicine* 128, no. 5 (June 2016): 502-515.<br><br>**Resources:**<br>"Resources, Training, Tools," ElevatingHOME, https://www.elevatinghome.org/resourcestoolstraining#Pain<br><br>"Pain Management," University of Iowa, 2018, https://geriatricpain.org/pain-management |
| Requirement | PC.01.02.07, EP 5: The organization involves patients in the pain management treatment planning process through the following:<br>- Developing realistic expectations and measurable goals that are understood by the patient for the degree, duration, and reduction of pain<br>- Discussing the objectives used to evaluate treatment progress (for example, relief of pain and improved physical and psychosocial function)<br>- Providing education on pain management, treatment options, and safe use of opioid and non-opioid medications when prescribed<br>(See also RI.01.02.01, EPs 2, 4, 8; RI.01.03.01, EP 1) |
| Rationale | The Joint Commission's technical advisory panel on pain management emphasized the importance of discussions between the patient (patient's family or surrogate decision makers) and the provider/care team about realistic goals and expectations for the trajectory of pain, especially when the outcomes of pain treatment are uncertain. It is important to identify domains of function or quality of life issues that the patient values and prioritize improvement in these areas to increase satisfaction with treatment progress. |
| Resources | "Education for Patients and Family," University of Iowa, 2018, https://geriatricpain.org/caregivers-and-patients/education-patients-and-families<br><br>Resources, Training, Tools," ElevatingHOME, https://www.elevatinghome.org/resourcestoolstraining#Pain<br><br>Ashton K and Oermann MH. "Patient Education in Home Care: Strategies for Success." *Home Healthcare Now* 32, no. 5 (May 2014): 288-294. |
| Requirement | PC.01.02.07, EP 7: Based on the patient's condition, the organization reassesses and responds to the patient's pain through the following:<br>- Evaluation and documentation of response(s) to pain intervention(s)<br>- Progress toward pain management goals including functional ability (for example, improved pain, physical function, quality of life, mental and cognitive symptoms, sleep habits, functioning in life roles)<br>- Side effects of treatment<br>- Risk factors for adverse events caused by the treatment<br>(See also PC.01.02.03, EP 3) |

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| Rationale | Reassessment should be completed to determine if the intervention is working or if the patient is experiencing side effects of treatment (for example, constipation or sedation) or develops risk factors for adverse effects (for example, falls or adverse medication interactions).<br>Note: The patient is reassessed as necessary based on his or her plan of care or changes in his or her condition. Unidimensional reassessment based on pain intensity ratings alone is inadequate. The Joint Commission's technical advisory panel stressed the importance of reassessing how pain affects function and the ability to make progress toward treatment goals. For example, the goal of pain management may be improved ability to participate in physical therapy tasks or daily activities. |
| Reference* | Czarnecki ML and Turner HL, editors. *Core Curriculum for Pain Management Nursing*, Third Edition. St. Louis, MO: Elsevier, 2018<br><br>Gordon DB. "Acute Pain Assessment Tools: Let Us Move Beyond Simple Pain Ratings." *Current Opinion in Anesthesiology* 28, no. 5 (Oct 2015): 565-569.<br><br>**Resources:**<br>"Resources, Training, Tools," ElevatingHOME, https://www.elevatinghome.org/resourcestoolstraining#Pain<br><br>"Pain Management," University of Iowa, 2018, https://geriatricpain.org/pain-management |
| Requirement | PC. 01.02.07, EP 8: The organization educates the patient and family on safe use, storage, and disposal of opioids when prescribed. (See also PC.02.03.01, EP 10) |
| Rationale | Opioid medications are commonly prescribed in the home health setting. Potential harms of opioid medications include misuse, addiction, and diversion. If applicable, the provider/care team must engage the patient and family in a discussion on opioid safety. |
| Reference* | Cotton BP, et al. "Prevalence of and Factors Related to Prescription Opioids, Benzodiazepines, and Hypnotics Among Medicare Home Health Recipients." *Home Healthcare Now* 35, no. 6 (June 2017): 304-313.<br><br>**Resources:**<br>"Disposal of Unused Medicines: What You Should Know," US Food and Drug Administration, updated Nov. 6, 2018. https://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186187.htm<br><br>"Encourage Safe Storage and Disposal of All Rx Medications," American Medical Association, Opioid Task Force, https://www.end-opioid-epidemic.org/storage-and-disposal/ |

*Not a complete literature review.