

# JCAHO Pain Standards: Impact on Practice

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In January 2001 the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) added two new pain-related standards and explicitly included pain in several existing standards. Information from colleagues around the country who have recently been surveyed suggests that when MGH has its JCAHO visit in September pain will be a "hot button" issue for surveyors. In this article I will describe the new standards and their implications for professional practice. You will note that pain now has a prominent place in nearly every patient care-related chapter of the JCAHO manual.

## Patient Rights and Organization Ethics

"Patients have the right to appropriate assessment and management of their pain." This new standard, in explicitly stating a previously unrecognized "right," significantly raises the profile of pain in all populations and settings and raises in priority a major symptom that is too often under appreciated and under treated. It is the foundation for all other standards that address pain. The standard further requires:

- initial assessment and regular reassessment of pain
- education of all relevant providers in pain assessment and management
- education of patients regarding pain and pain management and their role in assessing and managing pain
- communicating in a culturally sensitive way that pain management is an important part of patient care

In addition to the new standard in the Patient Rights and Organizational Ethics chapter, pain explicitly appears in other standards related to patient rights. The JCAHO surveyor will look for evidence of compliance with this and other standards through review of policies, interviews with clinicians and patients, review of patient education materials, and clinical chart reviews:

- patients (and family when appropriate) are included in care decisions, including managing pain effectively
- all three standards that address advance care planning and end-of-life care identify pain as a condition to be addressed

## Patient Assessment

"Pain is assessed in all patients." This standard, clear and unambiguous, requires a major re-thinking of patient care in practices or settings where pain has not been a usual or expected condition. In care settings and among populations in which pain is more common, greater attention and higher priority must be given to characterizing and treating it. The standard raises our consciousness about the prevalence of pain across all populations and settings. This standard:

- reiterates the requirement for pain assessment to be part of the initial assessment of the patient
- requires a more thorough assessment when pain is identified in a patient
- requires either a plan of treatment for the pain or appropriate referral
- identifies as critical elements of the assessment "pain intensity and quality (eg, pain character, frequency, location, and duration)"
- requires that assessment be age appropriate
- requires that the assessment be documented "in a way that facilitates regular reassessment and follow-up"

## Incorporating Pain into Other Standards

Awareness of and interventions related to pain are incorporated into several other chapters and standards:

- the goals of care include not only treating a disease or condition, but also treating pain and other symptoms of that disease

- procedures address and support safe medication prescribing, including PCA and other pain management techniques
- post-procedure monitoring includes pain severity and quality and responses to treatment
- pain that interferes with rehabilitation is identified and addressed
- when pain is an anticipated component of treatment, patients are informed of the risk, “the importance of effective pain management, the pain assessment process, and methods for pain management”
- patient pain education is coordinated and multidisciplinary
- the standards require the organization to:
  - educate relevant providers in pain assessment and management
  - determine and assure staff competency in pain assessment and management
  - address pain assessment and management in the orientation of all new staff
- planning for the continuum of care includes management of pain and other symptoms
- the organization collects data to monitor its performance, including “the appropriateness and effectiveness of pain management”

### **Common misconceptions about the JCAHO standards**

- Note that the rights statement does not assert a right to pain “relief.” Given the current state of scientific and clinical knowledge about a complex phenomenon, we are not able to completely relieve the pain of all patients. On the other hand, the knowledge needed to adequately treat most common pain has been available for decades. However, a variety of cultural and others systems barriers have prevented the adequate application of that knowledge. Individually and collectively we have an ethical and professional obligation to learn as much as we can about pain and its treatment and to apply that knowledge aggressively.
- The use of “Pain as the 5<sup>th</sup> Vital Sign” has been widely misinterpreted. There is nothing in the JCAHO standards that require its adoption in any setting. The 5<sup>th</sup> vital sign approach is useful to the extent that it helps to make pain “visible:” when pain assessment appears on a vital sign sheet it is easily accessible and less often missed. It is also a reminder to clinicians to assess pain on a regular basis, and it standardizes the language of pain, improving consistency in approaches to pain management. However, it is impractical in many settings to use the vital signs model beyond having a centralized and standardized assessment process. To interpret 5<sup>th</sup> vital sign as requiring pain assessment each time vital signs are taken may not be clinically appropriate, and may even lead to delays in adequate pain management when pain assessment should be done more frequently than vital signs.

### **MGH and the JCAHO Pain Standards**

- MGH has added new language about pain to its patient rights statement: “You have the right to expect evaluation and treatment of pain.” In addition, the “Pledge to Patients” posters, first displayed in the hospital in 2000, have been reprinted and will be distributed shortly. An expanded version of the [Pledge](#) is available on the PainRelief web site.
- Patient education about pain is available through
  - the [Blum Patient and Family Learning Center](#)
  - the [Cancer Resource Room](#)
  - [The Hopes Program](#) in the Cancer Center
  - Patient Education Channel (for MGH inpatients)
  - “[What You Need to Know About Pain: A Guide for Patient and Families](#),” available through Standard Register, Item # 84023
  - “[Helping Your Child Cope with Pain](#),” available through Standard Register, Item # 83230
  - department, unit, and procedure-specific patient teaching guides
  - nurses, physicians, pharmacists, physical therapists, and occupational therapists
- Professional education is available through
  - new clinician orientation programs

- periodic inservices, rounds, special lectures, Patient Care Services' annual competencies manual
  - [PainRelief](#) web site
  - Pain Relief Champions annual multidisciplinary course
  - [Pain Relief Connection](#) newsletter
- Pain assessment and documentation
    - the intake nursing assessment includes a pain assessment
    - the standard MGH flow sheet includes an area to document pain intensity and character
    - the LMR includes a pain assessment documentation area
    - MassGeneral Hospital *for* Children has adopted 4 age-appropriate pain assessment instruments
    - some inpatient units have adopted specific pain assessment instruments
  - Significant challenges remain in meeting the JCAHO pain standards. In October 2002 a consultant team conducted a “mock survey” based on the JCAHO standards. In their report they stated that
    - there is no organizational standard for pain assessment
    - “practice is less than standardized”
    - even when pain is present it may not be incorporated in the plan of care
    - pain is not documented consistently in outpatient areas—“should become an organizational priority”

### The work ahead

One of the major obstacles to routine optimal pain management (and, by extension, to meeting the JCAHO pain standards) is a lack of consistency in methods of assessment and documentation. In spite of the addition of a standard pain assessment scale to flow sheets or vital sign sheets on most MGH units, use of this tool is quite variable. There are nurses who don't know it is there, some forget to use it, and others are unaware that there is a standard that requires assessment of pain in all patients in all settings. Reasons for administration of PRN analgesics, as well as response to analgesics and other interventions, too often remain undocumented.

There is no stated institutional commitment to pain management, nor any policies that directly address it. Few units have their own standards. Education about pain and pain management among clinicians continues to lag well behind the knowledge available. Misconceptions about pain and pain medication, especially opioids, continue to be barriers for clinicians and patients alike. Multidisciplinary collaboration in pain management remains spotty, at best.

On the brighter side, institution-wide projects are under way to address specific deficits. In addition, many units are beginning to look at aspects of knowledge and practice that have an impact on pain assessment and management. With active support at the institutional level, these “local” projects can have an incremental but ultimately substantial positive impact on how pain is addressed at Mass General.

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