

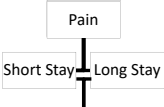


Pain Quality Measures- Moving Your Numbers

Angela Zuick RN, BSN, CCRN
Medline Industries Inc

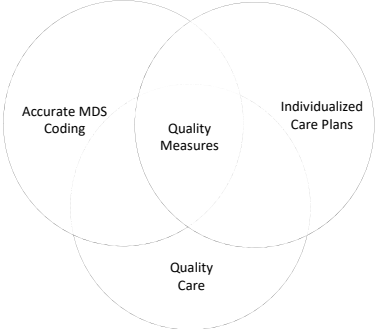
WHAT ARE OUR PAIN QUALITY MEASURES?

- Quality measures are one of 3 categories in CMS's star system
- Gives you a snapshot of the quality of nursing homes
- There are 11 different physical and clinical measures



Resident reports at least 1 episode of moderate to severe pain that is almost constant or frequent
OR
Resident reports very severe/horrible pain of any frequency

HOW DO WE IMPROVE OUR QUALITY MEASURES?



Providing Quality and Individualized Care

THE COMPLICATED VITAL SIGN THAT IS PAIN

Unpleasant **sensory** and **emotional** experience arising from actual or potential tissue damage or described in terms of such damage

Highly **personal, subjective** experience that only accurately be described by the individual who is experiencing pain

>50% of older adults report having bothersome pain in the past month



PAIN FACT VS. FICTION

Pain is a part of life and aging	Pain indicates death is near
Ignoring the pain will make it go away	If someone looks good, they can't be in pain

INDICATORS OF PAIN

Nonverbal Sounds

Crying
Whining
Gasping
Moaning
Groaning

Facial Expressions

Grimaces
Wincing
Wrinkled forehead
Furrowed Brow
Clenched Teeth or Jaw

Protective Body Movement

Bracing
Guarding
Rubbing/Massaging a Body Part
Clutching/Holding a Body Part

Vocal Complaints

"That hurts"
"Ouch"
"Stop"

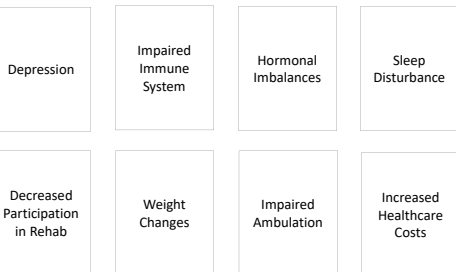
INDICATORS OF PAIN

Other Symptoms

Sleep cycle issues
Apathetic
Appearance
Loss of interest
Mood changes
Resisting care
Decreased involvement or initiative
Decline in ADL function
Limitation in range of motion
Weight loss



CONSEQUENCES OF UNRELIEVED PAIN



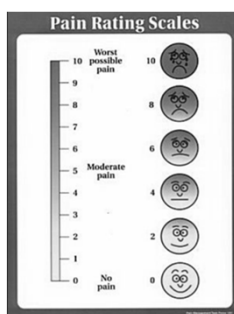
HOW TO EVALUATE PAIN

Multidimensional Approach

- Description
- Location
- Intensity
- Frequency
- Acute or Chronic
- Aggravating/Alleviating Factors
- Interventions for Pain Used
- Do They Work?



PAIN ASSESSMENT SCALES



PAIN MANAGEMENT CARE

- Goal is to provide constant level of comfort while maintaining as much function as possible
- **MYTH- GOAL IS TO MAKE RESIDENT PAIN FREE**
- Individualize the plan of care and work with resident to make goals
- Prevent complications (decreased appetite, immobility, fatigue, constipation)
- Care plan is always evolving

INTERVENTIONS FOR PAIN

Always use non-pharmacologic interventions along with pharmacologic interventions

Pharmacologic

Non-opioid analgesics
Opioid analgesics
Combination therapy
Adjuvant medications
Centrally acting analgesic
Synthetic analgesic
Long acting analgesic
Transdermal analgesic
Topical analgesic

Non-Pharmacologic

Heat
Ice
Massage therapy
Physical therapy
Relaxation techniques
Guided imagery
Music
Pet therapy
Breathing techniques



Improving MDS coding for pain

MDS TIPS

- Understand how the measure is calculated
- Be consistent with interviewing techniques
- Utilize same pain scales for the same resident
- Maintain objectivity
- It does not matter if the resident had pain medication, only if they report pain
- Do not estimate/guess what the pain might be

ITEM J0100- ASSESSING PAIN TREATMENT REGIMEN

Should be completed on all residents, regardless of pain level

At any time in the last 5 days, has the resident:

Been on a scheduled pain medication regimen?

Received PRN pain medications?

Received non-medication intervention for pain?

CONDUCTING THE ASSESSMENT

- Look back period is last 5 days
- Determine what if any interventions for pain
- Review the medical record
- Interview staff and other direct caregivers
- Look even if the resident denies pain

ITEM J0200- IS THE RESIDENT ABLE TO BE INTERVIEWED

Attempt to conduct interview with all residents

Should pain assessment interview be conducted?:

Yes if resident is at least sometimes understood and an interpreter is present or not needed

No, skip to question J1100

CONDUCTING THE ASSESSMENT

- Obtaining the information about pain directly from the resident is most reliable
- Communication can be with gestures and in writing
- Observation of non-verbal behavior is important
 - Should not be used alone for assessing pain unless resident is unable to communicate

ITEM J0300- HAS THE RESIDENT EXPERIENCED PAIN

Have you had pain or hurting at any time in the last 5 days?:

No, skip to question J1100

Unable to answer skip to J0800

CONDUCTING THE ASSESSMENT

- Ask the question as written
- Conduct the interview as close to the end of the 5 day look back period
- If the resident is unsure, prompt them to think about the most recent episode of pain and determine if it happened in the five day period
- If the resident answers no, the pain interview is complete
- If the resident answers no with documented pain management interventions, the answer is no

ITEM J0400- PAIN FREQUENCY

How much of the time have you experienced pain or hurting over the last 5 days?:

- Almost constantly
- Frequently
- Occasionally
- Rarely
- Unable to answer

CONDUCTING THE ASSESSMENT

- Ask the question as written
- Do not offer definitions of the response options
- Allow the resident to respond based on their interpretation of the frequency
- If the resident doesn't give an answer based on responses, clarify with them by echoing what they said

ITEM J0500- PAIN EFFECT ON FUNCTION

At any time in the last 5 days:

Has pain made it hard for you to sleep at night?

Have you limited your day-to-day activities because of pain?

CONDUCTING THE ASSESSMENT

- Ask the question as written
- Repeat the resident's response if they do not clearly indicate yes or no

ITEM J0600- PAIN INTENSITY

Administer only one of the following pain intensity questions

Please rate your worst pain over the last 5 days on a zero to ten scale, with zero being no pain and ten as the worst pain you can imagine?

OR

Please rate your intensity of your worst pain over the last 5 days?

Mild
Moderate
Severe
Very severe, horrible
Unable to answer

ITEM J0700- STAFF INTERVIEW

Should the staff assessment for pain be conducted?:

Yes, continue to J0800

No, skip to question J1100

ITEM J0800 & J0850- STAFF ASSESSMENT

Indicators of Pain or possible pain in the last 5 days (check all that apply)?

- Non-verbal sounds
- Vocal complaints of pain
- Facial expressions
- Protective body movements or postures
- None of these signs observed or documented

Frequency with which resident complains or shows evidence of pain or possible pain?

- Indicators of pain or possible pain observed 1 to 2 days
- Indicators of pain or possible pain observed 3 to 4 days
- Indicators of pain or possible pain observed daily

CONDUCTING THE ASSESSMENT

- Residents who cannot verbalize pain are high risk for under detection and under treatment
- Fewer complaints does not mean LESS PAIN
- Question staff that observe or assist the resident
- Ask about the presence of each indicator and look for documentation in the medical record

Putting it all together



MAKING A CARE PLAN

Goal is to provide effective pain management that results in a constant level of comfort while maintaining as much function as possible

- Pain is a complicated experience for residents
- In depth assessment is necessary
- Care plan must be individualized and resident must be involved
- Interventions should include Pharmacologic and Non-Pharmacologic
- Assess any care plan adjustments in a reasonable time frame
- MDS interview is opportunity to assess your care plan
- Care plan is always evolving- if it isn't working, adjust
