

### Stage II – Critical Elements for Pain Management

Facility Name: \_\_\_\_\_ Facility ID: \_\_\_\_\_ Date: \_\_\_\_\_  
Surveyor Name: \_\_\_\_\_  
Resident Name: \_\_\_\_\_ Resident ID: \_\_\_\_\_  
Initial Admission Date: \_\_\_\_\_ Interviewable:  Yes  No Resident Room: \_\_\_\_\_  
Care Area(s): \_\_\_\_\_

#### Use

Use to determine whether the facility is providing care to prevent and/or manage pain for a sampled resident:

- Who states he/she has pain or discomfort with no relief, including mouth and/or facial pain;
- With indicators of potential pain, such as moaning, crying, pained facial expressions; or
- Who triggers due to moderate or excruciating pain less than daily or mild, moderate or excruciating pain daily.

#### Procedure

- Briefly review the assessment, care plan and orders to identify facility interventions and to guide observations to be made.
- Corroborate observations by interview and record review.

## Stage II – Critical Elements for Pain Management

Observations	
<input type="checkbox"/> Observe whether staff consistently implement the care plan over time and across various shifts. Staff are expected to assess and provide appropriate care from the day of admission. During observations of the interventions, note and/or follow up on deviations from the care plan, deviations from current standards of practice, as well as potential negative outcomes. Determine whether the resident: <ul style="list-style-type: none"><li>▪ Exhibits signs or symptoms of pain such as frowning, grimacing, rubbing body areas, appears restless, agitated, groaning, crying, or has increased breathing, perspiration;</li><li>▪ Is not attending activities that he/she usually likes to attend and the refusal is related to issues of pain and/or discomfort;</li><li>▪ Exhibits a decreased range of motion, resists cares or has experienced a loss of function related to pain; and</li><li>▪ Requests interventions for pain and how staff address this request;</li></ul>	<b>Notes:</b>
<input type="checkbox"/> Observe interventions to determine: <ul style="list-style-type: none"><li>▪ How staff evaluate the type and intensity of the pain;</li><li>▪ How they determine interventions to use such as administration of medications (as needed), or other non pharmacy measures such as positioning, massage therapy;</li><li>▪ How they monitor the resident to determine whether the interventions have helped; and</li><li>▪ If the interventions do not help, what alternatives they seek to assist the resident in pain management.</li></ul>	

## Stage II – Critical Elements for Pain Management

Resident/Representative Interview	
<p>Interview to determine:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> How long the resident has had pain;</li><li><input type="checkbox"/> How the resident/representative has treated the resident's pain in the past;</li><li><input type="checkbox"/> How often the resident has pain/discomfort;</li><li><input type="checkbox"/> Whether the pain is related to activities, care and/or treatments;</li><li><input type="checkbox"/> Who the resident has told about the pain/discomfort;</li><li><input type="checkbox"/> How long it takes for staff to address the request;</li><li><input type="checkbox"/> The outcome of the interventions;</li><li><input type="checkbox"/> How long the intervention provides relief;</li><li><input type="checkbox"/> What impacts the pain;</li><li><input type="checkbox"/> Whether the resident and/or his/her representative have been involved in the development of a plan of care that addresses pain management and the revisions, if the interventions do not work; and</li><li><input type="checkbox"/> Whether non-pharmacy alternatives for pain management have been attempted.</li></ul>	<p><b>Notes:</b></p>

## Stage II – Critical Elements for Pain Management

<b>Staff Interviews</b>	
<b>Nursing Assistant:</b>	
<p>Determine whether the nursing assistant:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Is knowledgeable about the resident and the plan for pain management;</li> <li><input type="checkbox"/> Identifies the resident as being uncomfortable and/or in pain;</li> <li><input type="checkbox"/> To whom the nursing assistant reports the resident’s complaints of pain/discomfort; and</li> <li><input type="checkbox"/> Awareness of interventions for pain/discomfort management for the resident and the types of activities and/or care/services to provide related to the interventions (for example, allowing a period of time for a pain medication to take effect before bathing and/or dressing).</li> </ul>	<p><b>Notes:</b></p>
<b>Nurse:</b>	
<p>Determine:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Whether the resident has been assessed for pain and the results;</li> <li><input type="checkbox"/> What type of interventions were developed for the resident including non pharmacy interventions;</li> <li><input type="checkbox"/> How staff monitor the outcome of the interventions;</li> <li><input type="checkbox"/> If the resident receives routine pain medication, how and when pain assessments are completed and by whom;</li> <li><input type="checkbox"/> How often the resident requests a PRN pain medication; and</li> <li><input type="checkbox"/> How staff communicate, when and how often interventions are provided for pain management, and how staff determine a revision in the program is needed.</li> </ul> <p>NOTE: Determine whether the resident is receiving pain and/or symptom control from another entity such as a Medicare-certified hospice. Interview staff to determine how they communicate the needs of the resident between the two entities, what plans are in place, and who is monitoring the outcomes of the resident.</p>	<p><b>Notes:</b></p>

## Stage II – Critical Elements for Pain Management

Assessment	
<p>Review physician orders, multidisciplinary progress notes, and other information and tools addressing the assessment of pain. Determine whether the assessment information accurately and comprehensively reflects the status of the resident. Determine whether the assessment:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Identifies the causal, risk and contributing factors of the pain;</li><li><input type="checkbox"/> Identified a previous history of pain, what was used to manage the pain and the response to analgesics such as pain relief, side effects, impact on functioning;</li><li><input type="checkbox"/> Identifies conditions that may cause pain and/or discomfort, such as arthritis, diabetic neuropathies, cancer, osteoporosis, fractures, shingles, peripheral vascular disease, skin ulcers, contractures, or paresthesia related to strokes;</li><li><input type="checkbox"/> Identifies potential non verbal expressions of pain/discomfort such as<ul style="list-style-type: none"><li>▪ Changes in breathing (noisy, deep/shallow, labored, fast/slow);</li><li>▪ Vocalizations (grunting, moans, yelling out, silent);</li><li>▪ Mood/behavior (changes, more irritable, striking out, squirming, constant motion);</li><li>▪ Eyes (wide open/narrow slits/shut, glazed, tearing, no focus);</li><li>▪ Face (sad, crying, worried, scared, clenched teeth, grimacing); or</li><li>▪ Body (tense, rigid, rocking, curled up, thrashing);</li></ul></li><li><input type="checkbox"/> Identifies limitations on ADL functioning;</li><li><input type="checkbox"/> Identifies the location, type (description), severity and pattern of pain;</li><li><input type="checkbox"/> Utilizes a valid instrument for the evaluation of pain for both the cognitively impaired and cognitively intact resident;</li><li><input type="checkbox"/> Identifies and evaluates the appropriateness of the dose and dosing interval;</li></ul>	<p><b>Notes:</b></p>

## Stage II – Critical Elements for Pain Management

Assessment	
<p><input type="checkbox"/> Identifies factors that effectively lessen the pain; and</p> <p><input type="checkbox"/> Addresses the risk/benefit of the type of pain medication and drug allergy status.</p> <p><b>1. Was a comprehensive pain assessment completed for the resident with or at risk of developing pain and/or discomfort?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F272</b></p> <p><i>The comprehensive assessment is not required to be completed until 14 days after admission. For newly admitted residents, before the 14-day assessment is complete, the lack of sufficient assessment and care planning to meet the resident's needs should be addressed under F281 (see the Care and Services Meet Professional Standards section).</i></p> <p><i>NOTE: The facility may have completed a 5-day assessment for the Medicare beneficiary. Use the 5-day assessment as the comprehensive assessment only if it was completed with the RAPS.</i></p>	
Care Planning	
<p>Review the care plan for specific interventions, measurable objectives and timetables, risk/causal factors, and relevancy to the resident. Determine whether the plan of care identifies:</p> <p><input type="checkbox"/> The potential or actual impact of pain on the resident's functioning, including the effects of interventions (medication effects) on the resident's functional abilities;</p> <p><input type="checkbox"/> Identification of and/or monitoring for pain and its symptoms for a resident who is not cognitively intact including how to determine pain symptoms and relief;</p> <p><input type="checkbox"/> The type (description), location, severity, and pattern of the pain/discomfort including if related to activities such as dressing, positioning, etc;</p>	<p><b>Notes:</b></p>

## Stage II – Critical Elements for Pain Management

### Care Planning

- Interventions for different sources/types of pain, such as angina, arthritis, cancer related pain, etc.;
- Identification of the anticipated time of onset, time to peak effect, duration of action, and side effects of the analgesic to be administered;
- A schedule of interventions that meets the resident's needs, such as for pain related to treatments, interventions to be provided, including medications given (if ordered), with enough time prior to the treatment to provide relief;
- Identifies potential medication side effects, such as falling, constipation, drowsiness, etc. and interventions to address the potential side effects;
- The identification of non-medication types of interventions for pain such as positioning, relaxation therapy, massage, and include an evaluation system to determine whether the symptoms are reduced; and
- Identification of the type of monitoring of the resident prior to the administration of pain medication and post administration.

**2. Did the plan of care identify measurable goals and interventions for pain control?**  Yes  No **F279**

The comprehensive care plan does not need to be completed until 7 days after the comprehensive assessment (the assessment completed with the RAPS). Lack of sufficient care planning to meet the needs of a newly admitted resident should be addressed under **F281** (see the Care and Services Meet Professional Standards section).

Additionally, lack of physician orders for immediate care (until staff can conduct a comprehensive assessment and develop an interdisciplinary care plan) should be addressed under **F271**.

## Stage II – Critical Elements for Pain Management

### Care and Services Meet Professional Standards

Observe care over several shifts to assess the consistent application of the plan of care and staff awareness of the interventions. Determine whether staff:

- Monitor the effect of medication on the resident's functioning;
- Have been provided training, are aware of and anticipate or identify pain for those residents who are not cognitively intact or able to verbalize pain or discomfort;
- Document the type (description), location, severity, and pattern of the pain;
- Provides interventions according to the plan of care and monitors outcomes;
- On all shifts consistently monitor the resident's level of pain prior to administration of pain medications, and monitor the resident's level of relief post administration and are knowledgeable of the facility protocol used; and treat resident complaints of pain and/or discomfort with a prompt response.

**Interviews with health care practitioners and professionals:** Based upon the observations, interview knowledgeable staff regarding the assessment and care plan development for the resident, including the aspects of identification, prevention, intervention, reevaluation and modification according to resident outcome. If necessary, interview the attending physician, and if not available, the medical director on issues related to medical implications or concerns on pain management.

- Determine who:
  - Is allowed to assess for pain,
  - To makes decisions for administering pain medications, and
  - Evaluates the effectiveness of the interventions.
- If multiple types of analgesics are utilized, how and who provides staff with information for safe effective dosing.

**Notes:**

## Stage II – Critical Elements for Pain Management

Care and Services Meet Professional Standards	
<p><input type="checkbox"/> Determine whether staff have received education to provide for safe medication practices for analgesic dosing of analgesics, and that safeguards are in place for storage and access to controlled substances.</p> <p><b>3. Did the facility implement practices that meet professional standards of quality?</b>      <input type="checkbox"/> Yes    <input type="checkbox"/> No    <b>F281</b></p> <p><i>NOTE: If the care plan addressed the risks and identified needs of the resident, but the care plan was not implemented as written, consider F282 for failure to implement the care plan.</i></p>	
Care Plan Revision	
<p>Determine whether revisions were made to the plan of care based upon:</p> <p><input type="checkbox"/> The type, amount and dosing schedule of medications;</p> <p><input type="checkbox"/> The level of pain relief;</p> <p><input type="checkbox"/> Breakthrough pain, if any;</p> <p><input type="checkbox"/> Alternative methods to attempt to relieve pain;</p> <p><input type="checkbox"/> Acute change in health status, change in cognition, or a change in medications that may affect a resident's response to the care plan; and</p> <p><input type="checkbox"/> Involvement/participation of the resident and/or his/her representative.</p> <p><b>4. Did the staff review the plan of care for pain/symptom reduction, evaluate, reassess, if necessary, and revise the plan of care to meet the needs of the resident?</b>      <input type="checkbox"/> Yes    <input type="checkbox"/> No    <b>F280</b></p>	<p><b>Notes:</b></p>

Stage II – Critical Elements for Pain Management

Provision of Care and Services	
<p><b>5. Did the resident receive care and services including the identification, treatment, monitoring, and relief, if possible, of pain?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>F309</b></p>	<p><b>Notes:</b></p>

Concerns with Structure, Process, and/or Outcome Requirements Related to Process of Care	
<p>During the investigation of pain management, the surveyor may have determined that concerns may also be present with related outcome, process, and/or structure requirements. The surveyor is cautioned to investigate these related requirements before determining whether non-compliance may be present. Some examples of requirements that should be considered include the following (not all inclusive):</p> <p><input type="checkbox"/> <b>F157, Notification of Changes</b> — Determine whether staff notified the physician of significant changes in the resident’s condition or failure of the treatment plan to prevent or manage pain; or the resident’s representative (if known) of significant changes in the resident’s condition in relation to the pain management plan of care.</p> <p><input type="checkbox"/> <b>F242, Self-determination and Participation</b> — Determine whether the facility has provided the resident with choices about aspects of his or her life in relation to pain management and type and amount of analgesics.</p> <p>NOTE: If there are issues related to pain management being provided by a certified hospice, a complaint identifying the resident and the concerns must be brought to the attention of the state agency responsible for regulating hospice services.</p> <p><input type="checkbox"/> <b>F246, Accommodation of Needs</b> — Determine whether the facility has adapted the resident’s physical environment (room, bathroom, furniture, temperature, lighting, sound levels) to accommodate the resident’s individual needs.</p> <p><input type="checkbox"/> <b>F250, Social Services</b> — Determine whether the facility is providing medically-related social services, including</p>	<p><b>Notes:</b></p>

## Stage II – Critical Elements for Pain Management

### Concerns with Structure, Process, and/or Outcome Requirements Related to Process of Care

- Meeting the needs of a resident who has pain, discomfort, or unrelenting pain;
- Maintaining contact with family;
- Providing or arranging for provision of needed counseling services;
- Supporting preferences, customary routines, concerns and choices;
- Assisting residents/families in decision-making; and
- Promoting actions by staff that maintain or enhance dignity.

**F353, Sufficient Staff** — Determine whether the facility had qualified staff in sufficient numbers to assure the resident was provided necessary care and services, based upon the comprehensive assessment and care plan, to prevent or manage pain.

**F385, Physician Supervision** — Determine whether the physician has assessed and developed a treatment regimen relevant to preventing or managing pain and responded appropriately to the notice of changes in condition.

**F501, Medical Director** — Determine whether the medical director:

- Assisted the facility in the development and implementation of policies and procedures for prevention, identification and management of pain, and that these are based on current standards of practice; and
- Interacts with the physician supervising the care of the resident if requested by the facility to intervene on behalf of the resident with pain.

***If the surveyor determines that the facility is not in compliance with any of these related requirements, the appropriate F tag should be surveyor initiated.***