



## Implementation Guide:

# Goals 3 & 4: Improving Pain Management

***This Implementation Guide provides efficient, consistent, evidence-based approaches to address effective and safe pain management in the nursing home.***

**[www.nhqualitycampaign.org](http://www.nhqualitycampaign.org)**

## ADVANCING EXCELLENCE IN AMERICA'S NURSING HOMES

# A Campaign to Improve Quality of Life for Residents and Staff

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Advancing Excellence in America's Nursing Homes is a coalition based, two-year campaign that launched in September 2006. The campaign is reinvigorating efforts to improve the quality of care and quality of life for those living or recuperating in America's nursing homes.

The campaign's unprecedented coalition includes long-term care providers, caregivers, medical and quality improvement experts, government agencies, consumers and others. Together, we are building on the success of other quality initiatives, including Quality First, the Nursing Home Quality Initiative (NHQI), the culture change movement, and other quality initiatives.

### **Founding Organizations:**

Alliance for Quality Nursing Home Care  
American Association of Homes and Services for the Aging  
American Association of Nurse Assessment Coordinators  
American College of Healthcare Administrators  
American Health Care Association  
American Medical Directors Association  
Centers for Medicare & Medicaid Services and its contractors, the Quality Improvement Organizations  
National Association of Health Care Assistants  
National Citizen's Coalition for Nursing Home Reform  
National Commission for Quality Long-Term Care  
The Commonwealth Fund  
The Evangelical Lutheran Good Samaritan Society

## Goals 3 & 4: Improving Pain Management

Goal 3: Nursing home residents who live in a nursing home longer than 90 days infrequently experience moderate or severe pain.

**Objectives** – By September 2008:

- a) The national average of moderate or severe pain experienced by long-stay residents will be at or below 4%.
- b) 30% of nursing homes will regularly report rates of moderate to severe pain for long-stay residents under 2%.
- c) No nursing home will report a rate of moderate or severe pain that exceeds 20%.
- d) Compared to June 2006, approximately 40,000 fewer long-stay residents will suffer from moderate or severe pain.

Goal 4: People who come to nursing homes after staying in the hospital only sometimes experience moderate to severe pain.

**Objectives** – By September 2008:

- a) The national average of moderate or severe pain experienced by post-acute residents will be at or below 15%.
- b) 30% of nursing homes will regularly report rates of moderate or severe pain for post-acute residents below 10%.
- c) No nursing home will report a rate of moderate or severe pain that exceeds 46%.
- d) Compared to June 2006, approximately 130,000 fewer post-acute care residents will suffer from moderate or severe pain.

### ICON KEY

 Recognition/Assessment

 Cause Identification

 Management

 Monitoring

**The icons in the box** to the left will be used throughout this guide to help identify those processes related to key evidence-based approaches.

## Approach to Implementation

A nursing home working to improve pain management should follow these steps:



### Recognition / Assessment

1. *Identify pain management as an area for potential improvement in nursing home performance.*
  - Based on nursing home quality improvement data, quality measures, survey results, review of actual resident cases, comparison to benchmarks, etc.
2. *Identify authoritative information available for the topic.*
  - Review references listed in the *Pain Resources*, as well as reliable and evidence-based information about pain management from the literature and from relevant professional associations and organizations.
  - Identify ways to distinguish the reliability of information about pain management i.e., how to separate valid ideas about pain management from myths and misconceptions about the topic).
3. *Identify current process and practices in the nursing home.*

For an overview of the process, see the *Pain Process Review Tool* and related *Pain Flow Diagram*.

  - Are the nursing home's approaches consistent with the steps identified in the *Pain Process Framework*?
  - Identify the nursing home's current approach to identifying and managing pain, and the basis for that approach.
  - Who in the nursing home decides on how to identify and manage pain, and what approaches do they use?
4. *Identify areas for improvement in processes and practices.*

Using the information gathered in Steps 2 and 3 above, compare current with desirable approaches to pain management. Address the following:

  - Check whether current nursing home policies / protocols are consistent with desirable approaches.
  - Check whether desirable approaches are being followed consistently.
  - Identify whether anyone has been reviewing and comparing current approaches to pain management to desirable ones.

## Approach to Implementation (cont.)

- Have issues related to pain management been identified previously? Were they followed up on? Has the nursing home previously evaluated its performance and taken steps to improve?

### Cause Identification



5. *Identify the causes of issues related to preventing and managing pain, including root causes of undesirable variations in performance and practice.*

- Identify issues and practices that are inhibiting attaining the goal of improving pain management.
- Identify underlying causes (including root causes) of, and factors related to, undesirable and inappropriate pain management in the nursing home.
- Identify reasons given by those who do not adequately follow desirable approaches.

### Management



6. *Reinforce optimal practice and performance.*

- Continually promote “doing the right thing in the right way.”
- Follow the steps of the *Pain Process Framework*, throughout the nursing home.
- Identify and use tools and resources to help implement the steps and address related issues.
- Based on information and data collected about the organization and the processes and results related to pain management, reinforce systems and processes that are already optimal.

7. *Implement necessary changes.*

- Address underlying causes (including root causes) of the challenges and obstacles to the nursing home’s capacity to manage pain effectively and safely.
- Implement pertinent generic and cause-specific interventions.
- Address issues of individual performance and practice that could be improved in trying to improve pain management.
- Refer to *Pain Resources* for resources and tools that can help to address this goal.

## Approach to Implementation (cont.)

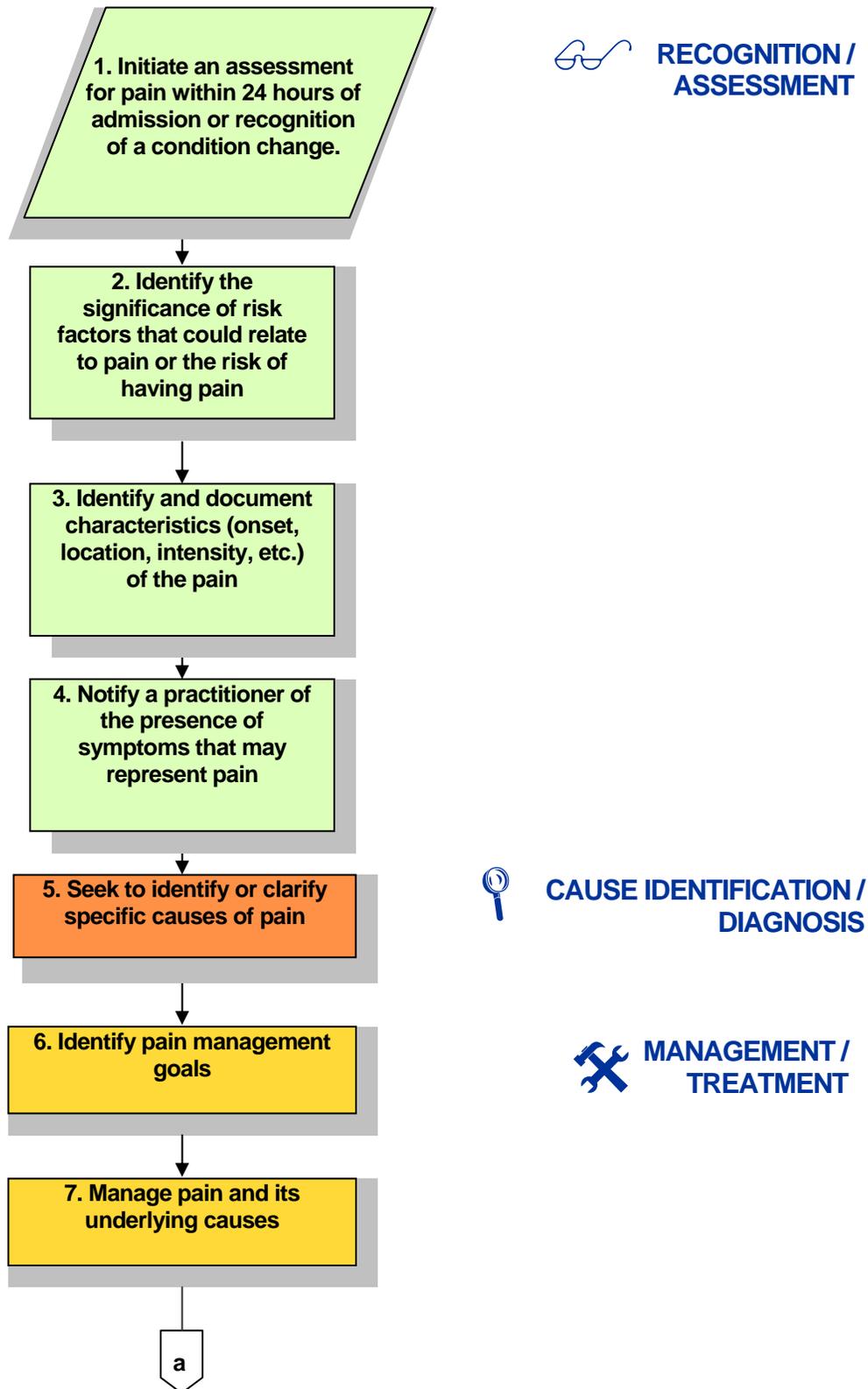
### Monitoring



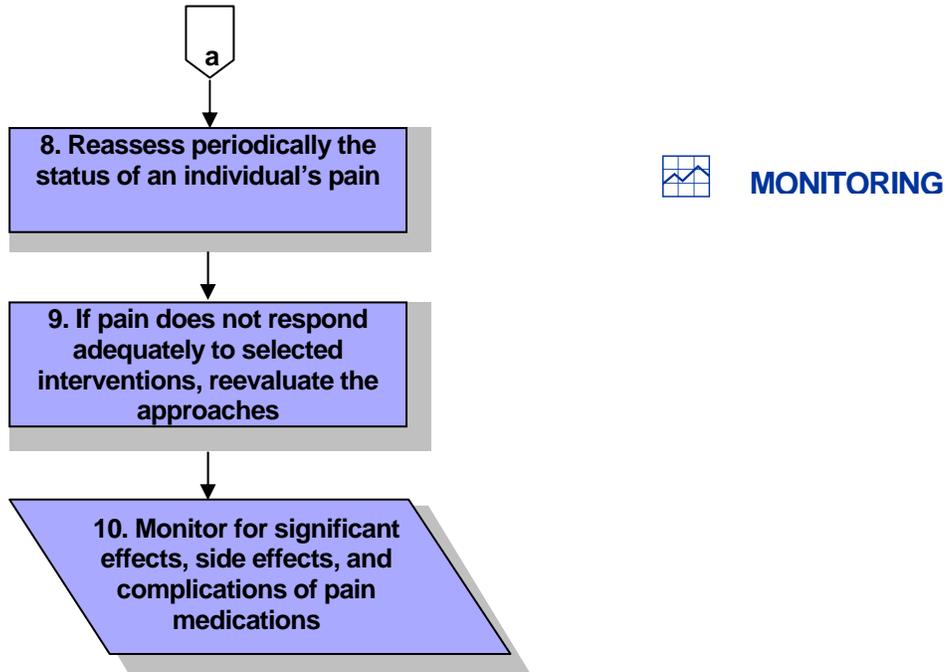
#### 8. *Reevaluate performance, practices and results.*

- Recheck for progress towards getting “the right thing done consistently in the right way.”
- Use the *Pain Process Review Tool* to identify whether all key steps are being followed.
- Use the *Pain Process Framework* and related references and resources from Steps 2-4 above, and repeat Steps 2-7 (Recognition / Assessment, Cause Identification, and Management) until processes and practices are optimal.
- Continue to collect data on results and processes.
- Evaluate whether changes in process and practice have helped attain desired results.
- Adjust approaches as necessary.

## Flow Diagram - Pain Process Framework



## Flow Diagram - Pain Process Framework (cont.)



## PAIN PROCESS FRAMEWORK

CARE PROCESS STEP	EXPECTATIONS	RATIONALE
 <b>PROBLEM RECOGNITION / ASSESSMENT</b>		
<p>1. Initiate an assessment for pain within 24 hours of admission or recognition of a condition change.</p>	<ul style="list-style-type: none"> <li>- The staff (including nursing assistants and other direct care staff) systematically tries to identify individuals who are having pain.</li> <li>- The nursing home provides specific guidance (for example, via protocols, guidelines, or policies and procedures) for staff and practitioners to recognize and assess pain, identify causes, and manage and monitor pain.</li> <li>- Staff periodically ask residents if they are having pain (for example, but asking such things as “Does it hurt anywhere?” or “Do you have any aching or soreness?”) and by direct examination (for example looking at, moving, and touching painful areas).</li> </ul>	<ul style="list-style-type: none"> <li>- Many individuals enter a nursing home or post-acute care facility with pain or a condition that predisposes them to have pain.</li> <li>- Direct care staff and practitioners should be aware of the possibilities for pain and should look for related signs and symptoms.</li> <li>- Cognitively impaired individuals, or those with impaired communication may not be able to communicate pain symptoms adequately, or may have atypical symptoms.</li> <li>- For various cultural and personal reasons, people may not report pain adequately or may deny having pain.</li> <li>- It is recommended that staff ask about pain whenever they measure vital signs.</li> </ul>
<p>2. Identify the significance of risk factors that could relate to pain or the risk of having pain.</p>	<ul style="list-style-type: none"> <li>- The staff and practitioner review known diagnoses and conditions that could be causing, contributing, or predisposing to pain.</li> </ul>	<ul style="list-style-type: none"> <li>- Many conditions are painful or predispose to pain. For example, arthritis, hip fracture, gastritis, or vertebral compression fracture.</li> </ul>

PAIN PROCESS FRAMEWORK (cont.)

CARE PROCESS STEP	EXPECTATIONS	RATIONALE
<b>PROBLEM RECOGNITION / ASSESSMENT (cont.)</b>		
<p>3. Identify and document characteristics (onset, location, intensity, etc.) of the pain.</p>	<ul style="list-style-type: none"> <li>- Staff uses a consistent approach to describe and document pain in enough detail (onset, location, duration, intensity, etc.) to permit adequate evaluation of the situation.</li> </ul>	<ul style="list-style-type: none"> <li>- Consistent terminology, detailed symptom descriptions, and objective observations all help to identify the type and causes of pain, to differentiate pain from other conditions that cause nonspecific symptoms, and to evaluate the effectiveness of interventions.</li> <li>- Standardized scales have been identified to document and compare pain across time.</li> <li>- There are alternative ways to identify pain in individuals who cannot verbalize pain symptoms. However, nonspecific signs and symptoms can also represent causes other than pain (fluid and electrolyte imbalance, medication side effects, etc.), which may be present in addition to or instead of pain.</li> </ul>
<p>4. Notify a practitioner of the presence of symptoms that may represent pain.</p>	<ul style="list-style-type: none"> <li>- When pain is suspected or identified, staff involves a practitioner to help identify causes and appropriate interventions, unless the situation is readily resolvable with basic interventions.</li> </ul>	<ul style="list-style-type: none"> <li>- A health care practitioner is trained to identify diverse causes of symptoms and to recognize and balance the risks and benefits of potential interventions.</li> </ul>

**PAIN PROCESS FRAMEWORK (cont.)**

CARE PROCESS STEP	EXPECTATIONS	RATIONALE
 <b>CAUSE IDENTIFICATION / DIAGNOSIS</b>		
<p>5. Seek to identify or clarify specific causes of pain.</p>	<ul style="list-style-type: none"> <li>- Based on information gathered through various sources including interview, record review, and examination, the staff and practitioner identify causes of pain and/or perform an additional investigation for causes, as warranted.</li> <li>- For individuals with severe or persistent pain, or pain that is not responding readily to treatment, a practitioner takes a relevant medical history and examines the individual.</li> </ul>	<ul style="list-style-type: none"> <li>- Pain often has specific, identifiable causes, although it is not always possible to find or correct an underlying cause.</li> <li>- Addressing underlying causes may relieve the pain or reduce its frequency and intensity.</li> <li>- Most analgesics are non-specific, and may not address underlying causes.</li> <li>- Health care practitioners are specially trained in how to identify causes of symptoms.</li> </ul>
 <b>MANAGEMENT / TREATMENT</b>		
<p>6. Identify pain management goals.</p>	<ul style="list-style-type: none"> <li>- The staff, practitioner, resident, and family collaborate to identify goals (for example, relief of pain, reduction of pain to a tolerable level, reduce need for breakthrough pain medication, etc.) for pain management.</li> </ul>	<ul style="list-style-type: none"> <li>- A goal is needed in order to identify whether interventions are relevant and effective.</li> <li>- Goals may need to be adjusted over time, depending on causes, prognosis, effectiveness of initial interventions, and other factors.</li> <li>- Total pain relieve is desirable but not always possible, or there may be trade-offs between pain control and undesirable side effects of treatment.</li> </ul>

PAIN PROCESS FRAMEWORK (cont.)

CARE PROCESS STEP	EXPECTATIONS	RATIONALE
<b>MANAGEMENT / TREATMENT (cont.)</b>		
<p>7. Manage pain and its underlying causes.</p>	<ul style="list-style-type: none"> <li>- The staff and practitioner review the causes and characteristics of an individual's pain, and options (including non-pharmacologic measures) for managing pain.</li> <li>- A plan to manage a resident's pain is implemented, based on the findings from the assessment and cause identification stages, including causes, characteristics, resident preferences, needs, risks, ability to cooperate with the plan, etc.</li> <li>- A practitioner authorizes appropriate management of the pain and treatable causes in a timely manner.</li> <li>- The staff and practitioner utilize recognized options for pain management, as identified in pertinent protocols and guidelines, or have a clinically valid reason for other approaches.</li> <li>- The pain management plan is implemented consistently.</li> </ul>	<ul style="list-style-type: none"> <li>- Although some general (not person-specific) approaches may be pertinent for all individuals with pain, interventions should be relevant to factors specific to the individual's goals, needs and desires.</li> <li>- Some interventions (which may, but do not always need to, include medications) to try to improve comfort and relieve pain should be initiated soon after identifying the presence of pain.</li> <li>- Various non-pharmacologic options are available and may be very effective, depending on the cause and location of pain, the resident's response to the interventions, and other factors.</li> <li>- Analgesics (pain medications) can be very effective in appropriate circumstances. But they are not always needed, are only sometimes helpful, and can cause significant complications.</li> <li>- Various protocols have identified more and less desirable approaches to pain management, including the proper selection and dosage of analgesics.</li> <li>- Physicians are trained to select optimal treatments based on analysis of multiple factors.</li> </ul>

PAIN PROCESS FRAMEWORK (cont.)

CARE PROCESS STEP	EXPECTATIONS	RATIONALE
 <b>MONITORING</b>		
<p>8. Periodically reassess the status of an individual's pain.</p>	<ul style="list-style-type: none"> <li>- The staff and practitioner reassess individuals with pain and who are at risk for pain, to identify the degree of comfort, the status of underlying causes, and the effectiveness of interventions.</li> <li>- The staff periodically reassesses individuals who are receiving analgesics long-term, for symptoms of pain, effects and side effects of medications, and continuing indications for analgesics, and for current doses.</li> </ul>	<ul style="list-style-type: none"> <li>- Since pain is often chronic, ongoing evaluation is needed to ensure that it is controlled.</li> <li>- Since many nursing home residents and post-acute care patients have predisposing conditions, it is important to assess for new, recurrent, or worsening pain.</li> <li>- Because pain can subside, and causes of pain sometimes resolve or become less intense, analgesics and other interventions can sometimes be tapered, stopped, or changed to lower risk approaches.</li> </ul>
<p>9. If pain does not respond adequately to selected interventions, reevaluate the approaches.</p>	<ul style="list-style-type: none"> <li>- If pain relief goals are not being attained or maintained, the staff and practitioner review the situation, including current interventions, and consider pertinent additional or alternative approaches, or they provide a clinically valid reasons for maintaining the current regimen.</li> </ul>	<ul style="list-style-type: none"> <li>- When efforts at pain relief are not fully successful, current approaches may still be relevant, may need adjustment, may not be working, or may be associated with intolerable complications or side effects.</li> </ul>

PAIN PROCESS FRAMEWORK (cont.)

CARE PROCESS STEP	EXPECTATIONS	RATIONALE
<b>MONITORING (cont.)</b>		
<p>10. Monitor for significant effects, side effects, and complications of pain medications.</p>	<ul style="list-style-type: none"> <li>- When analgesics are used, medications and doses are adjusted to try to meet pain management goals, while minimizing risks and side effects such as lethargy, confusion, anorexia, and increased falls.</li> </ul>	<ul style="list-style-type: none"> <li>- Pain medications are associated with complications, which can be significant. For instance, opioid analgesics can be associated with severely impaired bowel motility, urinary retention, and nausea or vomiting, all leading to additional pain and discomfort.</li> <li>- It is essential to distinguish symptoms due to complications of existing treatments from those due to existing or new medical conditions.</li> <li>- In order to identify complications of medications that mimic other causes, it is important to be aware of their potential occurrence and to make subsequent adjustments to try to balance effectiveness with minimal complications.</li> <li>- Even if there is a valid clinical reason to continue a medication that may be causing a complication the resident should still be monitored closely for possible worsening of the complication.</li> </ul>

## PAIN PROCESS REVIEW TOOL

Abstraction Date:				
Nursing home Name:		Nursing home Address:		
<b> RECOGNITION/ASSESSMENT</b>				
			<b>YES</b>	<b>NO</b>
1.	Was the resident screened for pain within 24 hours of admission?			
2.	Was an assessment of the resident's pain conducted upon identification of pain (what relieves/worsens pain; effects of medications; effects of pain on ADLs, sleep, mood; frequency, intensity, location of pain, etc.)?			
3.	Were factors assessed/identified that could influence/impact the resident's perception of pain (e.g., medical conditions, environment, medications, risk factors, social issues, therapy, dressing changes)?			
4.	Was the resident's pain assessed using a standardized/accepted pain assessment scale?			
<b> CAUSE IDENTIFICATION</b>				
			<b>YES</b>	<b>NO</b>
5.	Did the staff and practitioner identify the underlying cause(s) of the resident's pain, especially if the pain was unresolved and/or unrelieved?			
6.	Did the staff and management check for care-related processes that could influence or contribute to the resident's pain if the pain was unresolved and/or unrelieved?			
7.	Did the resident have a clinically pertinent diagnosis for the underlying cause(s) of pain within 30 calendar days of admission?			
<b> TREATMENT/MANAGEMENT</b>				
			<b>YES</b>	<b>NO</b>
8.	Was a specific plan of care implemented to address the identified factors that impacted the resident's pain?			
9.	Were there specific physician orders written to address the identified factors that impacted the resident's pain?			
10.	Were the interventions consistent with reliable clinical standards of practice, and the resident's needs, risk factors, related medical conditions, goals, values, culture and wishes?			
11.	Were pain relief measures implemented and their efficacy documented consistently as indicated by physician order and/or plan of care (e.g., non-pharmacologic interventions such as heat and repositioning, and medications as appropriate)?			
12.	Did the plan of care address side effects related to the use of pain medications (e.g., constipation, nausea, vomiting, sedation, lethargy, anorexia, increased confusion)?			
13.	Did the staff communicate the desired approach to pain management with those who are responsible to carry it out?			
<b> MONITORING</b>				
			<b>YES</b>	<b>NO</b>
14.	Did the staff and practitioner monitor and document the progress of the pain and adjust the interventions based on the individual's condition and other relevant factors?			
15.	Is the plan of care evaluated and updated periodically to monitor progress?			

PAIN PROCESS REVIEW TOOL (cont).

Abstraction Date:					
Nursing home Name:		Nursing home Address:			
 <b>MONITORING (cont.)</b>					
			<b>YES</b>	<b>NO</b>	<b>N/A</b>
16.	Are the resident and family approached periodically to monitor their level of satisfaction with the approach to pain management?				
17.	Is the approach to a resident's pain management plan periodically compared to the nursing home's written guidelines and to reliable standards of practice?				

## PAIN RESOURCES

RESOURCE	LOCATION	CONTACT INFORMATION
<b>Recommended Clinical Practice Guidelines</b>		
Pain Management in the Long Term Care Setting	<a href="#">American Medical Directors Association</a>	10480 Little Patuxent Parkway, Suite 760 Columbia, MD 21044 Phone: (800) 876-2632
Pain Management in the Long Term Care Setting (Summary of AMDA Guidelines)	<a href="#">National Guideline Clearing House</a>	NGC is an Internet resource. General email may be sent to: <a href="mailto:info@guideline.gov">info@guideline.gov</a> .
<b>Clinical Tools</b>		
Wong-Baker Faces Pain Scale	<a href="#">Wong On Web</a>	Donna L. Wong, PhD, RN, CPN, PNP, FAAN 7535 South Urbana Avenue Tulsa, OK 74136-6113 Phone: (918) 496-0544
Key Care Plan Approaches	<a href="#">MedQIC</a>	MedQIC is an Internet resource. Questions related to Nursing Home content can be directed to: Teresa M. Mota, RN or Paula Mottshaw Quality Partners of Rhode Island 235 Promenade Street Suite 500, Box 18 Providence, Rhode Island 02908 Phone: (401) 528-3200
Pain Algorithm	<a href="#">MedQIC</a>	
Communicating With Physicians About Pain	<a href="#">MedQIC</a>	
Nurse Physician Communication Tips	<a href="#">MedQIC</a>	
Nurse Worksheet for Phone Call Interventions	<a href="#">MedQIC</a>	
Pain Interventions Fax Back Sheet	<a href="#">MedQIC</a>	
Pain Scale: Pocket Card	<a href="#">MedQIC</a>	
WHO Three-Step Analgesia Ladder and Medication List	<a href="#">MedQIC</a>	

PAIN RESOURCES (cont.)

RESOURCE	LOCATION	CONTACT INFORMATION
<b>Clinical Tools (cont.)</b>		
Comprehensive Pain Assessment Forms -Cognitively Intact and Cognitively Impaired	<a href="#">MedQIC</a>	<p>MedQIC is an Internet resource. Questions related to Nursing Home content can be directed to:  Teresa M. Mota, RN or Paula Mottshaw, BS  Quality Partners of Rhode Island  235 Promenade Street  Suite 500, Box 18  Providence, RI 02908  Phone: (401) 528-3200</p>
MDS Pain Intensity Scale Guide	<a href="#">MedQIC</a>	
<b>Quality Improvement Tools</b>		
Pain Collaborative Framework	<a href="#">MedQIC</a>	
Essential Systems for Quality Care	<a href="#">MedQIC</a>	
Facility-assessment Checklists	<a href="#">MedQIC</a>	
Process of Care Measures for Pain	<a href="#">MedQIC</a>	
Data Tracking Tool	<a href="#">MedQIC</a>	
<b>Informational Resources</b>		
Clinical Overview	<a href="#">MedQIC</a>	
Pain Fast Facts	<a href="#">MedQIC</a>	
Regulations related to Pain Management	<a href="#">MedQIC</a>	
Pain Assessment Terminology	<a href="#">MedQIC</a>	
Types of Pain	<a href="#">MedQIC</a>	
Pain Management PowerPoint Presentation	<a href="#">MedQIC</a>	

PAIN RESOURCES (cont.)

RESOURCE	LOCATION	CONTACT INFORMATION
<b>Quality Measure Information</b>		
Pain Quality Measure	<a href="#">MedQIC</a>	MedQIC is an Internet resource. Questions related to Nursing Home content can be directed to: Teresa M. Mota, RN or Paula Mottshaw, BS Quality Partners of Rhode Island 235 Promenade Street Suite 500, Box 18 Providence, RI 02908 Phone: (401) 528-3200
<b>Literature / Latest Research</b>		
Pain Literature Listing	<a href="#">MedQIC</a>	
<b>Specialty Organizations and Links</b>		
Pain Tools and Web Links	<a href="#">MedQIC</a>	PO Box 850 Rocklin, CA 95677 Phone: (800) 533-3231
American Chronic Pain Association – Pain Education	<a href="#">ACPA</a>	
Education in Palliative and End-Of-Life Care	<a href="#">EPEC - Northwestern University</a>	Northwestern University's Feinberg School of Medicine 750 N Lake Shore Drive, Suite 601 Chicago, IL 60611 Phone: (312) 503-3732
The Borun Center – Pain Screening Education	<a href="#">The Borun Center</a>	7150 Tampa Avenue Reseda, CA 91335 Phone: (818) 774-3347
World Health Organization – WHO Ladder	<a href="#">WHO</a>	Avenue Appia 20 1211 Geneva 27 Switzerland Phone: (41 22) 791 21 11