



Quality Measure Tip Sheet: Pain – Long Stay

Quality Measure Overview

Numerator:

- This measure captures the percentage of long-stay residents who self-report either:
 - Almost constant or frequent moderate to severe pain in the last five days or
 - Any very severe/horrible pain in the last five days
- Pain is to be listed on your quality measures based on the pain interview.
- If a resident cannot communicate (e.g., verbal, gesture, written), then staff observations for pain behavior will be used.
- Pain is defined as whatever the experiencing person says it is, existing whenever the experiencing person says it does.

Denominator: All long-stay residents with a selected target assessment, except those with exclusions

MDS Coding Requirements

In the Minimum Data Set (MDS):

- Code if the resident
 - received a scheduled pain medication regimen;
 - received PRN pain medications or was offered and declined;
 - received nonmedication intervention for pain;
 - indicated pain is present during pain interview.

Resource: <https://downloads.cms.gov/files/MDS-30-RAI-Manual-v114-Replacement-Manual-Pages-and-Change-Tables-October-2016.pdf>



Ask These Questions...

- Is the resident's pain interview done at a time that is good for the resident?
- Is the pain interview completed with a staff member if the resident cannot communicate, and does that staff member understand he/she is not to input opinions?
- Is the resident interview individualized to obtain an accurate picture? For example, if the resident has discomfort following therapy, activities of daily living (ADLs) or procedures, medicate him/her before the activities and do not interview him/her immediately following the therapy.
- Is the resident reassured that pain medication will not be taken away if he/she states there is no current pain?
- Is the resident able to reference a visual pain scale such as the Wong-Baker face scale?
- Have there been changes in sleep cycles and has that need been addressed?
- Has acetaminophen at bedtime been care planned and tried for this resident?
- Has the resident shown a change in mood (e.g., sad, apathetic, anxious, increased behaviors)?
- Has there been a loss of involvement in routines?
- Is there an underlying condition that may need to be treated such as arthritis, cancer, fractures, osteoporosis, multiple sclerosis, dental caries and skin impairment?
- Is the resident's pain medication individualized prior to treatment and/or procedures?
- Is medication scheduled on a routine basis for better management?
- Is as-needed medication used for breakthrough (short-acting) pain?
- Are therapy methods such as TENS, relaxation techniques, range of motion, ADL programs, warm/cool compresses, distraction exercises, massage and positioning devices involved in treating pain?
- Are consultations made to pain management clinics as needed?

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