



Quality Measure Tip Sheet: Pain—Long Stay

Quality Measure Overview

- This measure captures the percentage of long-stay residents who 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.

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.

Ask These Questions ...

- Is the pain interview completed with a staff member if the resident cannot communicate?
- Is the resident interview individualized to obtain an accurate picture?
 - Example: If the resident has discomfort following therapy, activities of daily living (ADLs), or procedures, medicate him or her before the activities and do not interview immediately following the therapy.
- Does the resident understand that pain medication will not be taken away if he or she states there is no current pain?
- If interviews are being completed with staff members instead of the resident, do the staff members understand they need to provide factual information rather than their opinions?
- Is the resident able to reference a visual pain scale, such as the Wong-Baker Face scale?
 - This helps to provide a more accurate picture for the resident related to the degree of pain being experienced.
- Have there been changes in sleep cycles and has that need been addressed?
- 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 utilized for breakthrough pain?
- Are therapy methods such as transcutaneous electrical nerve stimulation, relaxation techniques, range of motion, ADL programs, thermotherapy, distraction exercises, massage, positioning devices, and cryotherapy involved in treating pain?
- Are consultations made to pain management clinics as needed?

