**Pain Management**

**Competency**

Leader’s Guide

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With national awareness, reform and quality initiatives surrounding person centered care and pain management - organizations will want to have a system that promotes a competent, comprehensive, resident-centered pain management program/plan. These actions include a review and revision of current policies, procedures, implementation processes, documentation system, review of Quality Measures and quality monitoring, communication and education including staff, residents and families related to the components and aspects of pain management to develop our staff competency program.

The successful pain management competency program includes a system to help a resident attain or maintain his or her highest practicable level of well-being and to prevent or manage pain, by:

* Recognizes when the resident is experiencing pain and identifies circumstances when pain can be anticipated;
* Evaluates the existing pain and the cause(s), and
* Manages or prevents pain, consistent with the comprehensive assessment and plan of care, current professional standards of practice, and the resident’s goals and preferences.
* Uses non-pharmacological interventions as part of most treatment programs for residents with chronic pain
* Pharmacological approaches following a systematic approach and effective pain management regimen
* Manages the use of opioids for pain management consistent with best practices and proper monitoring
* Resident monitoring and revisions to the care plan as necessary

It is important that all staff understand the expectations of regulatory requirements, standards of practice and best practice approaches. Providers are obligated to comprehensively assess each individual resident and design an individualized pain management plan to support the resident achieving his or her pain goal/highest level of well-being. Organizations need to have a process to educate and identify evidence of competency of staff to achieve resident and quality outcomes.

Strategies for planning staff training and competency for a Pain Management Program for the prevention and management of pain may include but are not limited to evidence of competency with the following:

* “Assessing the potential for pain, recognizing the onset, presence and duration of pain, and assessing the characteristics of the pain;
* Addressing/treating the underlying causes of the pain, to the extent possible;
* Developing and implementing both non-pharmacological and pharmacological interventions/approaches to pain management, depending on factors such as whether the pain is episodic, continuous, or both;
* Identifying and using specific strategies for preventing or minimizing different levels or sources of pain or pain-related symptoms based on the resident-specific assessment, preferences and choices, a pertinent clinical rationale, and the resident’s goals and; using pain medications judiciously to balance the resident’s desired level of pain relief with the avoidance of unacceptable adverse consequences;
* Monitoring appropriately for effectiveness and/or adverse consequences (e.g., constipation, sedation) including defining how and when to monitor the resident’s symptoms and degree of pain relief; and
* Modifying the approaches, as necessary.”1

Keeping the individual at their highest level of functioning has a dramatic impact on quality of life. Center for Medicare and Medicaid Services (CMS) continues to monitor providers’ compliance with comprehensive assessment, planning of care, implementing interventions and re-evaluation. This includes identification of resources and services necessary to care for all residents as identified in the facility assessment.

The Centers for Disease Control and Prevention indicates, “A key aim of pain management is the provision of individualized, patient-centered care that focuses on optimizing function and supporting activities of daily living.”2

Facilities will need to review and revise policies and procedures for pain management to address the use of opioids, opioid use disorder, medication assisted treatment for opioid use disorder and overdose. CMS indicates, “**Facilities should have a written policy to address opioid overdoses”1** and the U.S. Surgeon General recommends “that naloxone be kept on hand where there is a risk for an opioid overdose.”1 This policy and procedure can be developed with assistance from the medical director and pharmacy consultant and should be available to address during the staff training.

Organizational Leaders will need to ensure competency of all staff members involved pain management. Adequate resources for the program will need to be evaluated including:

* Staff
	+ RN Nurse
	+ Licensed Nurses
	+ CNA’s
	+ Interdisciplinary Staff with resident contact
* Documentation Considerations
	+ Paper vs. Electronic Health Record
	+ Assessment/Evaluation Forms
	+ Care Planning
	+ Implementation and documentation of interventions
	+ Documentation
* Education
	+ RN Nurse
	+ Licensed Nurses
	+ CNA’s
	+ Interdisciplinary Staff with resident contact
* Evaluation and Monitoring
	+ Identification of Responsibility
	+ System to Evaluate
	+ QAPI Considerations
* Supplies and Equipment
* Medication Management

**References and Resources**

* 1Centers for Medicare & Medicaid Services State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities (Rev. 173, 11-22-17) Advance Copy 6/29/22: <https://www.cms.gov/files/document/appendix-pp-guidance-surveyor-long-term-care-facilities.pdf>
* LTC Survey Pathways (Download) Critical Element Pathways, Pain Recognition and Management Critical Element Pathway, CMS-20076, 5/2017: <https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/nursing-homes.html>
* Centers for Medicare & Medicaid Services Long-Term Care Facility Resident Assessment Instrument 3.0 User’s Manual: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html>
* Information for Clinicians: <https://geriatricpain.org/clinicians>
* Centers for Disease Control and Prevention. Opioids, “Process for Updating the Opioid Prescribing Guideline.”: <https://www.cdc.gov/opioids/guideline-update/index.html>
* NIH Pain and Pharmacologic Pain Management in Long-Stay Nursing Home Residents. [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5435509/](https://urldefense.proofpoint.com/v2/url?u=https-3A__www.ncbi.nlm.nih.gov_pmc_articles_PMC5435509_&d=DwQF-g&c=euGZstcaTDllvimEN8b7jXrwqOf-v5A_CdpgnVfiiMM&r=e619p8B1PHn8vknwQ7KdQFaSjEZ7IPcO-ZalaVYDUqs&m=Qoz3f0KPFKqBX-VGhhhy4MMReZZkJ6Tt_HBvptse_OY&s=VhoxgVm3vBN4NhLoQvYcCKmQaLg6YoFPzMMGWfES1ic&e=)