**Pain Management**

**Competency**

Suggested Implementation Checklist

**Suggested Implementation Checklist: Pain Management**

| **Regulation** | **Recommended Actions** | |
| --- | --- | --- |
| **F697 Pain Management.**  “The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents’ goals and preferences.  **INTENT §483.25(k)**  Based on the comprehensive assessment of a resident, the facility must ensure that residents receive the treatment and care in accordance with professional standards of practice, the comprehensive care plan, and the resident’s choices, related to pain management  **DEFINITIONS §483.25(k)**  **“Adjuvant Medication”** describes any medication with a primary indication other than pain management but with analgesic properties in some painful conditions**.2**  **“Adverse Consequence”** is an unpleasant symptom or event that is due to or associated with a medication, such as impairment or decline in a resident’s mental or physical condition or functional or psychosocial status. It may include various types of adverse drug reactions and interactions (e.g., medication-medication, medication-food, and medication-disease).  **"Medication Assisted Treatment”** (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders. (From the Substance Abuse and Mental Health Services Administration (SAMHSA)).  **"Opioid Use Disorder**" (OUD) is a problematic pattern of opioid use leading to clinically significant impairment or distress. Additional criteria used to assess and diagnose OUD can be found in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).1    **GUIDANCE §483.25(k) Recognition and Management of Pain**  “In order to help a resident, attain or maintain his or her highest practicable level of well-being and to prevent or manage pain, the facility, to the extent possible”1 | * Review, revise and institute pain policy and procedures with elements for compliance with F697 * Update staff education materials for orientation, annual education, agency staff orientation, and as needed. * Implement Strategies for Education: * Educate nursing staff and the interdisciplinary team which includes all staff that have contact with the resident: * 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 * 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 * Evaluate for verbal and non-verbal signs of pain   **Assessment**   * + - History of pain and its treatment (including non-pharmacological and pharmacological treatment and whether or not each treatment has been effective);     - History of addiction, past and/or ongoing and related treatment for OUD     - Characteristics of pain, such as: (intensity, pattern, location, frequency and duration)     - Impact of pain on quality of life (e.g., sleeping, functioning, appetite, and mood);     - Factors such as activities, care, or treatment that precipitate or exacerbate pain as well as those that reduce or eliminate the pain;     - Additional symptoms associated with pain (e.g., nausea, anxiety);     - Physical and psychosocial issues (physical examination of the site of the pain, movement, or activity that causes the pain, as well as any discussion with resident about any psychological or psychosocial concerns that may be causing or exacerbating the pain);     - Current medical conditions and medications including medication assisted treatment for OUD; and     - The resident’s goals for pain management and his or her satisfaction with the current level of pain control. * Educate residents and resident representatives about pain management and their involvement * Conduct updated training for nurses about supervising and monitoring for compliance * Review pain management with the Medical Director and Pharmacy Consultant in conjunction with the Quarterly Quality Assurance and Performance Improvement Committee meeting and any pain policy and procedure updates * Provide education for the nurses on the use of opioids for pain management and strategies for treating pain in a resident with an addiction history or opioid use disorder |
| **F552 Right to be informed and make treatment decisions**  “§483.10(c) Planning and Implementing Care. The resident has the right to be informed of, and participate in, his or her treatment, including:  §483.10(c)(1) The right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition.  §483.10(c)(4) The right to be informed, in advance, of the care to be furnished and the type of care giver or professional that will furnish care.  §483.10(c)(5) The right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers.”1 | * Educate the interdisciplinary team in the facility process on informing residents of their right to be informed of and participate in his or her treatment plan * Provide resident with information of pain management, medical information, pharmacological and nonpharmacological interventions, risks/benefits of treatment. * Include resident/resident representative in the care planning process as applicable |
| **F578 Right to refuse**  “The right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.”1 | * Review and revise as necessary the facility policies and procedures on the resident’s right to request, refuse and/or discontinue treatment, to participate in or refuse to participate in experimental research and to formulate an advance directive. * Review and revise as necessary, the facility advance directive policy and procedure * If resident does not have an Advance Directive, provide education and offer assistance in formulation of an Advance Directive * Provide education for the interdisciplinary team on the facility policies and procedures related to the resident’s right to request, refuse and/or discontinue treatment, to participate in or refuse to participate in experimental research and to formulate an advance directive. |
| **F580 Notification of change**  “(i) A facility must immediately inform the resident; consult with the resident’s physician; and notify, consistent with his or her authority, the resident representative(s) when there I”s-  “(B) A significant change in the resident’s physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications);  (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment)”1 | * Review and revise as necessary, the facility policy and procedure for notification of change of condition * Provide education to all staff on facility change of condition policy, procedure |
| **F636 Comprehensive Assessment**  §483.20 Resident Assessment  The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident’s functional capacity.  §483.20(b) Comprehensive Assessments §483.20(b)(1) Resident Assessment Instrument. shifts. A facility must make a comprehensive assessment of a resident’s needs, strengths, goals, life history and preferences, using the resident assessment instrument (RAI) specified by CMS. The assessment must include at least the following:   1. Identification and demographic information 2. Customary routine. 3. Cognitive patterns. 4. Communication. 5. Vision. 6. Mood and behavior patterns. 7. Psychological well-being. 8. Physical functioning and structural problems. 9. Continence. 10. Disease diagnosis and health conditions. 11. Dental and nutritional status. 12. Skin Conditions. 13. Activity pursuit. 14. Medications. 15. treatments and procedures. 16. Discharge planning. 17. Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS). 18. Documentation of participation in assessment. The assessment process must include direct observation and communication with the resident, as well as communication with licensed and non licensed direct care staff members on all shifts.”1 | * Review and revise as necessary, facility policies and procedures related to the comprehensive assessment and RAI process * Review and revise as necessary, the facility pain management assessment process * Educate the interdisciplinary team on the facility comprehensive assessment process |
| **F657 Comprehensive Care Plan**  “A comprehensive care plan must be—   1. Developed within 7 days after completion of the comprehensive assessment. 2. Prepared by an interdisciplinary team, that includes but is not limited to—   (A) The attending physician.  (B) A registered nurse with responsibility for the resident.  (C) A nurse aide with responsibility for the resident.  (D) A member of food and nutrition services staff.  (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident’s medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident’s care plan.  (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.  (iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments1 | * Review and revise facility policies and procedures related to the comprehensive care plan process * Educated all caregivers in the facility policies and procedures related to the comprehensive care plan process   + Pain management goals and interventions   + Pharmacological and non-pharmacological interventions   + Monitoring effectiveness of treatment   + Reporting |
| **F658 Professional Standards**  **“**The services provided or arranged by the facility, as outlined by the comprehensive care plan, must— (i) Meet professional standards of quality”1  ““Professional standards of quality” means that care and services are provided according to accepted standards of clinical practice. Standards may apply to care provided by a particular clinical discipline or in a specific clinical situation or setting.”1 | * Review and revise as necessary, the facility pain management policies and procedures with the interdisciplinary team, including the medical director and pharmacy consultant to identify the policies and procedures are consistent with professional standards of quality |
| **F659 Be provided by qualified persons**  “The services provided or arranged by the facility, as outlined by the comprehensive care plan, must— (ii) Be provided by qualified persons in accordance with each resident's written plan of care.”[[1]](#footnote-1) | Conduct Licensed Nurse competency in Pain Management Policy and Procedure |
| **F 725 Sufficient and Competent Staffing**  “The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical,mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility’s resident population in accordance with the facility assessment”1 | Review and revise as necessary facility staffing needs based upon the facility assessment and current needs of the resident population |
| **F726 Nursing Services**  **“**§483.35(a)(3) The facility must ensure that licensed nurses have the specific competencies and skill sets necessary to care for residents’ needs, as identified through resident assessments, and described in the plan of care.”1  **“**Competency in skills and techniques necessary to care for residents’ needs includes but is not limited to competencies in areas such as;   * + Resident Rights;   + Person centered care;   + Communication;   + Basic nursing skills;   + Basic restorative services;   + Skin and wound care;   + Medication management;   + **Pain management;**   + Infection control;   + Identification of changes in condition;   + Cultural competency”1 | * Conduct education and competency evaluation for nursing staff related to: * Pain Management Policy and Procedure * F697 Pain Management * Medication Management * Care Plan Process * Opioid Use Disorder (OUD) * Resident Assessment * Documentation * Monitoring * Follow-up |
| **F686 Pressure ulcer**  “When assessing the PU/PI itself, it is important that documentation addresses: • The type of injury (pressure-related versus non-pressure-related) because interventions may vary depending on the specific type of injury;    • The PU/PI’s stage;  • A description of the PU/PI’s characteristics; • The progress toward healing and identification of potential complications;  • If infection is present;  • The presence of pain, what was done to address it, and the effectiveness of the intervention; and  • A description of dressings and treatments**.”1** | * Conduct Licensed Nurse and CNA training on facility policy and procedure for pain management with wound care |
| **F710 Physician Services**  “A physician, physician assistant, nurse practitioner, or clinical nurse specialist must provide orders for the resident’s immediate care and needs.”1 | * Review physician involvement in participation of the resident’s pain management needs |
| **F757 Unnecessary Medications**  “Each resident’s drug regimen must be free from unnecessary drugs” | * Policies and Procedures with education on unnecessary medications in relation to pain management |
| **F880 Infection Control**  “The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections”  **Safe Medication Administration**  All injectable medications must be prepared and administered in accordance with safe injection practices, which include but are not limited to the following:  • Injections are prepared using aseptic technique in a clean area, free from potential sources of contamination (e.g., blood, body fluids, contaminated equipment);  • Needles and syringes are used for only one resident (this includes manufactured prefilled syringes and cartridge devices such as insulin pens).  **NOTE:** If it is identified that needles or syringes are used for more than one resident, surveyors must cite noncompliance at this tag and utilize the guidelines in Appendix Q for determining immediate jeopardy. The SA must notify the appropriate local/state public health authority of the deficient practice;  • Medication containers are entered with a new needle and a new syringe, even when obtaining additional doses for the same resident. If noncompliance is found, further investigation is warranted.  **NOTE:** If the medication container is used for more than one resident, a new needle and/or syringe was not used with each access, and the container was then used for another resident, surveyors must cite noncompliance at this tag and utilize the guidelines in Appendix Q for determining immediate jeopardy. The SA must notify the appropriate local/state public health authority of the deficient practice;  • Single dose (single-use) medication vials, ampules, and bags or bottles of intravenous solution are used for only one resident;  • Medication administration tubing and connectors are used for only one resident.  **NOTE**: Surveyors must cite at this tag if noncompliance is identified and utilize the guidelines in Appendix Q for determining immediate jeopardy. The SA must notify the appropriate local/state public health authority of the deficient practice; and  • Multi-dose vials to be used for more than one resident are kept in a centralized medication area (e.g., medication room or cart) and do not enter the immediate resident treatment area (e.g., resident room). If multi-dose vials enter the immediate resident treatment area, they should be discarded immediately after use.”1 | Nurse and CNA training on Infection Control to include:   * Standard Precautions * Transmission-Based Precautions * PPE * Hand Hygiene * Blood Borne Pathogens * Monitoring for Signs/Symptoms of Infection for causes of pain * Review and revise, if necessary, policies and procedures for safe injection practices * Educate all nurses on facility policies and procedures for safe injection practices |
| **F841 Medical Director**  “§483.70(h)(1) The facility must designate a physician to serve as medical director.    §483.70(h)(2) The medical director is responsible for— (i) Implementation of resident care policies; and  (ii) The coordination of medical care in the facility.”1 | * Medical Director to collaborate, review and approve all policies, procedures and protocols for pain management |
| **F842 Medical Records**  “§483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are—   1. Complete; 2. Accurately documented; 3. Readily accessible; and 4. Systematically organized”1 | Conduct education for the interdisciplinary team on facility policies and procedures for documentation in the medical record to include:   * Resident care and services * Change of condition and follow up * Communication form between Shifts * Care Plan and revisions * Physician orders * All pertinent charting |
| **F849 Hospice Services**  **“**(I) A provision that when the LTC facility personnel are responsible for the administration of prescribed therapies, including those therapies determined appropriate by the hospice and delineated in the hospice plan of care, the LTC facility personnel may administer the therapies where permitted by State law and as specified by the LTC facility.”1 | * Provide education for all nurses on hospice policies, procedures and protocols |
| **F940 Training – General**  “A facility must develop, implement, and maintain an effective training program for all new and existing staff; individuals providing services under a contractual arrangement; and volunteers, consistent with their expected roles. A facility must determine the amount and types of training necessary based on a facility assessment as specified at § 483.70(e). Training topics must include but are not limited to—  **INTENT**  Facilities are required to develop, implement, and maintain an effective training program for all staff. Appropriately trained staff can improve resident safety, create a more person-centered environment, and reduce the number of adverse events or other resident complications.”1 | * Review overall facility training program:   + Person centered environment   + Resident safety   + Overall resident care needs   + Resident care topics to include pain management * Review process to plan and implement education to all new and existing staff including:   + Individuals providing services under a contractual arrangement   + Volunteers   + Students |
| **F941 Training – Communication**  “Communication. A facility must include effective communications as mandatory training for direct care staff.”1 | * Conduct education for all staff on methods of effective communication when interacting with all residents |

**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>

1. [↑](#footnote-ref-1)