

Stage 2 Critical Elements for Pain Recognition and Management

Facility Name: _____ Facility ID: _____ Date: _____
Surveyor Name: _____
Resident Name: _____ Resident ID: _____
Initial Admission Date: _____ Interviewable: ☐ Yes ☐ No Resident Room: _____
Care Area(s): _____

Use

- Use this protocol to determine whether the facility has provided, and the resident has received care, and services to address and manage the resident's pain in order to support his or her highest practicable level of physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.
- Use this protocol for a resident who has pain symptoms or who has the potential for pain symptoms related to conditions or treatments. This includes a resident:
 - Who states he/she has pain or discomfort,
 - Who displays possible indicators of pain that cannot be readily attributed to another cause;
 - Who has a disease or condition or who receives treatments that cause or can reasonably be anticipated to cause pain;
 - Whose assessment indicates that he/she experiences pain;
 - Who receives or has orders for treatment for pain; and/or
 - Who has elected a hospice benefit for pain management.

Procedure

- Briefly review the care plan and orders to identify any current pain management interventions and to focus observations.
- Corroborate observations by interview and record review.

NOTE: Determine who is involved in the pain management process (for example, the staff and practitioner, and/or another entity such as a licensed/certified hospice).

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Observations

Observe to determine:

- ☐ If the resident exhibits signs or symptoms of pain, verbalizes the presence of pain, or requests interventions for pain, or whether the pain appears to affect the resident's function or ability to participate in routine care or activities;
- ☐ If there is evidence of pain, whether staff have assessed the situation, identified, and implemented interventions to try to prevent or address the pain, and have evaluated the status of the resident's pain after interventions;
- ☐ If care and services are being provided that reasonably could be anticipated to cause pain, whether staff have identified and addressed these issues, to the extent possible;
- ☐ Staff response, if there is a report from the resident, family, or staff that the resident is experiencing pain;
- ☐ If there are pain management interventions for the resident, whether the staff implements them. Follow up on:
 - Deviations from the care plan;
 - Whether pain management interventions have a documented rationale and if it is consistent with current standards of practice;
 - Potential adverse consequence(s) associated with treatment for pain (e.g., medications); and
 - How staff responded if the interventions implemented did not reduce the pain consistent with the goals for pain management.

Notes:

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Interviews

Resident/Representative Interview

Interview the resident or representative to the degree possible to identify: **Notes:**

- ☐ The resident's/representative's involvement in the development of the care plan, defining the approaches and goals, and if the interventions reflect choices and preferences, and how they are involved in developing and revising pain management strategies; revisions to the care plan if the interventions do not work.
- ☐ If the resident is presently or periodically experiencing pain, determine:
 - Characteristics of the pain, including the intensity, type (e.g., burning, stabbing, tingling, aching), patterns of pain (e.g., constant or intermittent), location, radiation of pain, and frequency, timing and duration of pain;
 - Factors that may precipitate or alleviate the pain;
 - How the resident typically has expressed pain and responded to various interventions in the past;
 - Who the resident and/or representative has told about the pain/discomfort, and how the staff responded;
 - What treatment options (pharmacological and/or non-pharmacological) were discussed and attempted;
 - How effective the interventions have been; and
 - If interventions have been refused, whether there was a discussion of the potential impact on the resident, and whether alternatives or other approaches were offered.

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Staff Interviews

Nurse Aide(s) Interview

Interview staff who provide direct care on various shifts to determine:

- ☐ If they are aware of a resident's pain complaints or of signs and symptoms that could indicate the presence of pain;
- ☐ To whom they report the resident's complaints and signs or symptoms; and
- ☐ If they are aware of and implement interventions for pain/discomfort management for the resident consistent with the resident's plan of care (for example, allowing a period of time for a pain medication to take effect before bathing and/or dressing).

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Assessment	
<p>Review information such as orders, medication administration records, multidisciplinary progress notes, the RAI/MDS, and any specific assessments regarding pain that may have been completed. Determine whether the information accurately and comprehensively reflects the resident's condition, such as:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Identifies the pain indicators and the characteristics, causes, and contributing factors related to pain; <input type="checkbox"/> Identifies a history of pain and related interventions, including the effectiveness and any adverse consequences of such interventions; <input type="checkbox"/> Identifies the impact of pain on the resident's function and quality of life; and <input type="checkbox"/> Identifies the resident's response to interventions, including efficacy and adverse consequences and any modification of interventions as indicated. <input type="checkbox"/> Determine whether there was a "significant change" in the resident's condition and whether the facility conducted a significant change comprehensive assessment within 14 days. A "significant change" is a decline or improvement in a resident's status that: <ol style="list-style-type: none"> 1. Will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions, is not "self-limiting" 2. Impacts more than one area of the resident's health status; and 3. Requires interdisciplinary review and/or revision of the care plan. <p>If there was a "significant change" in the resident's condition and the facility did not conduct a significant change comprehensive assessment within 14 days, initiate F274, Resident Assessment When Required. If a comprehensive assessment was not conducted, also cite F272.</p> 	<p>Notes:</p>

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Assessment

- 1. Did the facility comprehensively assess the resident's physical, mental, and psychosocial needs to identify characteristics and/or to determine underlying causes (to the extent possible) of the resident's pain and the impact of the pain upon the resident's function, mood, and cognition?**

☐ Yes ☐ No **F272**

- ☐ **NA, condition/risks were identified after completion of the required comprehensive assessment and did not meet the criteria for a significant change MDS**

NOTE: Although Federal requirements dictate the completion of RAI assessments according to certain time frames, standards of good clinical practice dictate that the assessment process is more fluid and should be ongoing.

*The comprehensive assessment is not required to be completed until 14 days after admission. For newly admitted residents, before the 14-day assessment is complete, the lack of sufficient assessment and care planning to meet the resident's needs should be addressed under **F281, Professional Standards of Quality**.*

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Care Planning	
<p><i>If the comprehensive assessment was not completed (CE#1 = No), mark CE#2 “NA, the comprehensive assessment was not completed”.</i></p> <p>Review the care plan to determine whether pain management interventions include, as appropriate:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Measurable pain management goals, reflecting resident needs and preferences; <input type="checkbox"/> Pertinent non-pharmacological and/or pharmacological interventions; <input type="checkbox"/> Time frames and approaches for monitoring the status of the resident’s pain, including the effectiveness of the interventions; and <input type="checkbox"/> Identification of clinically significant medication-related adverse consequences, such as falling, constipation, anorexia, or drowsiness, and a plan to try to minimize those adverse consequences. <p>NOTE: If the care plan refers to a specific facility pain management protocol, determine whether interventions are consistent with that protocol. If a resident’s care plan deviates from the protocol, determine through staff interview or record review the reason for the deviation.</p> <ul style="list-style-type: none"> <input type="checkbox"/> If the resident has elected a hospice benefit, all providers must coordinate their care of the resident. This care includes aspects of pain management, such as: <ul style="list-style-type: none"> ▪ Choice of palliative interventions; ▪ Responsibility for assessing pain and providing interventions; and ▪ Responsibility for monitoring symptoms and adverse consequences of interventions and for modifying interventions as needed. 	<p>Notes:</p>

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Care Planning

2. Did the facility develop a plan of care with measurable goals and interventions to prevent (to the extent possible) or manage the resident's pain in accordance with the assessment, the resident/representative's input, and current standards of practice? ☐ Yes ☐ No **F279**

☐ **NA, the comprehensive assessment was not completed**

The comprehensive care plan does not need to be completed until 7 days after the comprehensive assessment (the assessment completed with the RAPS). Lack of sufficient care planning to meet the needs of a newly admitted resident should be addressed under F281, Professional Standards of Quality.

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Care Plan Implementation by Qualified Persons	
<p>Observe care and interview staff over several shifts and determine whether:</p> <p><input type="checkbox"/> Care is being provided by qualified staff, and/or</p> <p><input type="checkbox"/> The care plan is adequately and/or correctly implemented.</p> <p>3. Did the facility provide or arrange services to be provided by qualified persons in accordance with the resident's written plan of care? <input type="checkbox"/> Yes <input type="checkbox"/> No F282</p> <p><input type="checkbox"/> NA, no provision in the written plan of care for the concern being evaluated</p> <p><i>NOTE: If there is a failure to provide necessary care and services, the related care issue should also be cited when there is actual or potential outcome.</i></p>	<p>Notes:</p>

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Care Plan Revision	
<p><i>If the comprehensive assessment was not completed (CE#1 = No), OR, if the care plan was not developed (CE#2 = No), mark CE#4 "NA, the comprehensive assessment was not completed OR the care plan was not developed".</i></p> <p>Determine whether the pain has been reassessed and the care plan has been revised as necessary (with input from the resident or representative, to the extent possible). For example:</p> <ul style="list-style-type: none"> ▪ The current interventions are not effective, ▪ The pain has resolved, or ▪ The resident has experienced a change of condition or status. <p>4. Did the facility reassess the pain and review and revise the plan of care (with input from the resident or representative, to the extent possible), if necessary, to meet the needs of the resident?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No F280</p> <p><input type="checkbox"/> NA, the comprehensive assessment was not completed OR the care plan was not developed</p>	<p>Notes:</p>

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INTERVIEWS TO CONDUCT ONLY IF PROBLEMS HAVE BEEN IDENTIFIED

Nurse Interview

Interview a nurse who is knowledgeable about the needs and care of the resident to determine:

- ☐ How and when staff try to identify whether a resident is experiencing pain and/or circumstances in which pain can be anticipated;
- ☐ How the resident is assessed for pain;
- ☐ How the interventions for pain management have been developed and the basis for selecting them;
- ☐ How staff monitor for the emergence or presence of adverse consequences of interventions;
- ☐ If the resident receives routine pain medication (including PRN and adjuvant medications), how, when, and by whom the results of the medications are evaluated (including the dose, frequency of PRN use, schedule of routine medications, and effectiveness);
- ☐ What is done if pain persists or recurs despite treatment, and the basis for decisions to maintain or modify approaches;
- ☐ How staff communicate with the prescriber about the resident's pain status, current measures to manage pain, and the possible need to modify the current pain management interventions; and
- ☐ For a resident who is receiving care under a hospice benefit, how the hospice and the facility coordinate their approaches and communicate about the resident's needs and monitor the outcomes (both effectiveness and adverse consequences).

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INTERVIEWS TO CONDUCT ONLY IF PROBLEMS HAVE BEEN IDENTIFIED

Interviews with Other Health Care Professionals

If the interventions or care provided do not appear to be consistent with current standards of practice and/or the resident's pain appears to persist or recur, interview one or more health care professionals as necessary (e.g., attending physician, medical director, consultant pharmacist, director of nursing, or hospice nurse) who, by virtue of training and knowledge of the resident, should be able to provide information about the evaluation and management of the resident's pain/symptoms. Depending on the issue, ask about:

- ☐ How chosen interventions were determined to be appropriate;
- ☐ How they guide and oversee the selection of pain management interventions;
- ☐ The rationale for not intervening, if pain was identified and no intervention was selected and implemented;
- ☐ Changes in pain characteristics that may warrant review or revision of interventions; or
- ☐ When and with whom the professional discussed the effectiveness, ineffectiveness, and possible adverse consequences of pain management interventions.

NOTE: If during the course of this review, the surveyor needs to contact the attending physician regarding questions related to the treatment regimen, it is recommended that the facility's staff have the opportunity to provide the necessary information about the resident and the concerns to the physician for his/her review prior to responding to the surveyor's inquiries. If the attending physician is unavailable, interview the medical director as appropriate.

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Provision of Care and Services

Determine whether the facility:

- ☐ Recognized and evaluated the resident who experienced pain to determine (to the extent possible) causes and characteristics of the pain, as well as factors influencing the pain;
- ☐ Developed and implemented interventions for pain management for a resident experiencing pain, consistent with the resident's goals, risks, and current standards of practice; or has provided a clinically pertinent rationale why they did not do so;
- ☐ Recognized and provided measures to minimize or prevent pain for situations where pain could be anticipated;
- ☐ Monitored the effects of interventions and modified the approaches as indicated; and
- ☐ Communicated with the health care practitioner when a resident was having pain that was not adequately managed or was having a suspected or confirmed adverse consequence related to the treatment.

5. Based on observation, interviews, and record review, did the facility provide care and services necessary to meet the needs of the resident in order to attain or maintain the highest practicable physical, mental and psychosocial well being including the identification, treatment, monitoring, and management of pain to the extent possible in accordance with the comprehensive assessment and plan of care? ☐ Yes ☐ No **F309**

Notes:

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Concerns with Independent but Associated Structure, Process, and/or Outcome Requirements

During the investigation of care and services provided to prevent or manage the resident's pain, the surveyor may have identified concerns with related structure, process, and/or outcome requirements. If an additional concern has been identified, the surveyor should initiate the appropriate care area or F tag and investigate the identified concern. Do not cite any related or associated requirements before first conducting an investigation to determine compliance or non-compliance with the related or associated requirement. Some examples include, but are not limited to the following;

- ☐ **Choices (the Right to Refuse Treatment)** — If a resident has refused treatment or services, determine whether the facility has assessed the reason for this resident's refusal, clarified and educated the resident as to the consequences of refusal, offered alternative treatments, and continued to provide all other services.
- ☐ **Notification of Change** — Determine whether staff:
 - Notified the physician when pain persisted or recurred despite treatment, or when they suspected or identified adverse consequences related to treatments for pain; and
 - Notified the resident's representative (if known) of significant changes in the resident's condition in relation to pain management and/or the plan of care.
- ☐ **Choices (Self-Determination and Participation)** — Determine whether the facility has provided the resident with relevant choices about aspects pain management.
- ☐ **F246, Accommodation of Needs** — Determine whether the facility has adapted the resident's physical environment (room, bathroom, furniture) to accommodate the resident's individual needs related to pain management.

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- ☐ **F278, Accuracy of Assessments** — Determine whether staff that are qualified to assess relevant care areas and are knowledgeable about the resident's status, needs, strengths, and areas of decline conducted an accurate assessment.
- ☐ **F281, Professional Standards of Quality** — Determine whether care was provided in accordance with accepted standards of quality for pain management.
- ☐ **Unnecessary Medication Review** — Determine whether medications ordered to treat pain are being monitored for effectiveness and for adverse consequences, including whether any symptoms could be related to the medications.
- ☐ **F385, Physician Supervision** — Determine whether pain management is being supervised by a physician, including participation in the comprehensive assessment process, development of a treatment regimen consistent with current standards of practice, monitoring, and response to notification of change in the resident's medical status related to pain.
- ☐ **F425, Pharmacy Services** — Determine whether the medications required to manage a resident's pain were available and administered as indicated and ordered at admission and throughout the stay.
- ☐ **F501, Medical Director** — Determine whether the medical director:
 - Helped the facility develop and implement policies and procedures related to preventing, identifying, and managing pain, consistent with current standards of practice; and
 - Interacts with the physician supervising the care of the resident if requested by the facility to intervene on behalf of the resident with pain or one who may have been experiencing adverse consequences related to interventions to treat pain.

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Concerns with Independent but Associated Structure, Process, and/or Outcome Requirements

☐ **F514, Clinical Records** — Determine whether the clinical records:

- Accurately and completely document the resident's status, the care and services provided (e.g., to prevent, to the extent possible, or manage the resident's pain) in accordance with current professional standards and practices and the resident's goals; and
- Provide a basis for determining and managing the resident's progress including response to treatment, change in condition, and changes in treatment.