



## **Implementation Guide:**

# **Goal 5: Improving Pain Management**

*This Implementation Guide provides efficient, consistent, evidence-based approaches to increasing staff retention.*

[www.nhqualitycampaign.org](http://www.nhqualitycampaign.org)

## ADVANCING EXCELLENCE IN AMERICA'S NURSING HOMES

### A Campaign to Improve Quality of Life for Residents and Staff

Advancing Excellence in America's Nursing Homes is an ongoing, coalition-based campaign concerned with how we care for the elderly, chronically ill and disabled, as well as those recuperating in a nursing home environment. The overarching campaign goals include creating a culture of individualized, person-centered care, an empowered workforce in nursing homes, and integrated quality processes that enhance the quality of life of residents and staff.

The campaign's unprecedented coalition includes long-term care providers, caregivers, medical and quality improvement experts, government agencies, consumers and others. Together, we are building on the success of other quality initiatives, including Quality First, the Nursing Home Quality Initiative (NHQI), the culture change movement, and other quality initiatives. Each of the following groups has played a role in creating greater awareness about quality and in developing these resources to help nursing home staffs to improve the care they deliver.

#### Founding Organizations:

Alliance for Quality Nursing Home Care  
American Association of Homes and Services for the Aging  
American Association of Nurse Assessment Coordinators  
American College of Healthcare Administrators  
American Health Care Association  
American Medical Directors Association

Centers for Medicare & Medicaid Services and its contractors, the Quality Improvement Organizations  
National Association of Health Care Assistants  
National Citizen's Coalition for Nursing Home Reform  
National Commission for Quality Long-Term Care  
The Commonwealth Fund  
The Evangelical Lutheran Good Samaritan Society

#### 2009 Steering Committee Organizations:

[Agency for Healthcare Research and Quality](#)  
[Alliance for Quality Nursing Home Care](#)  
[Alzheimer's Association](#)  
[American Academy of Nursing -- Expert Panel on Aging](#)  
[American Association for Long Term Care Nursing \(AALTCN\)](#)  
[American Association of Homes and Services for the Aging \(AAHSA\)](#)  
[American Association of Nurse Assessment Coordinators \(AANAC\)](#)  
[American College of Health Care Administrators \(ACHCA\)](#)  
[American Health Care Association \(AHCA\)](#)  
[American Health Quality Association \(AHQA\)](#)  
[American Medical Directors Association \(AMDA\)](#)  
[Association of Health Facility Survey Agencies \(AHFSA\)](#)  
[Centers for Disease Control and Prevention \(CDC\)](#)  
[Centers for Medicare & Medicaid Services \(CMS\) and its contractors, the \[Quality Improvement Organizations \\(QIOs\\)\]\(#\) and State Survey Agencies](#)

[Foundation of the National Association of Long Term Care Administrator Boards](#)  
[Gerontological Advanced Practice Nurses Association](#)  
[Institute for Healthcare Improvement \(IHI\)](#)  
[National Association of Directors of Nursing Administration in Long Term Care \(NADONA/LTC\)](#)  
[National Association of Health Care Assistants \(NAHCA\)](#)  
[National Association of State Long-Term Care Ombudsman Programs \(NASOP\)](#)  
[National Gerontological Nursing Association \(NGNA\)](#)  
[NCCNHR: The National Consumer Voice for Quality Long-Term Care](#)  
[PHI](#)  
[Pioneer Network](#)  
[Service Employees International Union \(SEIU\)](#)  
[The Commonwealth Fund](#)  
[The Evangelical Lutheran Good Samaritan Society](#)  
[The John A. Hartford Foundation's Institute for Geriatric Nursing](#)

## Goal 5: Improving Pain Management

Nursing home residents will receive appropriate care to prevent and minimize episodes of moderate or severe pain. Objectives for long stay and short stay are slightly different.

Goal 5A: Long Stay (longer than 90 days) nursing home residents will receive appropriate care to prevent and minimize episodes of moderate or severe pain.

### Objectives – By December 31, 2011:

A: The national average of moderate or severe pain experienced by long-stay residents will be at or below 2%.

B: 30% of nursing homes will regularly report rates of moderate to severe pain for long stay residents at or below 1%

C: The average of the scores of the nursing homes exceeding the 2009Q1 90<sup>th</sup> percentile (n=1416) will be reduced from 12% to 7%.

The campaign recognizes there are specialty nursing homes that focus on pain management. Therefore, it may be unrealistic to expect that NO nursing home will exceed the 90<sup>th</sup> percentile threshold of 8%.

D: By December 2011 there will be 1,200 fewer long-stay nursing home residents experiencing moderate to severe pain per 100,000 residents.

Applying this to the current chronic care pain denominator of approximately 1.1 million results in 13,200 fewer long-stay residents with moderate to severe pain.

E. Each state LANE will attain an average facility level improvement of one decile.

F. NH will set a specific target to improve the prevalence of long stay pain by one decile rank over the next 24 month period.

**GOAL 5B:** People who come from a hospital to a nursing homes for a short stay will receive appropriate care to prevent and minimize episodes of moderate or severe pain.

**Objectives** – By December 31, 2011:

A: The national average of moderate or severe pain experienced by post-acute residents will be at or below 16%. The Phase I objective was a consensus-based goal. The Phase II objective is a data-driven goal.

B: 30% of nursing homes will regularly report rates of moderate or severe pain for post acute residents at or below 7%.

C: The average of the scores of the nursing homes exceeding the 2009Q1 90<sup>th</sup> percentile (n=1182) will be reduced from 48% to 34%.

The campaign recognizes there are specialty nursing homes that focus on pain management. Therefore, it may be unrealistic to expect that NO nursing home will exceed the 90<sup>th</sup> percentile threshold of 38%. This language still assumes improvement of one decile by all nursing homes.





D: By December 2011 there will be 5,000 fewer short-stay nursing home residents experiencing moderate to severe pain per 100,000 residents.

Applying this to the current post acute care pain denominator of approximately 800,000 results in 40,000 fewer short-stay residents with moderate to severe pain.

E. Each state LANE will attain an average facility level improvement of one decile.

F. NH will set a specific target to improve the prevalence of PAC pain by one decile rank over the next 24 month period

**ICON KEY**

-  Recognition/Assessment
-  Cause Identification
-  Management
-  Monitoring

*The icons in the box* to the left will be used throughout this guide to help identify those processes related to key evidence-based approaches.

## Approach to Implementation

A nursing home working to improve pain management should follow these steps:

### **Recognition / Assessment**



1. *Identify pain management as an area for potential improvement in nursing home performance.*
  - Based on nursing home quality improvement data, quality measures, survey results, review of actual resident cases, comparison to benchmarks, etc.
2. *Identify authoritative information available for the topic.*
  - Review references listed in the *Pain Resources*, as well as reliable and evidence-based information about pain management from the literature and from relevant professional associations and organizations (see resources).
  - Identify ways to distinguish the reliability of information about pain management (i.e., how to separate valid ideas about pain management from myths and misconceptions about the topic).
3. *Identify current process and practices in the nursing home.*

For an overview of the process, see the *Pain Process Review Tool* and related *Pain Flow Diagram* located later on in this implementation guide.

  - Are the nursing home's approaches consistent with the steps identified in the *Pain Process Framework*?
  - Identify the nursing home's current approach to identifying and managing pain, and the basis for that approach (i.e., "the way it's always been done).
  - Who in the nursing home decides on how to identify and manage pain, and what approaches do they use? Are the approaches consistent for the entire home?
4. *Identify areas for improvement in processes and practices.*

Using the information gathered in Steps 2 and 3 above, compare current with desirable approaches to pain management. Address the following:

  - Check whether current nursing home policies / protocols are consistent with current, evidence-based pain management practices.
  - Determine if staff are involved in identifying areas for improvement
  - Check whether desirable approaches are being followed consistently.
  - Identify whether anyone has been reviewing and comparing current approaches to pain management to desirable ones.

## Approach to Implementation (cont.)

- Have issues related to pain management been identified previously? Were they followed up on? Has the nursing home previously evaluated its performance and taken steps to improve?

### Cause Identification



5. *Identify the causes of issues related to preventing and managing pain, including root causes of undesirable variations in performance and practice.*

- Identify issues and practices that are inhibiting attaining the goal of improving pain management.
- Identify underlying causes of (including root causes – see resources), and factors related to, undesirable and inappropriate pain management in the nursing home.
- Identify reasons given by those who do not adequately follow desirable approaches.
- Involve staff in the cause identification process

### Management



6. *Reinforce optimal practice and performance.*

- Continually promote “doing the right thing in the right way.”
- Follow the steps of the *Pain Process Framework*, throughout the nursing home.
- Involve staff in identifying optimal practice and performance
- Identify and use tools and resources to help implement the steps and address related issues.
- Based on information and data collected about the organization and the processes and results related to pain management, reinforce systems and processes that are already optimal.

7. *Implement necessary changes.*

- Address underlying causes (including root causes) of the challenges and obstacles to the nursing home’s capacity to manage pain effectively and safely.
  - Involve staff in identifying necessary changes
  - Implement pertinent generic and cause-specific interventions.
  - Address issues of individual performance and practice that could be improved in trying to improve pain management.
  - Refer to *Pain Resources* for resources and tools that can help to address this goal.

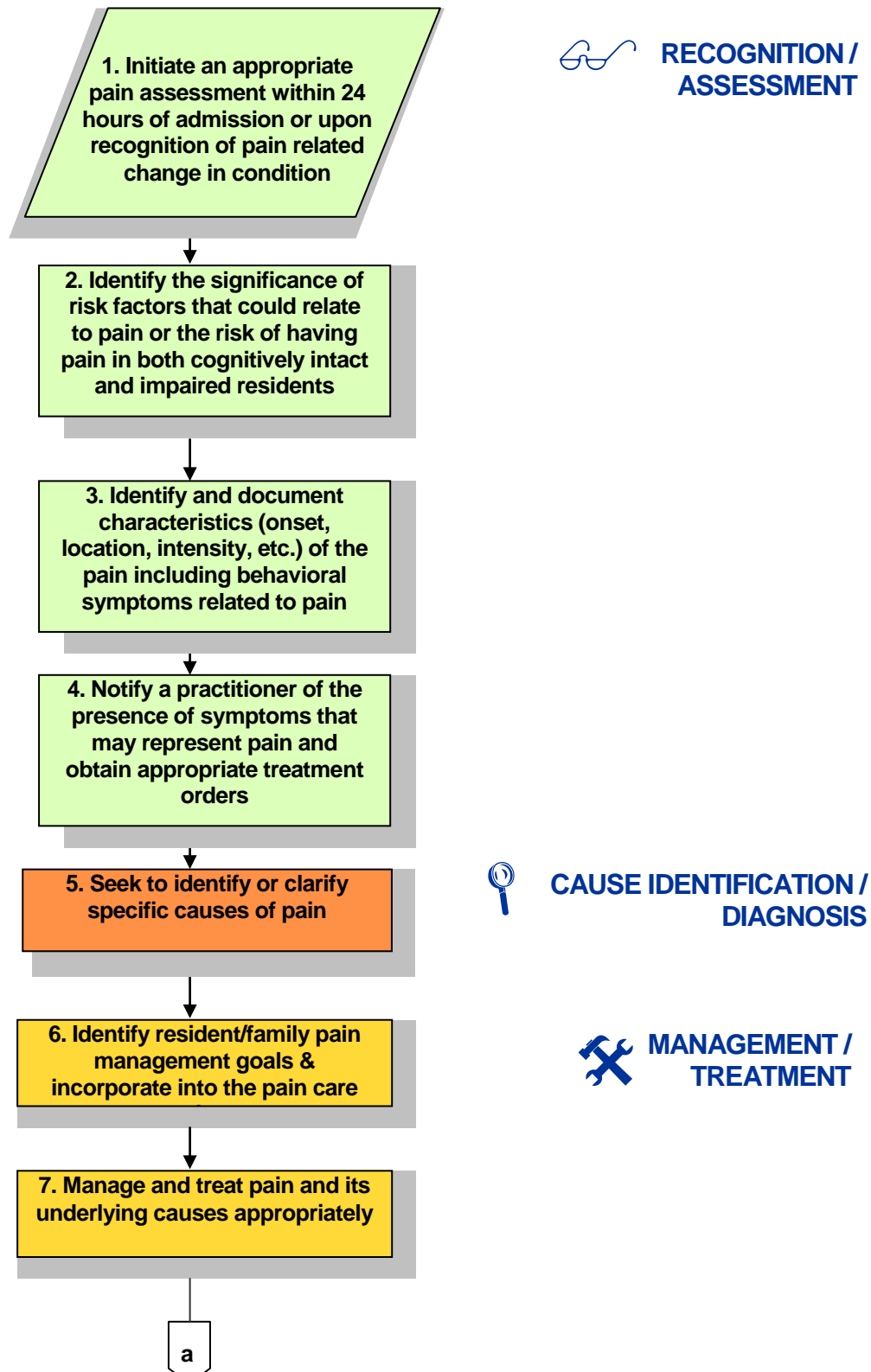
## Monitoring



### 8. *Reevaluate performance, practices and results.*

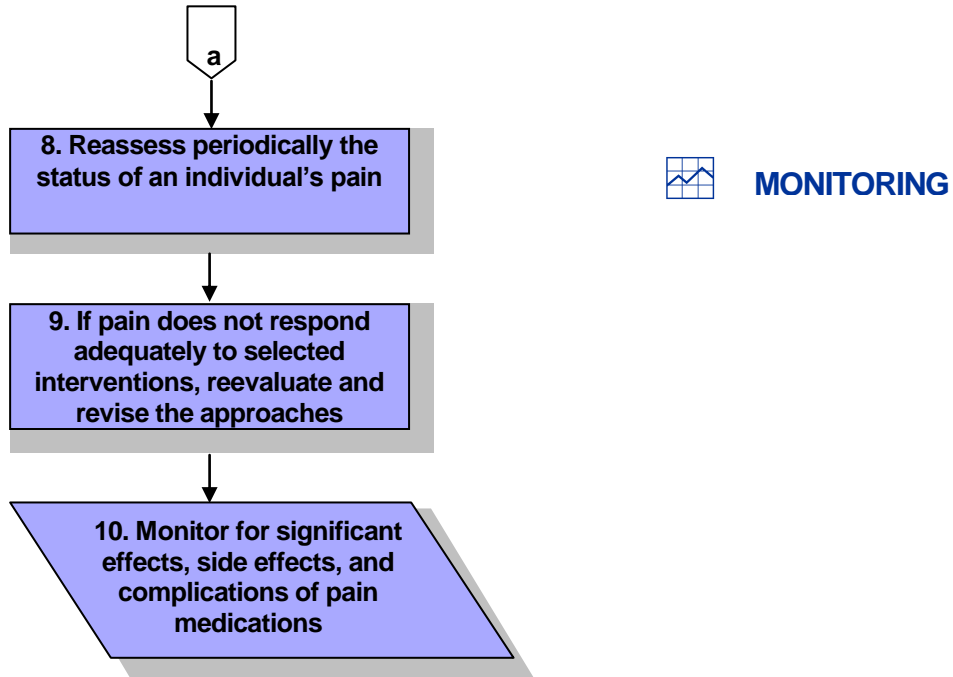
- Involve staff in the monitoring activities
- Recheck for progress towards getting “the right thing done consistently in the right way.”
- Use the *Pain Process Review Tool* to identify whether all key steps are being followed.
- Use the *Pain Process Framework* and related references and resources from Steps 2-4 above, and repeat Steps 2-7 (Recognition / Assessment, Cause Identification, and Management) until processes and practices are optimal.
- Continue to collect data on results and processes.
- Evaluate whether changes in process and practice have helped attain desired results.
- Adjust approaches as necessary.

## Flow Diagram - Pain Process Framework






## Flow Diagram - Pain Process Framework (cont.)




## PAIN PROCESS FRAMEWORK

CARE PROCESS STEP	EXPECTATIONS	RATIONALE
 <b>PROBLEM RECOGNITION / ASSESSMENT</b>		
<p>1. Initiate an assessment for pain within 24 hours of admission or recognition of a condition change.</p>	<ul style="list-style-type: none"> <li>- A licensed nurse will conduct an appropriate pain assessment using a tool designed specifically for the cognitively impaired or intact resident as soon as practical after admission but no longer than 25 hours</li> <li>- The staff (including nursing assistants and other direct care staff) systematically tries to identify individuals who are having pain.</li> <li>- The nursing home provides specific guidance (for example, via protocols, guidelines, or policies and procedures) for staff and practitioners to recognize and assess pain, identify causes, and manage and monitor pain.</li> <li>- Staff periodically ask residents if they are having pain (for example, but asking such things as “Does it hurt anywhere?” or “Do you have any aching or soreness?”) and by direct examination (for example looking at, moving, and touching painful areas).</li> </ul>	<ul style="list-style-type: none"> <li>- Many individuals enter a nursing home or post-acute care facility with pain or a condition that predisposes them to have pain.</li> <li>- Direct care staff and practitioners should be aware of the possibilities for pain and should look for related signs and symptoms including abnormal behaviors.</li> <li>- Cognitively impaired individuals, or those with impaired communication may not be able to communicate pain symptoms adequately, or may have atypical symptoms.</li> <li>- For various cultural and personal reasons, people may not report pain adequately or may deny having pain.</li> <li>- It is recommended that staff ask about pain whenever they measure vital signs.</li> </ul>
<p>2. Identify the significance of risk factors that could relate to pain or the risk of having pain.</p>	<ul style="list-style-type: none"> <li>- The staff and practitioner review known diagnoses and conditions that could be causing, contributing, or predisposing to pain.</li> <li>- Direct caregiver knowledge of the QI process/protocol/performance expectations</li> </ul>	<ul style="list-style-type: none"> <li>- Many conditions are painful or predispose to pain. For example, arthritis, hip fracture, gastritis, or compression fractures. This is may assist staff in recognizing pain in cognitively impaired residents.</li> </ul>


## PAIN PROCESS FRAMEWORK (cont.)

CARE PROCESS STEP	EXPECTATIONS	RATIONALE
<b>PROBLEM RECOGNITION / ASSESSMENT (cont.)</b>		
<p>3. Identify and document characteristics (onset, location, intensity, etc.) of the pain.</p>	<ul style="list-style-type: none"> <li>- Staff uses a consistent approach to describe and document pain in enough detail (onset, location, duration, intensity, etc.) to permit adequate evaluation of the situation.</li> </ul>	<ul style="list-style-type: none"> <li>- Consistent terminology, detailed symptom descriptions, and objective observations all help to identify the type and causes of pain, to differentiate pain from other conditions that cause nonspecific symptoms, and to evaluate the effectiveness of interventions.</li> <li>- Standardized scales have been identified to document and compare pain across time (see resources).</li> <li>- There are alternative ways to identify pain in individuals who cannot verbalize pain symptoms (assessment form for cognitively impaired). However, nonspecific signs and symptoms can also represent causes other than pain (fluid and electrolyte imbalance, medication side effects, etc.), which may be present in addition to or instead of pain.</li> </ul>
<p>4. Notify a practitioner of the presence of symptoms that may represent pain.</p>	<ul style="list-style-type: none"> <li>- When pain is suspected or identified, staff involves a practitioner to help identify causes and appropriate interventions, unless the situation is readily resolvable with basic interventions.</li> </ul>	<ul style="list-style-type: none"> <li>- A health care practitioner is trained to identify diverse causes of symptoms and to recognize and balance the risks and benefits of potential interventions.</li> </ul>



**PAIN PROCESS FRAMEWORK (cont.)**

CARE PROCESS STEP	EXPECTATIONS	RATIONALE
<p> <b>CAUSE IDENTIFICATION / DIAGNOSIS</b></p>		
<p>5. Seek to identify or clarify specific causes of pain.</p>	<ul style="list-style-type: none"> <li>- Based on information gathered through various sources including interview, record review, and examination, the staff and practitioner identify causes of pain and/or perform an additional investigation for causes, as warranted.</li> <li>- For individuals with severe or persistent pain, or pain that is not responding readily to treatment, a practitioner takes a relevant medical history and examines the individual.</li> </ul>	<ul style="list-style-type: none"> <li>- Pain often has specific, identifiable causes, although it is not always possible to find or correct an underlying cause.</li> <li>- Addressing underlying causes may relieve pain or reduce its frequency and intensity.</li> <li>- Most analgesics are non-specific and may not address underlying causes.</li> <li>- Practitioners are specially trained in how to identify symptoms causes.</li> <li>- Assess staff training for effectiveness:               <ul style="list-style-type: none"> <li>- Is specific to the needs of the facility and staff</li> <li>- Includes adult learning principles, including material is relevant to the staff's needs and varied learning techniques are used</li> <li>- Leadership provides an environment that supports training as a critical part of quality care. Including:                   <ul style="list-style-type: none"> <li>- Providing train the trainer training</li> <li>- Allowing time for the trainer to prepare</li> <li>- Scheduled training occurs as scheduled and uninterrupted</li> </ul> </li> </ul> </li> </ul>

### PAIN PROCESS FRAMEWORK (cont.)

CARE PROCESS STEP	EXPECTATIONS	RATIONALE
 <b>MANAGEMENT / TREATMENT</b>		
<p>6. Identify pain management goals.</p>	<ul style="list-style-type: none"> <li>- The staff, practitioner, resident, and family collaborate to identify goals (for example, relief of pain, reduction of pain to a tolerable level, reduce need for breakthrough pain medication, etc.) for pain management.</li> </ul>	<ul style="list-style-type: none"> <li>- A goal is needed in order to identify whether interventions are relevant and effective.</li> <li>- Goals may need to be adjusted over time, depending on causes, prognosis, effectiveness of initial interventions, and other factors.</li> <li>- Total pain relieve is desirable but not always possible, or there may be trade-offs between pain control and undesirable side effects of treatment.</li> </ul>
<p>7. Manage pain and its underlying causes.</p>	<ul style="list-style-type: none"> <li>- The staff and practitioner review the causes and characteristics of an individual's pain, and options (including non-pharmacologic measures) for managing pain.</li> <li>- A plan to manage a resident's pain is implemented, based on the findings from the assessment and cause identification stages, including causes, characteristics, resident preferences, needs, risks, ability to cooperate with the plan, etc.</li> <li>- A practitioner authorizes appropriate management of pain and treatable causes in a timely manner.</li> <li>- The staff and practitioner utilize recognized options for pain management, as identified in pertinent protocols and guidelines, or have a clinically valid reason for other approaches. The pain management plan is implemented consistently.</li> </ul>	<ul style="list-style-type: none"> <li>- Although some general (not person-specific) approaches may be pertinent for all individuals with pain, interventions should be relevant to factors specific to the individual's goals, needs and desires.</li> <li>- Interventions (which may not always need to include medications) that improve comfort and relieve pain should be initiated soon after identifying the presence of pain.</li> <li>- Various non-pharmacologic options are available and may be very effective, depending on the cause and location of pain, the resident's response to the interventions, and other factors.</li> <li>- Analgesics (pain medications) can be very effective in appropriate circumstances, but are not always needed or helpful, and can cause significant complications.</li> </ul>

**PAIN PROCESS FRAMEWORK (cont.)**

 <b>MANAGEMENT / TREATMENT</b>		
		<ul style="list-style-type: none"> <li>- Various protocols have identified more and less desirable approaches to pain management, including the proper selection and dosage of analgesics. Practitioners are trained to select optimal treatments based on analysis of multiple factors.</li> </ul>
CARE PROCESS STEP	EXPECTATIONS	RATIONALE
 <b>MONITORING</b>		
8. Periodically reassess the status of an individual's pain.	<ul style="list-style-type: none"> <li>- The staff and practitioner reassess individuals with pain and who are at risk for pain, to identify the degree of comfort, the status of underlying causes, and the effectiveness of interventions.</li> <li>- The staff periodically reassesses individuals who are receiving analgesics long-term, for symptoms of pain, effects and side effects of medications, and continuing indications for analgesics, and for current doses.</li> </ul>	<ul style="list-style-type: none"> <li>- Since pain is often chronic, ongoing evaluation is needed to ensure that it is controlled.</li> <li>- Since many nursing home residents and post-acute care patients have predisposing conditions, it is important to assess for new, recurrent, or worsening pain.</li> <li>- Because pain can subside, and causes of pain sometimes resolve or become less intense, analgesics and other interventions can sometimes be tapered, stopped, or changed to lower risk approaches.</li> </ul>
9. If pain does not respond adequately to selected interventions, reevaluate the approaches.	<ul style="list-style-type: none"> <li>- If pain relief goals are not being attained or maintained, the staff and practitioner review the situation, including current interventions, and consider pertinent additional or alternative approaches, or they provide a clinically valid reason for maintaining the current regimen.</li> </ul>	<ul style="list-style-type: none"> <li>- When efforts at pain relief are not fully successful, current approaches may still be relevant, may need adjustment, may not be working, or may be associated with intolerable complications or side effects.</li> </ul>

## PAIN PROCESS FRAMEWORK (cont.)

CARE PROCESS STEP	EXPECTATIONS	RATIONALE
<b>MONITORING (cont.)</b>		
<p>10. Monitor for significant effects, side effects, and complications of pain medications.</p>	<ul style="list-style-type: none"> <li>- When analgesics are used, medications and doses are adjusted to try to meet pain management goals, while minimizing risks and side effects such as lethargy, confusion, anorexia, and increased falls.</li> </ul>	<ul style="list-style-type: none"> <li>- Pain medications are associated with complications, which can be significant. For instance, opioid analgesics can be associated with severely impaired bowel motility, urinary retention, and nausea or vomiting, all leading to additional pain and discomfort.</li> <li>- It is essential to distinguish symptoms due to complications of existing treatments from those due to existing or new medical conditions.</li> <li>- In order to identify complications of medications that mimic other causes, it is important to be aware of their potential occurrence and to make subsequent adjustments to try to balance effectiveness with minimal complications.</li> <li>- Even if there is a valid clinical reason to continue a medication that may be causing a complication the resident should still be monitored closely for possible worsening of the complication.</li> </ul>

## PAIN PROCESS REVIEW TOOL

Abstraction Date:				
Nursing home Name:		Nursing home Address:		
<b> RECOGNITION/ASSESSMENT</b>				
			<b>YES</b>	<b>NO</b>
1.	Was the resident screened for pain within 24 hours of admission?			
2.	Was an assessment of the resident's pain conducted upon identification of pain (what relieves/worsens pain; effects of medications; effects of pain on ADLs, sleep, mood; frequency, intensity, location of pain, etc.)?			
3.	Were factors assessed/identified that could influence/impact the resident's perception of pain (e.g., medical conditions, environment, medications, risk factors, social issues, therapy, dressing changes)?			
4.	Was the resident's pain assessed using a standardized/accepted and appropriate pain assessment scale that includes cognitive status?			
<b> CAUSE IDENTIFICATION</b>				
			<b>YES</b>	<b>NO</b>
5.	Did the staff and practitioner identify the underlying cause(s) of the resident's pain, especially if the pain was unresolved and/or unrelieved?			
6.	Did the staff and management check for care-related processes that could influence or contribute to the resident's pain if the pain was unresolved and/or unrelieved?			
7.	Did the resident have a clinically pertinent diagnosis for the underlying cause(s) of pain within 30 calendar days of admission?			
<b> TREATMENT/MANAGEMENT</b>				
			<b>YES</b>	<b>NO</b>
8.	Was a specific plan of care implemented to address the identified factors that impacted the resident's pain?			
9.	Were there specific practitioner orders written to address the identified factors that impacted the resident's pain?			
10.	Were the interventions consistent with evidence-based clinical standards of practice, and the resident's needs, risk factors, related medical conditions, goals, values, culture and wishes?			
11.	Were pain relief measures implemented and their efficacy documented consistently as indicated by practitioner order and/or plan of care (e.g., non-pharmacologic interventions such as heat and repositioning, and medications as appropriate)?			
12.	Did the plan of care address side effects related to the use of pain medications (e.g., constipation, nausea, vomiting, sedation, lethargy, anorexia, increased confusion)?			
13.	Did the staff communicate the desired approach to pain management with those who are responsible to carry it out?			
<b> MONITORING</b>				
			<b>YES</b>	<b>NO</b>
14.	Did the staff and practitioner monitor and document the progress of the pain and adjust the interventions based on the individual's condition and other relevant factors?			
15.	Is the plan of care evaluated and updated periodically to monitor progress?			
16.	Are the resident and family approached periodically to monitor their level of satisfaction with the approach to pain management?			
17.	Is the approach to a resident's pain management plan periodically compared to the nursing home's written guidelines and to reliable standards of practice?			



## Goal #3– Improving Pain Management for Long-Term and Post- Acute Nursing Home Residents

This document is intended to be used in conjunction with the **Implementation Guide** included with the **Pain Process Framework** documents currently available on the Advancing Excellence website. It is an outline of the steps to follow as you embark on your journey toward improving pain management in your residents. Included are references to documents, tools, and process available on the Advancing Excellence website or other recognized LTC professionals and resources.

### *Recognition/Assessment*

- I. Why is it necessary to assess pain?
  - a. Pain is often overlooked in the resident.
  - b. Difficult to identify specific cause of pain. There may be many factors.
  - c. To ensure alignment with the mission and vision of the nursing home.
  - d. Identification of pain can lead to improved health and quality of life.
  - e. Provides opportunities for continuous improvement.
- II. How is pain best assessed?
  - a. Initiate an assessment for pain within 24 hours of admission or upon recognition of a pain related change of condition.
  - b. Assess and record pain level with vital signs (pain is the 5<sup>th</sup> vital sign)
  - c. Identify and document characteristics of pain.
  - d. Use validated tools (see “Resources” included in the “Pain Process Frameworks” document) to distinguish valid ideas about pain from myths and misconceptions.
  - e. Make sure that the assessment tool is appropriate for the cognitive status of the resident. Specific tools are used for cognitively impaired individuals.
  - f. Assess behavior or non-verbal indicators of pain.
  - g. Assess factors that can influence/impact resident’s perception of pain.
  - h. Use familiar language/terminology of resident’s pain.

### *Cause Identification*

- I. What is the best way to identify or clarify specific causes of pain?
  - a. Identify underlying cause(s) of resident’s pain.
  - b. Investigate risk factors that may be related to pain (i.e. previous diagnosis like arthritis)
  - c. Identify factors contributing to pain.
  - d. Identify issues related to preventing and managing pain
  - e. What is promoting or inhibiting desired management of residents with pain?
  - f. Focus improvement efforts on improving NEGATIVE results. Look at results that will enable you to improve care or identify areas that need work.

## Management

- I. Reinforce optimal practices and performances
  - a. Continually promote and reinforce “doing the right thing in the right way.”
  - b. Involve resident and family in establishing pain related goals.
  - c. Develop specific plan of care to address identified factors and incorporate goals.
  - d. Include recognized pharmacological and non-pharmacological options for pain management.
  - e. Interventions should be based on best practices from expert sources (see Resources included in the “Improving Pain Management Process Frameworks” document).
  - f. Communicate action plan goals to all stakeholders – practitioners, all staff, resident, and family (as appropriate).
  - g. Educate staff about the pain management process.
  - h. Reassess and adjust goals as needed.
  - i. Address underlying causes (including root causes) of the challenges and obstacles to the staff’s capacity to manage pain effectively and safely, including organizational challenges.
  - j. Implement pertinent generic and cause specific interventions.
  - k. Address issues of individual performance and practice that could be improved in trying to improve pain management

## Monitoring

- I. How can pain be reassessed and monitored?
  - a. Recheck for performance, practices and results by establishing a quality improvement (QI) program.
  - b. Use a QI implementation process, such as the Plan, Do, Study, Act cycle to implement and adapt changes (see [www.medqic.org](http://www.medqic.org) ).
  - c. Continue to collect data on results and processes.
  - d. Evaluate progress toward goal(s) listed in action plan.
  - e. Document progress of pain interventions.
  - f. Identify any barriers or problems.
  - g. Make revisions and implement new/revised interventions.
  - h. Continue the cycle until goals are attained.
  - i. Adjust approaches as necessary
  - j. Communicate progress with physician, all staff, resident, and family (if appropriate)

For additional assistance with Improving Pain Management contact your State’s LANE convener found on the Advancing Excellence website [www.nhqualitycampaign.org](http://www.nhqualitycampaign.org)  
 GeriatricPain.org has tools and resources specifically for nursing homes at [www.geriatricpain.org](http://www.geriatricpain.org)  
 See University of Iowa/Geriatric Education Pain Assessment Tools at:  
<http://www.healthcare.uiowa.edu/igec/tools/categoryMenu.asp?categoryID=7>  
 See webinar “Improving Pain Management by Using the Advancing Excellence Campaign Frameworks” at [http://www.nhqualitycampaign.org/star\\_index.aspx?controls=nhTechAssist](http://www.nhqualitycampaign.org/star_index.aspx?controls=nhTechAssist)



OVE QUALITY OF LIFE FOR RESIDENTS AND STAFF