Improved Quality Measures Through Comprehensive Pain Assessment

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Course Objectives:

1. Attendees will be able to explain and describe pain assessments for a variety of diagnoses.

2. Attendee will be able to explain how pain affects most Quality Measures.

3. Attendee will be able to describe a comprehensive pain management program that enhances quality of life of resident and decreases burden of caregivers.

Why we need to focus on a comprehensive pain management program?

Expectation of Improved Quality and Patient Outcomes
Quality Measures: - 5 Star Rating
    Impact Act Changes – additional QMs
    Re-hospitalization Rates

Accountable Care Organizations
Bundled Payment Initiatives
Comprehensive Joint Replacement

Support For A Comprehensive Pain Management Approach

▶ 2012 Research Study published in Journal of Gerontological Nursing found that more research needs to be completed on the effects of a comprehensive approach.

▶ The study also found that accuracy of pre-intervention resident assessment data and resulting QM/QI score is an important consideration.

▶ Results from previous studies show that nursing/physicians may not possess adequate expertise in pain management and that lack of education and inadequate use of processes of care often leads to underreporting of required MDS data elements, and QM scores.

Russell et al, *J Gerontol Nurs*, 2012

Measurement Variables

▶ Re-Admission Rates
▶ Discharge Setting
▶ Clinical Outcomes
▶ Length of Stay
▶ Patient/Family Satisfaction
▶ Department of Health Survey Results
▶ Cost per Episode
▶ Peer Comparison
▶ Specialty Focuses
▶ RUG Levels
▶ Labor Hours (PBJ)

Quality Measures

Quality Measure Indicator	Quality Measures	5 Star Rating	Casper Quality Measures	Therapy Can Help	Pain Influences
Pain	SS/LS	SS/LS	SS/LS	X	X
Pressure Ulcers (New or Worsened)	SS/LS	SS	SS	X	X
High Risk Pressure Ulcers		LS	LS	X	X
Physical Restraints	LS	LS	LS	X	X
Urinary Tract Infections	LS	LS	LS	X	X
Falls with Major Injury	LS	LS	LS	X	X
Falls			LS	X	X
Depressive Symptoms	LS		LS	X	X
Loss of Bowel/Bladder Control	LS		LS	X	X
Weight Loss	LS		LS	X	X
Increased Need for ADL Assistance	LS	LS	LS	X	X
Antipsychotic Medications	SS/LS	SS/LS	SS/LS	X	X
Anti Anxiety/hypnotic			LS	X	X
Behaviors Affecting Others			LS	X	X
Catheter Inserted/Left	LS	LS	LS	X	X
Ability to Move Independently Worsened		LS		X	X
Physical Function Improves Admit to DC		SS		X	X
Re-hospitalized after NH admission		SS		X	X
Outpatient emergency dept visit		SS		X	X
Discharged to Community		SS		X	X

SS = Short Stay Residents   LS = Long Stay Residents   Excluded: Vaccine Related QMS

New Quality Measures added in Nursing Home Compare

- Percentage of short-stay residents who were successfully discharged to the community (claims-based)
- Percentage of short-stay residents who have had an outpatient emergency department visit (claims-based)
- Percentage of short-stay residents who were re-hospitalized after a nursing home admission (claims-based)
- Percentage of short-stay residents who made improvements in function (MDS-based)
- Percentage of long-stay residents whose ability to move independently worsened (MDS-based)
- Percentage of long-stay residents who received an antianxiety or hypnotic medication (MDS-based) - Not included in 5 star rating

CMS' Keys to Quality Improvement

- At the global level, awareness and education across a broad spectrum of healthcare workers is necessary, while at the local level, each facility must attack the problem individually.

- At the core of each of these initiatives, improvement requires a facility to examine existing practices and update as necessary, perform root cause analysis, offer consistent and up-to-date staff education, and have reference tools available to support staff.

A Comprehensive Pain Management – Advancing Excellence

How Does Pain Management Benefit Residents?

▶ Residents can express their wishes for pain management.

▶ Residents do not experience a decline in functional status due to uncontrolled pain.

▶ Residents are not at risk for depression due to uncontrolled pain.

▶ Residents do not experience a decline in quality of life due to unmanaged pain.

https://www.nhqualitycampaign.org/goalDetail.aspx?g=pain#tab1

A Comprehensive Pain Management – Advancing Excellence

How Does Pain Management Benefit Nursing Home Staff?

▶ Staff members are more likely to experience enhanced job satisfaction.

▶ Staff will have tools and resources to address the various aspects of pain management to enhance quality of care.

A Comprehensive Pain Management – Advancing Excellence

How Does Pain Management Benefit Nursing Homes?

▶ Nursing homes have satisfied residents and families, which translates into better care and image in the community.

▶ Nursing homes have improved Quality Measures due to improved resident care and satisfaction results.

Signs of Pain

- Increased blood pressure
- Increased respiratory rate
- Tachycardia
- Diaphoresis
- Dilated pupils
- Agitation/physical movements/vocalizations

Other Signs of Pain

Severely Cognitively Impaired
- Listless
- Decreased appetite/loss of taste for food/weight loss
- Constipation
- Sleep Disturbance
- Social withdrawal
- Psychological impairment
- Function impairment and disability

Other Signs of Pain

- Agitation and Anxiety
- Verbalizations including the nonsensical
- Agitated movements
- Increased depression and anxiety
- Refusal of care
- Defensive behaviors
- Overwhelming self-focus
- Preoccupation with physical status

Adverse Effects of Untreated and Undertreated Pain

- Negative health impact and quality of life
- Slowed rehab
- Increased depression
- Increased anxiety
- Increased social isolation
- Increased immobility, gait disturbances
- Spiritual despair
- Disease progression
- Increased pain sensitivity
- Increased health care utilization and costs

Vital Signs Checks

- Temperature
- Blood pressure
- Respiration rate
- O2 saturation
- Heart rate or Pulse
- Pain
- Shortness of breath

Vital Signs

- Abnormal vital signs could be the first warning that an impending medical decline may be occurring
- Early detection and then treatment could ward off intensifying symptoms and possible transport/admission to hospital
- Nursing monitors vital signs, but therapy could also report them and be an added watchdog for issues that may be arising with the resident

Vital Signs

▶ The vital sign check along with therapy's functional assessment during treatment could really help with early detection of issues

Vital Signs

▶ Temperature
  ▶ Body temperature should normally run between 97.6 and 99.6 (98.6)
  ▶ Baseline should be established and checked daily by nursing
  ▶ An increase of body temperature can indicate a systemic infection, inflammation or hyperthermia which can increased pain levels
  ▶ A decrease in body temperature can also be a concern (i.e., poor circulation, heart problems)

Vital Signs

▶ Heart Rate or Pulse
  ▶ It is the physical expansion of the artery and is the number of times the heart beats per minute
  ▶ Pulse rate varies with age
  ▶ Normal adult beats per minute are typically 50-80 beats
  ▶ An increase in pulse rate can occur with but not limited to pain and an infection
  ▶ A decrease or irregular pulse rate could indicate a serious health issue or illness

Vital Signs

▶ Respiration Rate
  ▶ The act of breathing in and out
  ▶ Measures the number of breaths a person takes in one minute
  ▶ Should note if wheezing, exertion with breathing and other sounds occur
  ▶ Varies with age
  ▶ Normal adult rates are 12-28 breaths per minute

Vital Signs

▶ Respiration Rate
  ▶ Increased respiration rate could mean possible infection or pain
  ▶ Decreased respiration rate could indicate weakness and system failure

Vital Signs

▶ Blood Pressure
  ▶ It is the measure of the force of the blood through the walls of the artery
  ▶ It is indicative of how well the heart is functioning
  ▶ It is comprised of two measurements:
    1. systolic pressure which measures the force of blood with maximal contraction of the heart, and
    2. diastolic pressure which is the resting pressure when the heart relaxes
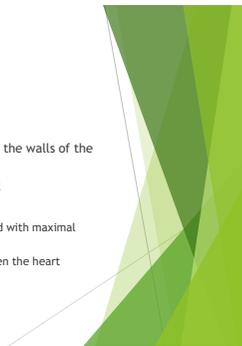
Vital Signs

▶ Blood Pressure
  ▶ Normal blood pressure is 120/80 (systolic/diastolic)
  ▶ Abnormal pressure would be anything over 130 systolic and 85 diastolic pressure
  ▶ Hypertension is when the systolic pressure is consistently between 140 -160 mmHg (increased blood pressure can be a effect of <u>pain</u>)
  ▶ Hypotension is low blood pressure below 120 systolic pressure consistently

Vital Signs

▶ Pain
  ▶ This is considered to be an important but often overlooked vital sign in adults
  ▶ It can greatly impair a person's function and lead to other medical issues such as <u>depression, contractures, immobility, sleep deprivation, and wounds.</u>
  ▶ Should be assessed at:
    ▶ Admission
    ▶ Quarterly with nursing review
    ▶ Each shift if pain management is part of care plan
    ▶ If change is noted during review
    ▶ When intervention is implemented to see if effective for pain reduction

Vital Signs

▶ Dyspnea- Shortness of Breath
  ▶ It is normal with heavy exertion, but it is abnormal if it occurs with everyday functions
  ▶ It can indicate problems with <u>pain</u>, asthma, pneumonia, cardiac ischemia, lung disease, congestive heart failure, acute MI, COPD, and panic or anxiety disorders
  ▶ It is important to report this to nursing/physician timely
  ▶ Assess the intensity with any distinct sensation such as (effort, chest tightness, and air hunger) distress involved and impact on daily functions

Pain and Dementia

- There are an estimated 35 million people with dementia across the world. Currently, 5% of people over 65 years old have a diagnosis of dementia, rising to over 50% in those aged over 90 years.
- Demographic changes in the coming decades and the increasingly aging population will lead to a substantial growth in the number of people affected, and in the scale of the challenge associated with providing treatment and care. Pain presents a particular challenge in the treatment of dementia.

Pain and Dementia

- The prevalence of pain, particularly, is strongly related to age, hitting the oldest population the hardest with prevalence rates of 72% above the age of 85 years. Given these circumstances, it is clear that pain is probably very common among people with dementia; nevertheless, current knowledge is poor which frequently leads to inappropriate treatment and care.

  (Achterberg et al, 2013)

Research Concerning Pain and Dementia scales

- The study examined the various assessment tools available to caregivers, leading them to conclude "current evidence on validation and clinical utility of the tools is insufficient."

  Lichtner et al.; licensee BioMed Central. 2015

The Importance of Staging

Because Dementia affects many areas of function at different rates depending on what stage of the disease a person exists, it is important to understand what to expect for each stage and modify approaches or treatment to gain as much success/independence when pain is a factor
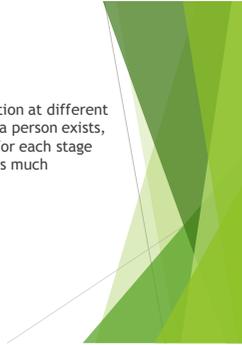
The Importance of Staging

▶ Provides basis for caregiver education, strategies, approaches in developing patient-centered plan of care

▶ Helps staff/family provide quality care while focusing on preserved abilities, not limitations

Methods of Staging

Accepted Scales
- NCCDP – 3 stages
- Global Deterioration Scale – 7 stages
- Allen Cognitive Levels – 6 levels:
  - 3 Components
    - ▶ Attention
    - ▶ Motor Control
    - ▶ Verbal Performance

Beyond Staging..

▶ Cognitive Testing: Provides basis for patient status and explores most preserved abilities
  ▶ Can guide nursing towards to most beneficial pain scale/test to complete based upon those abilities.

  ▶ Should be done to set tone for dementia programming as well

Cognitive Assessments

▶ Brief Cognitive Rating Scale (in conjunction with GDS)
▶ Allen Cognitive Level Screen
▶ ACL Leather Lacing or Placement Tests
▶ Clock Drawing

▶ Mini-Mental Status Exam (MMSE)
▶ Ross Information Processing Assessment-G (RIPA-G)
▶ Arizona Battery of Communication in Dementia (ABCD)
▶ Functional Linguistic Communication Inventory (FLCI)

Pain Assessment

▶ Pain Scales- used to show changes (good or bad) with any intervention and to establish a baseline
  ▶ Numeric Rating Scale
  ▶ Wong-Baker Faces Pain Scale
  ▶ Visual Analog Scale
  ▶ Pain Thermometer Scale
  ▶ Comprehensive Pain Assessment-cognitively intact
  ▶ PAINAD – Good tool for dementia residents
  ▶ Pain Drawing

Pain Assessment

▶ Pain Scales
  ▶ Brief Pain Inventory
  ▶ Initial Pain Assessment Tool
  ▶ Memorial Pain Assessment Card- includes Mood and Relief Scales
  ▶ Patient Comfort Assessment Guide

Pain Scale for Dementia

PAINAD (Pain Assessment in Advanced Dementia)

▶ Pain Assessment in Advanced Dementia (PAINAD) scale refers to five behavior domains that can be scored from 0 through 2. These domain scores are then added to get a total score up to 10. Staff should be aware that these non-verbal behavioral symptoms may indicate something other than pain (e.g., delirium) and a thorough pain assessment and examination should be completed

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PAINAD

Pain Assessment IN Advanced Dementia
PAINAD

	0	1	2	Score
Breathing Independent of vocalization	Normal	Occasional labored breathing. Short period of hyperventilation	Noisy labored breathing. Long period of hyperventilation. Cheyne-stokes respirations	
Negative Vocalization	None	Occasional moan or groan. Low level speech with a negative or disapproving quality	Repeated troubled calling out. Loud moaning or groaning. Crying	
Facial expression	Smiling, or inexpressive	Sad. Frightened. Frown	Facial grimacing	
Body Language	Relaxed	Tense. Distressed pacing. Fidgeting	Rigid. Fists clenched. Knees pulled up. Pulling or pushing away. Striking out	
Consolability	No need to console	Distracted or reassured by voice or touch	Unable to console, distract or reassure	
				TOTAL

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Brief Pain Inventory

Behavior Checklist

Assessment Tools

▶ Numeric Rating Scale (NRS)- Patient rates pain on scale 0-10, 0= no pain and 10= worst pain imagined

  ▶ Assess initially, following treatment and periodically as needed

Assessment Tools

- Visual Analog Scale (VAS)- 10 cm line with one end marked with no pain and other end worst pain imaginable
- Patient draws line to mark intensity of pain
- Clinician measures the line and assigns a score
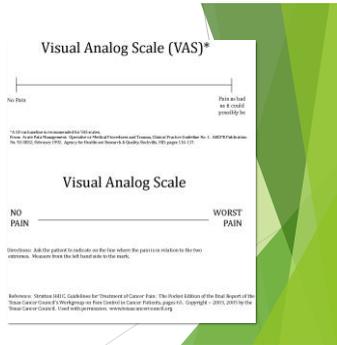
Assessment Tools

- Wong-Baker Faces Rating Scale- visual descriptors with faces of varying expressions of distress
- The patient selects the face that describes their current level of pain
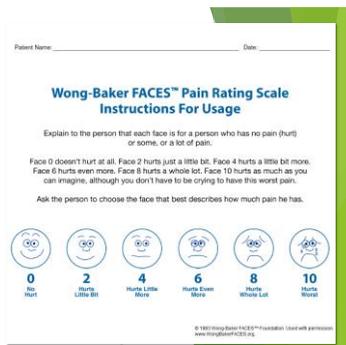
Assessing Pain

- Pain is often overlooked in the resident.
- Difficult to identify specific cause of pain. There may be many factors to ensure alignment with the mission and vision of the nursing home.
- Identification of pain can lead to improved health and quality of life.
- Provides opportunities for continuous improvement.

Challenges of Assessing Pain

- Pain is complex and multi-factorial
- Identifying causes may be difficult
- Often subtle and non-specific
- Referred pain can be misleading
- Subjective vs. objective mismatches

Core Principles of Pain Assessment and Management

Assessment Challenges in the Elderly Population

- Under-reporting of discomfort due to fear, cultural factors or acceptance
- Impairments such as loss in hearing and vision, comprehension or verbal skills
- Difficulty with assessment tools due to visual or cognitive deficits

Comprehensive Pain Management

Pain management moves beyond traditional nursing focus, incorporates all staff (clinical, non clinical, and management)

- ▶ Similar to a focus on "Improved Dementia Care"
  - ▶ Music and Memory
- ▶ Large focus on non-pharmacological treatments
- ▶ Focus on pain indicators especially in dementia population
- ▶ Pain Management for short stay/rehab patients
- ▶ Focus on Pre-admission assessment of pain
- ▶ Focus on use of vital signs as a monitoring and assessment tool.

Challenges With Pain Management

- ▶ Lack of knowledge with pain indicators and approaches
- ▶ Time/Support constraints
- ▶ Communication demand with patient, family, nursing aides, therapy
- ▶ Non familiarity of non-pharmacological treatments
- ▶ Dementia related programming constraints
- ▶ Traditional pharmacological treatments including adverse effects like addiction

## Evaluate Your Current Pain Management Program

including:

- ▶ Facility competence/education
- ▶ Dementia care programming
- ▶ Use of non-pharmacological treatments
- ▶ Current tools/policies (Evidence Based/Standards of Practice)

Evaluate Your Current Pain Management Program

▶ Identifying deficits and areas needing improvement

▶ Has pain management been a QAPI focus?
  ▶ Explore options for help (Advancing Excellence)

Advancing Excellence
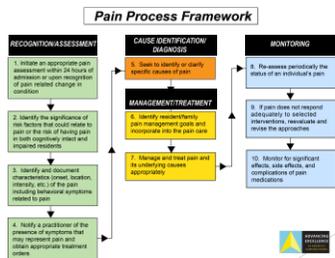
Structure to Pain Management Program

▶ Whole house education for pain indicators and the importance of pain management

▶ Staff competency for direct care providers – See checklist

▶ Consistent vital sign checks per shift- make it part of everyone's daily routine

▶ Have pre-admission survey to determine pain patterns, review medications and identify risk issues through root cause analysis

▶ Weekly review of at risks patients with daily communication with any residents on target list

▶ Involve patient and family with goal setting and education

Structure of Pain Management Program

- ▶ Good communication and documentation of changes/progress with resident by IDT members
- ▶ Therapy modalities available to address pain in non-invasive or non-pharmacological ways
- ▶ Tracking system in place to determine effectiveness of interventions, progress toward goals and functional outcomes
- ▶ Continued education to caregivers to maintain resident at most pain free and functional level

Facility Education

- ▶ Include all levels of staff
  - ▶ Administration
  - ▶ Dietary/Housekeeping
  - ▶ Therapy
  - ▶ Family
- ▶ Include printed materials
- ▶ Establish competency testing for aides/therapy, etc.
- ▶ Appoint pain management expert of coordinator
- ▶ Education with Vital Signs/Pain Indicators/Approaches

Education

Pre-Admission Survey for Pain

- Need to complete survey during admission process to gauge residents pain pattern, functional level, prior interventions and at risk issues
- Admission Coordinator will utilize Prior Pain Pattern and Function(PPPF) Survey during admission process to interview resident or caregivers

Prior Pain Pattern and Function (PPPF)

PPPF Survey

You will be able to determine:

- if the resident had pain prior to coming to your facility
- what the pain feels like and when it occurs
- what makes the pain worse and what helps relieve the pain
- what may be the cause of the pain
- how the pain affects activities and function throughout day including appetite and sleep
- determine if resident is dealing with psychosocial issues
- how the resident communicates that they have pain (especially if non-communicative)

PPPF Survey

You will be able to determine:

► what medications are they presently on and how much

► do the medications help with relief of pain

► what are the resident's goals in relation to pain management

Target List and Weekly Review

Communication/Documentation of Pain

Root Cause Analysis

Therapy Non Pharmacological Intervention

- ▶ Therapy Tools
  - ▶ Comprehensive evaluation using standardized Pain Scales (can determine root cause)
  - ▶ Use of modalities (e-stim, including iontophoresis; ultrasound, including phonophoresis; diathermy)
  - ▶ Adaptive equipment (splinting, positioning tools, AFOs, pressure relief modes)
  - ▶ Treatment techniques (contract/relax techniques, icing, traction, manual therapy (muscle bending/cross friction massage)

Tracking Progress and Outcomes for Pain

Dementia Intervention Log

Course Objectives Review

1. Attendees will be able to explain and describe pain assessments for a variety of diagnoses.

2. Attendee will be able to explain how pain affects most Quality Measures.

3. Attendee will be able to describe a comprehensive pain management program that enhances quality of life of resident and decreases burden of caregivers.

Functional Outcomes Tracking

▶ Quality Measure: Percentage of short-stay residents who made improvements in function (MDS-based)

▶ Functional Outcomes Measures (Patient specific)

  MDS: Section G, GG, J, among others

  Therapy Software Outcomes: Functional Outcomes Systems, Functional Independence Measures – tracked per skill set.

Where Do We Go From Here?

✔ Assess current pain management program and establish goals were improvement is needed (QAPI)

✔ Assign a pain management coordinator

✔ Whole house education with competencies in both pain indicators, vital signs, and the importance of communication

✔ Complete Sensory and dementia assessments

✔ Make sure that patient driven assessment tools are available

✔ Establish a tracking system for interventions/outcomes

✔ Continue with Nursing monitoring, make appropriate assessments and referrals as needed

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