

New CMS Pain Management Guidance: What Can You Do To Ensure Compliance?

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Important updates to CMS guidance to surveyors for Tag F309 will become effective on March 31. As many of you are aware, F309 is cited for aspects of care that affect the resident's ability to attain or maintain his or her highest practicable level of physical, mental and psychosocial well-being. Pain management is

the newest addition to these criteria.

Providers should conduct a careful review of facility pain management protocols to ensure they encompass the expectations of this new guidance. Those expectations are:

- identifying when pain is present or can be expected;
- evaluating the pain and, to the extent possible, identifying and treating the causes;
- identifying the resident's goals for management of the pain; and
- implementing interventions to prevent or manage the pain in accordance with the resident's goals, the comprehensive assessment and plan of care, and current standards of practice.

Being able to recognize pain is an important part of resident care. A resident's own report of pain usually is the most accurate indicator. However, many residents cannot or will not tell you they are in pain. Some residents are very stoic and feel that acknowledging pain is a weakness. Others may fail to report pain because they don't want to bother the staff; they do not want to be thought of as attention-seeking; or they fear that if they report pain it may lead to costly and invasive testing.

Another aspect of this guidance will look at the facility's practice for pain prevention. Anticipating when pain will occur and medicating the resident before a painful

procedure, dressing change or therapy session is a very important aspect of a pain management program.

Like many other processes in the facility, a comprehensive assessment is the first part of the process. After completing the assessment, the next steps will be to address or treat the underlying causes; develop a plan that includes resident-centered goals for pain control; review the plan for effectiveness; and modify the plan as needed. It will be very important to include resident goals in this plan. Pain control to one person may mean just "taking the edge off" but to another person, it may mean total relief from pain. This process will be scrutinized by surveyors for residents who either appear to be in pain, or verbalize their pain.

It is common to see physicians order only ibuprophen or acetaminophen for pain control. Many prescribers are hesitant to order opioid medications (such as morphine, hydrocodone, oxycodone or fentanyl) to residents, for fear they will become addicted. Opioids are a valuable and viable treatment option for pain that is not controlled by other means and should not be automatically discounted. Adjuvant therapy may also be beneficial for a resident experiencing certain kinds of pain such as nerve pain. Adjuvant therapy uses medication with a primary indication other than pain management, but with analgesic properties in some painful conditions. Certain classes of antidepressants, anticonvulsants, prednisone or topical lidocaine are some examples of adjuvant therapy.

Have you ever seen a resident who is constantly telling you his pain is not controlled? A resident whose pain is not being adequately treated may exhibit drug-seeking behavior and may be thought to be addicted until their pain is adequately treated and the drug-seeking behavior stops. That is generally not considered a true addiction.

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It is the responsibility of the clinician to differentiate between addiction and inadequate control of the resident's pain. Surveyors will look to identify whether the care process has been followed and whether the resident's pain has been addressed or prevented in accordance with the assessment, care plan and resident's goals for control of the pain.

If your resident is receiving hospice services, surveyors will look at the relationship between the hospice and facility. Hospice and facility staffs need to work together to be sure that whatever is needed to implement the in-

terventions to manage the pain is available, and that staff are trained on the resident's pain management regimen. While the nursing home remains the resident's primary care giver, the hospice assumes full responsibility for professional management of the resident's hospice care. This includes the requirement to assess, plan, monitor and evaluate the resident's pain management program and other symptoms related to the terminal illness.

Take a look at your internal processes for assessing, preventing and managing pain in your residents. Also, review the attitude and tendencies of prescribers who are responsible for ordering medications to ensure compliance with this updated guidance. 🏠



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