



Tennessee Nursing Home Pain Management and Opioid Safety Collaborative

Individualized Pain Management and Non-Opioid Approaches to Managing Pain

Training Session 3

Project Tools: Your Team, Comfort Menus, Assessing Pain, Aligning With Regulations



Qsource.

Welcome!



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Your Multidisciplinary Team

1. Role of the SNF Instructor
2. Others to Include on Your Team
3. TeamSTEPPS

Role of the SNF Instructor

Each facility will have one designated staff member to receive training to become an Instructor.

Responsibilities include:

- Lead the project to facilitate improvement efforts
- Train staff at the facility on new processes for pain management, to include alternative options for pain treatment.
- Collect and report data to Qsource on a monthly basis
- Be the main point of contact for Qsource during this project

Others to Include on Your Team



Front Line Staff

Director of Nursing



Administrator

Pharmacist



Quality Staff

Medical Director



Resident/Family Members

TeamSTEPPS

Team Strategies and Tools to Enhance Performance and Patient Safety

Developing High-Functioning

- Mutual Support
- Situational Monitoring
- Communication
- Leadership
- Team Structure and Characteristics



What are Comfort Menus?

1. One way to increase access to non-opioid pain management options
2. How to create a comfort menu for your facility



One Way to Increase Access to Non-Opioid Pain Management Options

- Comfort Menus for Pain Management
- When residents experience pain, do we always prescribe an opioid?
- What can we do instead?

Pain Control and Comfort Menu

Overview

One of the most important things we want to do is help you control your pain. We want to do everything we can to help you control your pain, and there are many ways to do this. **Please discuss pain and comfort items with your health care team as some items may not be best for you.**

To Help You Sleep

- Sleep kit (ear plugs/eye shield)
- Uninterrupted sleep time

To Help You Feel Comfortable

- Warm pack/cold pack/ice/heat
- Warm blanket(s)
- Warm washcloth

https://www.hopkinsmedicine.org/the_johns_hopkins_hospital/services_amenities/services/pain-control-comfort-menu.html



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Comfort Menus for Pain Management

Menu of Comfort Items Available

Sleep

- Warm bath or shower
- Essential oil
- Darkness
- Night Light
- Quiet
- Music
- No interruptions
- Herbal tea
- Snack or sandwich
- Massage
- Television
- Sound machine

Relaxation

- Soothing sounds recording
- Stress ball
- Aromatherapy

Entertainment

- Adult coloring book
- Book (large print, audio)
- Magazine
- Deck of cards
- Reading visit
- Talking visit

Feeling Better

- Shampoo
- Scalp massage
- Toothbrush and floss
- Mouthwash
- Pet visit
- Prayer
- Pastoral care visit
- Meditation
- Deep breathing
- Guided imagery
- Sunshine
- Lollipop
- Chocolate
- Walk in the hallway
- Gentle stretching

Comfort

- Warm blanket
- Warm washcloth
- Extra pillows
- Ice pack
- Hand massage
- Neck pillow
- Temperature adjustment
- Lotion
- Lip balm
- Repositioning
- Straightening bed linens



NURSING HOME NAME

*Nursing Home Mission
Statement*

Nursing Home Logo



Benefits to Nursing Home Setting

- Minimal to no cost items
- Many items you may already be doing (repositioning, ice pack, etc.)
- Post at bedside and/or throughout facility and discuss with each patient
- Add to admission packet (?)
- Helps with consistent messaging across facility

Beyond the 0-10 scale:
Monitoring Resident
Response to Pain Treatment

1. PEG Scale: pain, enjoyment, general activity
2. For residents with dementia or who are nonverbal: Pain Assessment in Advanced Dementia Scale

PEG Scale

- Brief assessment scale
- Includes measurement of pain-related functioning
- May be more relevant than pain intensity to a resident's quality of life

1. What number best describes your pain on average in the past week:

0	1	2	3	4	5	6	7	8	9	10
No pain										Pain as bad as you can imagine

2. What number best describes how, during the past week, pain has interfered with your enjoyment of life?

0	1	2	3	4	5	6	7	8	9	10
Does not interfere										Completely interferes

3. What number best describes how, during the past week, pain has interfered with your general activity?

0	1	2	3	4	5	6	7	8	9	10
Does not interfere										Completely interferes

<http://mytopcare.org/wp-content/uploads/2013/06/PEG-Pain-Screening-Tool1.pdf>



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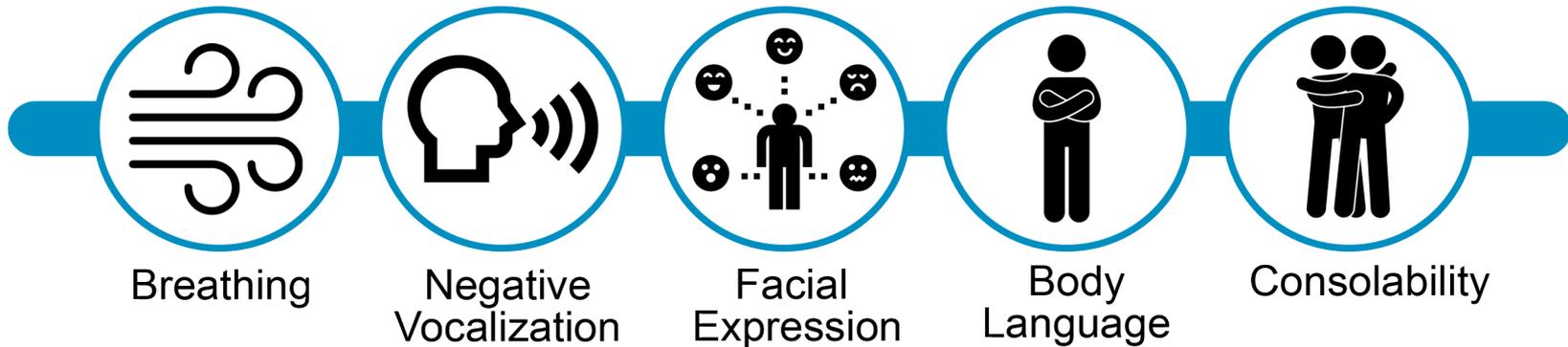
Pain Assessment in Advanced Dementia Scale

Items*	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**				

http://dementiathways.ie/_filecache/04a/ddd/98-painad.pdf

PAINAD

Five-item observational tool



- Total scores range from 0 to 10 (based on a scale of 0 to 2 for five items)
- A higher score indicating more severe pain
 - (0 = no pain to 10 = severe pain)

How This Project Can Fulfill
Federal Quality Assurance
and Performance
Improvement (QAPI)
Requirements and Align with
Survey Requirements

1. QAPI Requirements
2. How this project can fulfill the QAPI requirements for a performance improvement project
3. Pain management in survey requirements

Quality Assurance and Performance Improvement (QAPI) Requirements

- QAA – Quality Assessment and Assurance Committee
- QAPI Plan
- Perform at least one performance improvement project (PIP) annually

How This Project Can Fulfill the QAPI Requirements for a PIP

Data Driven

- We will gather baseline data for this project prior to implementing interventions to drive improvement as well as gather monthly data to show trends.

Choosing a PIP based on high risk, high volume or problem prone areas

- Pain management is a high volume and problem prone area, and opioids are high risk medications.

Promote sustained improvement

- By implementing new processes, such as the comfort menu

Pain Management in Survey Requirements

F697 (Rev. 173, Issued: 11-22-17, Effective: 11-28-17,
Implementation: 11-28-17)

- §483.25(k) 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.
- The resident's needs and goals as well as the etiology, type, and severity of pain are relevant to developing a plan for pain management. It should be noted that **while analgesics can reduce pain and enhance the quality of life, they do not necessarily address the underlying cause of pain.** It is important to consider treating the underlying cause, where possible.

Guidance for §483.25(k)

- Address/treat the **underlying causes of the pain**, to the extent possible
- Develop and implement **both non-pharmacological and pharmacological interventions/approaches** to pain management



Guidance for §483.25(k) (cont.)

- Identify and use 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
- It is important that a resident be monitored for the presence of pain and be **evaluated when there is a change in condition and whenever new pain or an exacerbation of pain** is suspected

Next Steps

1. Complete your Post-Test for this session
2. Attend a check-in call with Qsource within two weeks
3. Share training with staff at your facility
4. Monthly data collection process
5. What to expect from the Qsource team



Post-Test and Follow-Up Call

Please complete your Post-Test as soon as you finish this training

Qsource will contact you to schedule your follow-up call, which will take place within two weeks of this session

- You can also contact us at nhassist@qsource.org if you prefer



Project Timeline

Before April 30, 2021

- Qsource will host a check-in call with you to follow up on this training
- Qsource will provide at least two virtual or onsite follow up visits for your facility
- Qsource will hold at least three group virtual check in meetings
- Schedule TBD

By the end of the month for the next six months

- Your monthly data is due
- Qsource will discuss due dates with you

Late May or early June 2021

- Virtual outcomes congress

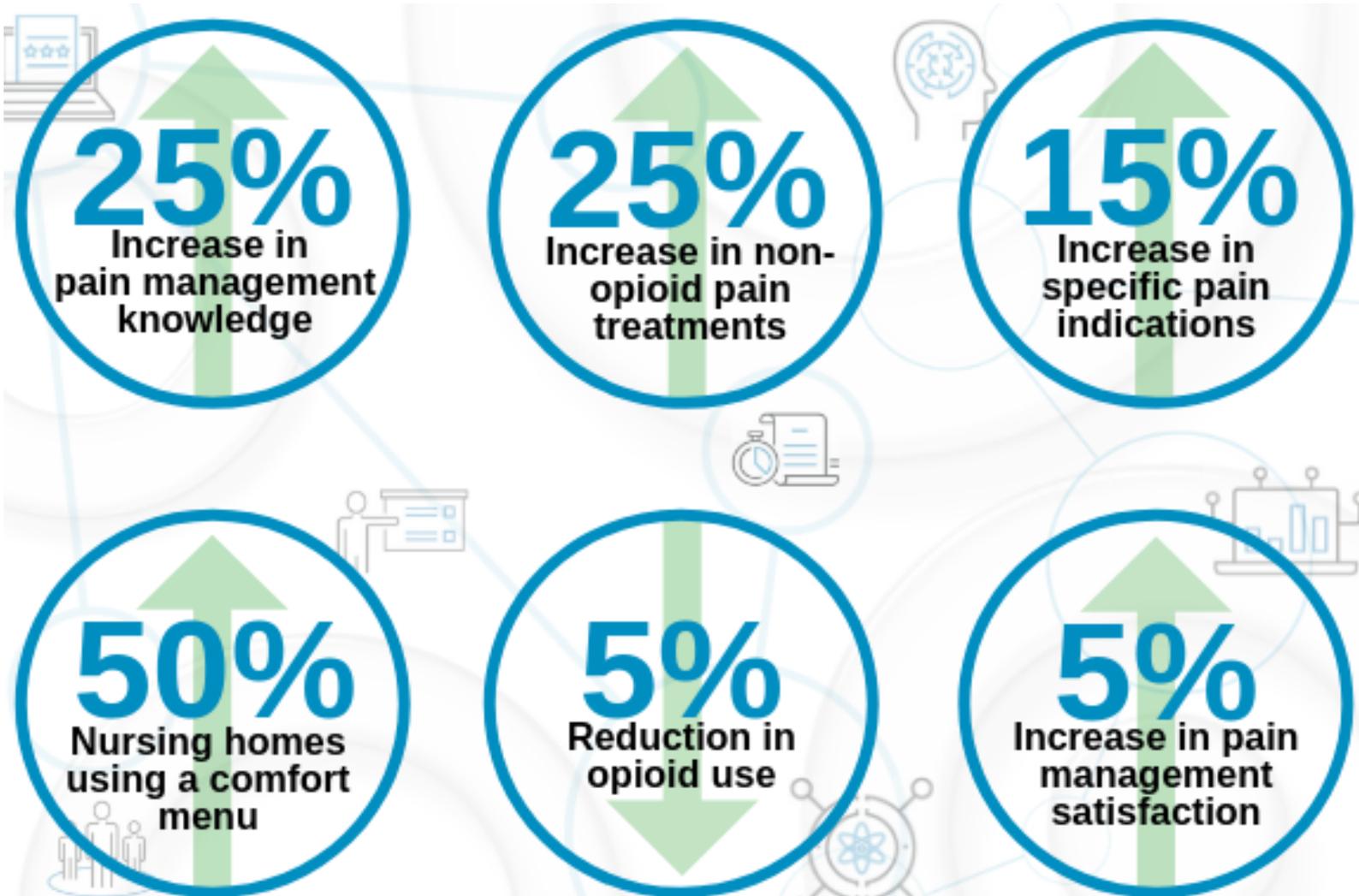
Data Entry Tutorial

- Demo of Smartsheet form entry
- Tip Sheet
- You can access the data form [here](#)



The screenshot shows a data entry form with a dark blue header containing the Qsource logo. The form title is "Pain Management and Opioid Safety Data Collection Form". It includes five input fields: "Facility Name:", "CMS Certification Number:", "Name of person submitting:", "1. # of non-medication options offered for for pain", and "2. # of residents with an opioid order in your facility". The label "3. Total Census today" is visible at the bottom of the form area.

Goals and Expected Project Successes



References

1. State Operations Manual Appendix PP - Guidance to Surveyors for Long Term Care Facilities. Centers for Medicare and Medicaid Services. 2017.
https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf

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