Pain Assessment & Management Program (PAMP) Implementation

Skilled Nursing Facility (SNF) PAMP Assessment

Facility Name: _____ **CCN:** _____ **Assessment Date:** _____ **Completed by:** _____

Work with your interdisciplinary leadership team to complete the following assessment. Each item relates to PAMP elements that should be in place for a successful PAMP in your facility. The PAMP assessment is supported by published evidence and best practices including but not limited to the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS), the Joint Commission, National Quality Forum (NQF), Institute for Healthcare Improvement (IHI), and state government recommendations. Select one of the implementation status options on the right for each assessment item. Once this form is complete, please go online and enter your answers.

Assessment Items	Not implemented/ no plan	Plan to implement/no start date set	Plan to implement/ start date set	In place less than 6 months	In place 6 months or more
A. Commitment					
1. A facility-wide leadership team is in place with representatives from various departments and disciplines—including administrators, nursing, activities, social services, and medical director—who are responsible for pain management and safe opioid practices.[i]	☐	☐	☐	☐	☐
2. The medical director/nurse practitioner/physician assistant of your facility are required to review the Prescription Drug Monitoring Program (PDMP) database prior to prescribing or renewing opioids.[ii]	☐	☐	☐	☐	☐
3. Your facility uses screening tools to identify residents who are or may have been at risk for opioid use disorder (OUD).[iii]	☐	☐	☐	☐	☐
B. Action					
4. Your facility has defined criteria to screen, assess, and reassess pain that are consistent with the patient's age, condition, and ability to understand.[iv]	☐	☐	☐	☐	☐
4.1 Your facility reassesses/responds to the resident's pain through the following: **a.** Evaluation and documentation of response(s) to pain intervention(s).	☐	☐	☐	☐	☐
b. Progress toward pain management goals including functional ability.	☐	☐	☐	☐	☐
c. Side effects of treatment.	☐	☐	☐	☐	☐
d. Risk factors for adverse events caused by the treatment.	☐	☐	☐	☐	☐

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5. Your facility offers residents nonpharmacological ways to manage their pain.[v]	☐	☐	☐	☐	☐
6. When opioids are used, your facility combines them with nonpharmacologic and nonopioid therapies (e.g., massage, acupuncture, mindfulness, hypnosis, music therapy, or cognitive behavioral therapy).[vi]	☐	☐	☐	☐	☐
7. Your facility consistently refers residents to clinics that offer medication-assisted treatment (MAT) in combination with behavioral therapies for OUD.[vii]	☐	☐	☐	☐	☐
C. Track and Report					
8. Your facility tracks opioid usage in some way (e.g., performance improvement project [PIP], on Quality Assurance & Performance Improvement [QAPI] agenda, written or electronic dashboard, pharmacy reports, prescriber reports reflecting morphine milligram equivalent [MME] prescribed, electronic health record [EHR] alerts, and concomitant prescribing of benzodiazepines and opioids).[viii]	☐	☐	☐	☐	☐
D. Education and Expertise					
9. Your facility provides staff and providers with ongoing education and training to improve: **a.** pain assessment.	☐	☐	☐	☐	☐
b. pain management.	☐	☐	☐	☐	☐
c. the safe use of opioids based upon clinical need.	☐	☐	☐	☐	☐
d. naloxone administration.[ix]	☐	☐	☐	☐	☐
10. Your facility provides education regarding pain management, pain treatment plans, and the safe use of opioid medications to residents, families, and caregivers.[x]	☐	☐	☐	☐	☐

Open Response:

1. **What do you believe is going well in your organization related to opioid stewardship (please provide any tools you are using)?**

2. **What are some of the barriers you are facing with your opioid stewardship?**

3. **What are your organizational goals surrounding opioid stewardship?**

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i **Rationale**: The long-term care setting is an expanding sector of health care, serving populations with diverse and complex pain management needs including post-acute, long-term care needs, and recovery after an opioid-related hospitalization. Opioids are one of the leading causes of preventable ADEs in SNFs. Inconsistent evaluation of pain treatment effectiveness, including opioid treatment by prescribers, has been identified as an issue by Joint Commission stakeholders and in current literature. This inconsistency in the quality of care calls for the medical director's oversight of pain management and responsible opioid prescribing.
Reference: https://www.jointcommission.org/assets/1/18/3_21_Pain_standards_NCC_12_21_18_FINAL.pdf
- https://store.qualityforum.org/products/national-quality-partners-playbook%E2%84%A2-opioid-stewardship

ii **Rationale**: Clinicians should review the patient's history of controlled substance prescriptions through PDMP review to determine whether the patient is receiving opioid dosages or dangerous combinations that put him or her at high risk for overdose. EHRs should integrate PDMPs to eliminate barriers to accessing PDMP data, especially when these data points are mandated.
Reference: https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6501e1.pdf
- https://www.hhs.gov/sites/default/files/pain-mgmt-best-practices-draft-final-report-05062019.pdf

iii **Rationale**: Risk stratification can aid in determining appropriate treatments for the best clinical outcomes.
Reference: https://www.hhs.gov/sites/default/files/pain-mgmt-best-practices-draft-final-report-05062019.pdf
- https://store.qualityforum.org/products/national-quality-partners-playbook%E2%84%A2-opioid-stewardship
- https://www.mbc.ca.gov/Licensees/Prescribing/Pain_Guidelines.pdf

iv **Rationale**: Current literature stresses the importance of an evidence-based approach to pain assessment and reassessment, which includes assessing how pain affects the patient's function. The organization has flexibility in choosing screening and assessment tools. Ideally, the tools will meet the needs of the patient population. For example, chronic pain generally requires more extensive patient/resident assessment, including various domains of physical and functional impairment. Unidimensional reassessment based on pain intensity rating alone is inadequate.
Reference: https://www.jointcommission.org/assets/1/18/3_21_Pain_standards_NCC_12_21_18_FINAL.pdf
- https://geriatricpain.org/clinicians/pain-assessment-information
- https://www.azdhs.gov/documents/audiences/clinicians/clinical-guidelines-recommendations/prescribing-guidelines/az-opioid-prescribing-guidelines.pdf

v **Rationale**: Alternatives to Opioids (ALTO) is an evidence-based, multi-modal, nonopioid approach for the management of acute and chronic pain for specific conditions as well as opioid addiction and abuse. Nonpharmacologic and nonopioid therapies are preferred for chronic pain. Although specific evidence on the effectiveness of nonpharmacologic therapies in long-term care populations is still needed, existing evidence suggests that nonpharmacologic therapies can be effective in managing acute and chronic pain among older adults. The leadership team should work with clinician leaders to determine which nonpharmacologic therapies should be available.
Reference: https://www.jointcommission.org/assets/1/18/3_21_Pain_standards_NCC_12_21_18_FINAL.pdf
- https://geriatricpain.org/pain-management-interventions
- https://cha.com/opioid-safety/colorado-alto-project/

vi **Rationale**: Nonpharmacologic and nonopioid therapies are preferred for chronic pain.
Reference: https://www.cdc.gov/drugoverdose/pdf/prescribing/CDC-DUIP-QualityImprovementAndCareCoordination-508.pdf
- https://www.azdhs.gov/documents/audiences/clinicians/clinical-guidelines-recommendations/prescribing-guidelines/az-opioid-prescribing-guidelines.pdf
- https://www.mbc.ca.gov/licensees/prescribing/pain_guidelines.pdf
- https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/CDPH%20Document%20Library/Prescription%20Drug%20Overdose%20Program/PrescribingGuidelines4.26.17Compliant.pdf

vii **Rationale:** Referral to specialty substance use disorder treatment is recommended for patients with substance use disorder. Access to substance use disorder treatment is variable, and decisions about treatment referrals should take local resources and patient preferences into account.
Reference: https://store.samhsa.gov/product/Advisory-Sublingual-and-Transmucosal-Buprenorphine-for-Opioid-Use-Disorder-/SMA16-4938?referer=from_search_result
- https://www.azdhs.gov/documents/audiences/clinicians/clinical-guidelines-recommendations/prescribing-guidelines/hospital-discharge-opioids.pdf
- https://www.chcf.org/collection/medication-assisted-treatment-for-opioid-use-disorder/

viii **Rationale**: Opioids are one of the leading causes of preventable ADEs in long-term care facilities. Analysis of data related to adverse events and development of prevention strategies are necessary to increase quality and safety of patient/resident care. Dashboards measure the extent to which providers adhere to policies and allow providers to see how their patients and their implementation of specific clinical practices compare to their colleagues. EHR templates and fields should be incorporated in the clinical workflow and auto-populated to the extent possible to facilitate consistent use and to support standards of practice.
Reference: https://www.cdc.gov/drugoverdose/pdf/prescribing/CDC-DUIP-QualityImprovementAndCareCoordination-508.pdf
- https://www.healthit.gov/sites/default/files/2018-12/CDSSession.pdf
- https://www.jointcommission.org/assets/1/18/3_21_Pain_standards_NCC_12_21_18_FINAL.pdf
- https://www.azdhs.gov/documents/audiences/clinicians/clinical-guidelines-recommendations/prescribing-guidelines/hospital-discharge-opioids.pdf
- https://www.mbc.ca.gov/licensees/prescribing/pain_guidelines.pdf
- https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/CDPH%20Document%20Library/Prescription%20Drug%20Overdose%20Program/PrescribingGuidelines4.26.17Compliant.pdf

ix **Rationale**: A high proportion of patients and residents in long-term care facilities experience pain, and many have comorbid conditions such as cognitive impairment and disability that make the task of pain management especially difficult. The organization can increase staff and practitioner competence in pain management by providing access to evidence-based educational resources.
Reference: https://www.jointcommission.org/assets/1/18/3_21_Pain_standards_NCC_12_21_18_FINAL.pdf
- https://store.qualityforum.org/products/national-quality-partners-playbook%E2%84%A2-opioid-stewardship
- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4057040/pdf/nihms585966.pdf
- https://www.azdhs.gov/documents/audiences/clinicians/clinical-guidelines-recommendations/prescribing-guidelines/az-opioid-prescribing-guidelines.pdf
- https://www.mbc.ca.gov/licensees/prescribing/pain_guidelines.pdf
- https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/CDPH%20Document%20Library/Prescription%20Drug%20Overdose%20Program/PrescribingGuidelines4.26.17Compliant.pdf

x **Rationale**: Patient involvement in pain management planning involves information sharing and collaboration between the patient and the care team, allows the team to clarify objectives, and guides the patient in a manner that can increase treatment adherence. It is important to identify domains of function or quality of life issues that the patient/resident values and prioritize improvement in these areas to increase satisfaction with treatment progress.
Reference: https://www.jointcommission.org/assets/1/18/3_21_Pain_standards_NCC_12_21_18_FINAL.pdf
- https://store.qualityforum.org/products/national-quality-partners-playbook%E2%84%A2-opioid-stewardship
- https://www.azdhs.gov/documents/audiences/clinicians/clinical-guidelines-recommendations/prescribing-guidelines/az-opioid-prescribing-guidelines.pdf
- https://www.mbc.ca.gov/licensees/prescribing/pain_guidelines.pdf
- https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/CDPH%20Document%20Library/Prescription%20Drug%20Overdose%20Program/PrescribingGuidelines4.26.17Compliant.pdf