



Quality Measure Tip Sheet: Pain—Long Stay

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Quality Measure Overview

- This quality measure (QM) captures the percentage of long-stay residents who report either:
 - Almost constant or frequent moderate-to-severe pain in the last five days, or
 - Any very severe/horrible pain in the last five days.
- Pain is to be listed on your QM based on the pain interview.
- If a resident cannot communicate (e.g. verbal, gesture, written), then staff observations for pain behavior will be used.
- Pain is defined as whatever the experiencing person says it is, existing whenever the experiencing person says it does.

Exclusions:

1. The target assessment is an admission assessment, a 5-day PPS assessment, or a Medicare readmission/return assessment
2. The resident is not included in the numerator (the resident did not meet the pain symptom conditions for the numerator) and any of the following conditions are true:
 - The pain assessment interview was not completed
 - The pain presence item was not completed
 - For residents with pain or hurting at any time in the last 5 days, any of the following are true:
 - The pain frequency item was not completed
 - Neither of the pain intensity items was completed
 - The numeric pain intensity item indicates no pain

This QM is risk adjusted based on these covariates:

Independence or modified independence in daily decision making on the prior assessment

Covariate = 1 if (C1000 = [0, 1] or if C0500 ≥ [13] and C0500 ≤ [15]).

Covariate = 0 if any of the following is true:

1. (C1000 = [2, 3]) or
2. (C0500 ≥ [00] and C0500 ≤ [12]) or
3. (C0500 = [99, -, ^] and C1000 = [-, ^]).

All covariates are missing if no prior assessment is available.

MDS Coding Requirements

In the Minimum Data Set (MDS), refer to section J:

- Code if the resident:
 - Received a scheduled pain medication regimen.
 - Received PRN pain medications or was offered and declined.
 - Received nonmedication intervention for pain.
 - Indicated pain is present during pain interview.

Consider These Questions ...

- Is the pain interview completed with a staff member if the resident cannot communicate?
- Is the resident interview individualized to obtain an accurate picture?
 - Example: If the resident has discomfort following therapy, activities of daily living (ADLs), or procedures, medicate him or her before the activities and do not interview immediately following the therapy.
- Does the resident understand that pain medication will not be taken away if he or she states there is no current pain?
- If interviews are being completed with staff members instead of the resident, do the staff members understand they need to provide factual information rather than their opinions?
- Is the resident able to reference a visual pain scale, such as the Wong-Baker Face scale?
 - This helps to provide a more accurate picture for the resident related to the degree of pain being experienced.
- Have there been changes in sleep cycles and has that need been addressed?
- Has the resident shown a change in mood (e.g., sad, apathetic, anxious, increased behaviors)?
- Has there been a loss of involvement in routines?
- Is there an underlying condition that may need to be treated such as arthritis, cancer, fractures, osteoporosis, multiple sclerosis, dental caries, and skin impairment?
- Is the resident's pain medication individualized prior to treatment and/or procedures?
- Is medication scheduled on a routine basis for better management?
- Is as-needed medication utilized for breakthrough pain?
- Are therapy methods such as transcutaneous electrical nerve stimulation, relaxation techniques, range of motion, ADL programs, thermotherapy, distraction exercises, massage, positioning devices, and cryotherapy involved in treating pain?
- Are consultations made to pain management clinics as needed?

For guidance on your quality measures, reach out to Health Services Advisory Group (HSAG).

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