

Long-Term Care Survey Alert

Case Study: Inside Tips Will Help Get Your Pain Program In Tip-Top Shape

Provider shares lessons learned and quality improvement perspectives.

To rein in its pain rate, a nursing facility has to take a look at each step of the care plan process, starting with assessment. And to make sure it was covering the bases in that regard, **WRC Senior Services** implemented a "person-first" process where the social worker addresses pain with people who are considering residency at the facility.

The preadmission interview includes questions about the person's previous experience with pain and what helped, explained **Frances Roebuck Kuhns**, president and CEO of the organization in Brookeville, PA, in a case study presentation at the **American Association of Homes & Services for the Aging** annual fall 2007 conference.

Performing a comprehensive pain assessment at admission is critical for success of a pain management program. Kuhns noted that a facility has to look at its admission policies and procedures and protocols to see if staff are really "digging down" to find out whether the individual has pain, his pain threshold or tolerance -- and what types of modalities help control his pain.

Kuhns shared several other strategies and caveats for improving pain management:

- Set a realistic goal. WRC initially set the goal for the prevalence of pain at zero but then realized that wasn't the right goal, Kuhns said. There are circumstances where pain is going to exist -- for example, breakthrough pain, she noted. And residents may also choose to have some pain as they balance their goals for comfort and functioning. The facility also initiated numerous non-medical modalities to treat pain, including aromatherapy and massage.
- Don't let the pain program become a one-person show. Kuhns noted that the WRC nursing community initially designated an LPN to be the champion and ambassador for the pain management effort. She would go around to "pump people up" about it. But when the LPN left to pursue other opportunities, the "program went with her," Kuhns said. So it's great to have a champion but the facility also needs to "operationalize the improvement process" so the same work gets done in the same way regardless of staffing turnover.
- Educate staff to use pain assessment tools correctly and consistently. Even though the standardized tools the facility uses appear to be somewhat simple, you have to educate staff to make sure everyone knows how to interpret the tools in the same way, Kuhns advised.

Make sure the facility uses a special assessment tool for residents with cognitive impairment. And educate staff to recognize pain in someone else and assess the effect the pain has on the person's life, Kuhns said.

And remember: "Pain is whatever the experiencing person says it is. And it exists whenever the person says it exists."