

MDS Alert

Use These Decision Points To Complete J0200

Don't discount all residents with cognitive impairment.

Gathering resident information on pain from staff observations isn't as accurate as getting it from the resident herself. And if you're skipping the Pain Assessment Interview and going straight to the Staff Assessment for Pain in Section J, you'd better have a very good reason.

According to the **Centers for Medicare & Medicaid Services** (CMS), you should use staff observations for pain behavior only if a resident cannot communicate in one of these ways:

- Verbally;
- With gestures; or
- In writing.

Check B0100 Comatose on the resident's MDS if it's coded 1 Yes, you have a valid reason to skip the interview and go on to the Staff Assessment for Pain section, CMS notes. And check A1100 Language to determine whether the resident wants or needs an interpreter, and then provide one for the interview.

In J0200 (Should Pain Assessment Interview be Conducted?), check 0 No if the resident is rarely or never understood, or if the resident requires an interpreter but one is not available. Check 1 Yes if the resident is at least sometimes understood and an interpreter is present or not required.

"I would strongly encourage you to really look at this, though," said **Ann Spenard, MSN, RN, C**, vice president for operations at **Qualidigm**, based in Rocky Hill, CT, in a CMS instructional session. You shouldn't simply rely on Section B to tell you definitively whether the resident could complete the Pain Assessment Interview. If you weren't the staff member who completed Section B for that resident, go talk it over with the person who did.

Bottom line: "If there's any level of the person being understood, we want you to try to do the pain interview," Spenard stressed.

