

OASIS Alert

Strategies: CLEARLY INDICATE PATIENTS' PAIN WITH THIS EXPERT ADVICE

Follow this guidance to ensure you correctly assess pain.

Just because an item in OASIS C asks about pain doesn't mean your response should note how much pain your patient experiences. Sometimes, the point is simply whether you've asked the right questions.

For completing OASIS C, you should consider pain as "the fifth vital sign," notes **Rebecca Friedman Zuber**, a Chicago-based regulatory consultant. A patient's pain levels throughout treatment are as important as their blood pressure or temperature.

Several OASIS C items ask agencies to measure and track patient's pain, but many clinicians have some confusion about how best to use them, according **Linda Krulish**, president of the **OASIS Certificate and Competency Board (OCCB)**. For instance, many clinicians aren't sure they should ask patients about all types of pain they experience or if the inquiry should focus only on severe, limiting pain. Similarly, should the pain assessment focus on how much pain the patient is in at that moment or on a daily basis?

Crucial: Your clinician should assess for and be concerned about **any and all** pain your patients experience, the **Centers for Medicare & Medicaid Services** states in a clarification posted on the OCCB website. They should then ensure that "all pain is documented in the clinical record and addressed in the plan of care," CMS says.

Consider this guidance for accurately measuring and reporting patients' pain:

Focus on 'Formal' to Answer M1240

While M1240 asks about your pain assessment, it is geared toward how and whether you are assessing pain -- not the amount of pain a patient is in, CMS explains. The item wants to know whether your clinician conducted a formal pain assessment within the allowed assessment time -- which is five days from the start of care (SOC) or 48 hours from inpatient discharge (ROC) -- using a standardized tool.

Definition: "A standardized tool is one that includes a standard response scale (e.g., a scale where patients rate pain from 0-10)," according to Chapter 3 of the OASIS C Guidance Manual. However, the tool doesn't have to use the standard number rating system. You could also use a tool like the Wong-Baker scale, which uses faces (from happy to tearful) to demonstrate how a person might be feeling.

CMS doesn't force you to conduct a formal pain assessment, but you should "consider the patient's situation carefully before responding 'no' to this item because the results are crucial to care planning," stresses **Fazzi Associates** in Northampton, Mass.

Final say: For this item, you should select "No" (0) only if you didn't formally assess pain using a standardized tool. If you did use a standardized assessment tool, you would select "2" for a patient in severe pain or "1" for a patient without severe pain.

Stick To Assessment Frame For Severity

If your patients are like most in pain, they have moments when the pain is more severe than others. For the purposes of M1240, you should only report the severity of pain within the assessment timeframe, CMS clarified. That means you shouldn't take into consideration that the patient was in debilitating pain during the week before the SOC. Instead, ask

and report only the five days from SOC and 48 hours from ROC. The item asks for pain levels "at the time of the standardized assessment, per the assessment's scale, and the [Manual's] response-specific instructions," CMS notes.

That doesn't mean you shouldn't note patients' average pain levels. M1242 provides the perfect opportunity to record a patient's daily pain, notes Fazzi.

Think of it this way: M1242 wants to know "to what degree is pain impacting the way you do your activities of daily living," including how often it affects how you sleep, eat, socialize, or perform other regular activity, according to Fazzi's OASIS C Best Practices manual.

Using M1242's metric for reporting chronic or acute pain -- which goes from "0" for no pain to "4" for pain all the time -- allows your patients to elaborate on the results of the standardized assessment, or give a more accurate picture of their pain.

Let POC Drive M2250 Choice

Item M2250, the Plan of Care (POC) Synopsis is designed to show whether your patient's physician-ordered POC incorporates specific best practices, such as whether the patient is at risk for falls or depression. Your responses are based solely on the **presence** of orders, regardless of any assessment.

Potential problem: M2250, Row E, asks whether the POC calls for intervention(s) to monitor or mitigate pain -- which can get confusing if your agency assessed the patient for pain and came up empty-handed.

Solution: Your response to this item should be based on the physician's orders -- not your agency's assessment. If the physician doesn't include intervention to monitor or mitigate pain, you can select "No." If there are no interventions and you found no pain during assessment, you can select "NA" for "no pain identified," CMS says in its clarification.

However, if your patients' physician orders pain management/monitoring interventions, you must select "Yes" -- even if your assessment indicated the patient isn't in pain.

Next step: See "Make 'Backward' Your Motto For POC Tables" on the next page for help with the tables in M2250 and M2400.