

Ministry of Health and Long-Term Care
Performance Improvement and Compliance Branch

Resident-related – Triggered

Home Name: _____ Inspection Number: _____ *(hard copy use only)*
Date: _____
Inspector ID: _____

Definition / Description

Pain: An unpleasant subjective experience that can be communicated to others through self-report when possible and/or a set of pain-related behaviours. It is an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage.

Types of pain:

- Acute pain – is relatively brief pain that subsides as healing takes place
- Chronic pain – continues for a long period of time, generally is not curable, and can have episodes of exacerbation whereby certain activities or other conditions may cause the pain to reoccur
- Neuropathic pain – stimuli abnormally processed by the nervous system.

(Merskey H & Bogduk N. (1994); Kaasalainen S. (2007). Journal of Gerontological Nursing, June, 6-10)

RAI-MDS 2.0 Definition Pain that is reported is unrelieved pain. If the resident does not have any pain due to pain management, then it is coded as “0” for no pain.

Use

This is a resident-related triggered IP, used to review pain management during the annual inspection of the LTC home for a sampled resident who:

- states that they have pain or discomfort with no relief, or
- exhibits indicators of potential pain, such as moaning, crying or pained facial expressions.

The inspector may also select and complete this IP when a concern(s) related to pain management is raised while conducting any type of inspection.

The inspection focuses on the licensee’s obligations to provide a pain management program that must at a minimum, provide for the following:

- Communication and assessment methods for residents who are unable to communicate their pain
- Strategies to manage pain
- Comfort measures
- Monitoring of residents’ responses to and the effectiveness of pain management strategies.

Procedure

Each section within this IP contains statements that provide guidance to the inspector in the collection of information and may not be applicable in every situation. The information collected will be used to determine whether a home is in compliance with the LTCHA.

This IP contains two (2) parts:

- Part A: Resident Risk and Care Outcomes
- Part B: Contributing Factors

During the Annual Inspection:

1. The inspector(s) will complete one (1) IP for each selected resident.
2. All applicable questions in Part A must be completed unless not applicable to the specific resident's condition.
3. If non-compliance is identified in Part A, the inspector(s) will proceed to Part B and complete the applicable questions.
4. If there is no non-compliance identified in Part A, Part B is not required to be completed unless other concerns related to pain management have been identified.
5. The inspector must document evidence to support non-compliance in the 'Notes' section when answering 'No'.

PART A: Resident Risk and Care Outcomes
Initial Record Review
Relevant documents for review include:

MDS assessment:

- Section B (cognitive patterns) e.g. B5 (indicators of delirium-periodic disordered thinking/awareness), B6 (change in cognitive statue)
- Section I (diseases diagnoses) e.g. I1pp (allergies)
- Section J2a (pain symptom frequency) and J2b (pain symptom intensity)
- Section O4f (analgesic)

The history, physical assessment, physician orders, plan of care, progress notes, pharmacist reports, lab reports and any flow sheets, intake and output records, MAR and TAR.

			Information Gathering	
			Initial Record Review	
Notes				

Resident/Substitute Decision-Maker Interview

Interview the resident, family or SDM to determine:

- How long and how often the resident experiences pain
- Whether the pain is related to activities, care and or treatments
- How the resident's pain has been treated in the past
- How long it takes for staff to address pain requests
- How long pain interventions provide relief
- Whether the pain interventions are provided in accordance with the plan of care
- Concerns related to pain management
- If pain interventions provide no relief, was referral made to address the pain
- Whether non-pharmacologic interventions have been attempted.

			Information Gathering
			Resident / SDM Interview
Notes			

Staff Interviews

Interview staff on various shifts when concerns about pain management have been identified to determine:

- Whether staff are aware of the resident's specific pain control and care interventions
- Whether staff identify the resident as being uncomfortable
- The types of pain interventions that have been attempted
- If the resident receives routine pain medication
- How often PRN pain medication requests are made
- How and when pain assessments are completed.

			Information Gathering
			Staff Interviews
Notes			

Assessment

Determine whether the assessment includes, as appropriate:

- Observation and assessment, using movement cues, of cognitively impaired residents or residents who are having difficulties related to pain
- Contributing factors that may cause pain or discomfort
- Location, type, and patterns of pain episodes
- Previous history of pain, what was used to manage the pain and the response to analgesics such as pain

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relief, side effects, impact on functioning			
<ul style="list-style-type: none"> • The appropriateness of the dose and dosing interval • Assessment of the risks/benefits of the type of pain medication and drug allergy status • Type and frequency of physical assistance. 			
		Information Gathering	
		Assessment	
Notes			

No.	Yes	No	N/A	Question	Act/Reg.
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	When the resident's pain is not relieved by initial interventions, is the resident assessed using a clinically appropriate assessment instrument specifically designed for this purpose?	r. 52 (2)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Do staff and others involved in the different aspects of care collaborate with each other in the assessment of the resident so that their assessments are integrated, consistent with and complement each other?	s. 6 (4) (a)
Notes					

Plan of Care			
Review the plan of care to determine whether the plan is based upon the goals, needs, and strengths specific to the resident and reflects the comprehensive assessment. Determine whether the plan of care addresses: <ul style="list-style-type: none"> • Type (description), location, severity, and pattern of the pain/discomfort including the potential or actual impact of pain on the resident's functional abilities such as dressing and positioning • Resident choices and preferences and interdisciplinary expertise • Non-pharmacologic interventions for pain • Anticipated time of onset, time to peak effect, duration of action • Potential impact of medication side effects • Monitoring for pain and its symptoms for a resident who is cognitively impaired, including how to determine pain symptoms and relief. 			
		Information Gathering	
		Plan of Care	
Notes			

No.	Yes	No	N/A	Question	Act/Reg.
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the plan of care related to pain based on an interdisciplinary assessment with respect to the resident's health conditions including allergies, pain, risk of falls and other special needs?	r. 26 (3) 10
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the plan of care based on an interdisciplinary assessment with respect to the resident's drugs and treatments?	r. 26 (3) 17
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the plan of care based on an interdisciplinary assessment with respect to the resident's special treatments and interventions?	r. 26 (3) 18
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the plan of care set out clear directions for the staff and others who provide direct care to the resident?	s. 6 (1) (c)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the plan of care based on an assessment of the resident and the resident's needs and preferences?	s. 6 (2)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the resident, the SDM, if any, and the designate of the resident/SDM been given an opportunity to participate fully in the development and implementation of the plan of care?	s. 6 (5)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are staff and others who provide direct care to a resident, kept aware of the contents of the plan of care and have convenient and immediate access to it?	s. 6 (8)
Notes					

Observations / Provision of Care					
Observe the resident, to determine whether staff: <ul style="list-style-type: none"> • Address pain requests made by the resident/SDM • Observe if the resident exhibits signs or symptoms of pain • Recognize and assess potential signs and contributing factors relating to pain • Monitor the effectiveness of medication including the resident's level of pain prior to pain medication administration and the level of relief post-administration • Implement interventions consistent with resident needs, condition, and goals • Evaluate the type and intensity of pain. 					
Information Gathering					
Observations / Provision of Care					
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the licensee ensured that drugs are administered to the resident in accordance with the directions for use specified by the prescriber?	r. 131(2)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the care set out in the plan of care provided to the resident as specified in the plan?	s. 6 (7)
Notes					

Monitoring/ Evaluation/ Revision					
Determine whether the staff have been monitoring the resident's response to interventions and have evaluated and revised the plan of care based on the resident's response, outcomes, and needs. Both the RAI outcome scale and the quality indicators are evidence of the care intervention effectiveness.					

				Information Gathering	
				Monitoring / Evaluation/ Revision	
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the resident reassessed and the plan of care reviewed and revised at least every six months and at any other time when the resident's care needs change or care set out in the plan is no longer necessary?	s. 6 (10) (b)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If the resident is being reassessed and the plan of care is being revised because care set out in the plan has not been effective, have different approaches been considered in the revision of the plan of care?	s. 6 (11) (b)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
14.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	When the resident's condition is assessed or reassessed in developing or revising the resident's plan of care, are all medical directives or orders for the administration of a drug reviewed?	r. 117 (a)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
15.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For the resident taking any drug or combination of drugs, including psychotropic drugs, is there monitoring and documentation of the resident's response and the effectiveness of the drugs appropriate to the risk level of the drugs?	r. 134 (a)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
16.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the licensee ensured that any actions taken with respect to a resident under a program, including assessments, reassessments, interventions and the resident's responses to interventions are documented?	r. 30 (2)
Notes					

PART B: Contributing Factors
(Complete applicable questions if non-compliance is identified in Part A)
Pain Management Program

No.	Yes	No	N/A	Question	Act/Reg.
17.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the program provide for communication and assessment methods for residents who are unable to communicate their pain or who are cognitively impaired?	r. 52 (1) 1
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
18.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the program provide for strategies to manage pain, including non-pharmacologic interventions, equipment, supplies, devices and assistive aids?	r. 52 (1) 2
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
19.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the program provide comfort care measures?	r. 52 (1) 3
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
20.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the program provide for monitoring of the resident's responses to and the effectiveness of the pain management strategies?	r. 52 (1) 4
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
21.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the licensee ensured that the pain management program developed and implemented in the home identifies and manages pain in residents?	r. 48 (1) 4
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
22.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the program provide for assessment and reassessment instruments?	r. 48 (2) (b)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
23.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there, <u>at least quarterly</u> , a documented reassessment of each resident's drug regime?	r. 134 (c)
Notes					

No.	Yes	No	N/A	Question	Act/Reg.
24.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are direct care staff provided training in pain management, including recognition of specific and non-specific signs of pain?	r. 221 (1) 4
Notes					

Policies to be followed

No.	Yes	No	N/A	Question	Act/Reg.
25.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the licensee ensure that any plan, policy, protocol, procedure, strategy or system instituted or otherwise put in place is: a) in compliance with and is implemented in accordance with all applicable requirements under the Act, and b) complied with?	r. 8 (1) (a) (b)
Notes					

General Requirements for Programs

No.	Yes	No	N/A	Question	Act/Reg.
26.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the licensee of the home ensure for each organized program required under sections 8 to 16 of the Act and section 48 of the regulation, that there is a written description of the program that includes its: <ul style="list-style-type: none"> • goals and objectives • relevant policies, procedures, protocols • methods to reduce risk • methods to monitor outcomes, and • protocols for referral of resident to specialized resources where required? 	r. 30 (1) 1
Notes					

Based on information collected during the inspection process, the inspector may determine the need to select and further inspect other related care/services areas. When this occurs, the inspector will document reason(s) for further inspection in Ad Hoc Notes, select and complete other relevant IPs related to Pain, for example:

- Admission Process
- Dignity, Choice and Privacy
- Continence Care and Bowel Management
- Falls Prevention
- Medication
- Minimizing of Restraining
- Nutrition and Hydration
- Personal Support Services
- Prevention of Abuse, Neglect and Retaliation
- Reporting and Complaints
- Responsive Behaviours
- Skin and Wound Care
- Training and Orientation