Pain: Outline for In-Service on Pain Management Program

This outline provides an example of key areas to include for teaching pain management in LTC. It is not intended to cover all areas necessary or required for staff instruction by regulation or accreditation entities. It is meant to be used as a starting point leading to further development of the specifics for a particular program.

I. Training guidelines
   A. Ensure training occurs at:
      • Orientation
      • Ongoing at determined frequency (e.g., annually)
      • When changes occur to policies and procedures and/or related to outcomes measurements
   B. Adjust materials of in-service for level of nursing staff and other departmental staff.
   C. Maintain materials for a “pain library” that are based upon clinically accepted guidelines and are accessible to staff.
   D. Address competency for pain management.

II. Review facility’s mission involving new Pain Management Program
   A. Present the overview/summary – promotes importance of managing pain for residents in long-term care settings.
   B. Address the facility’s commitment to the Pain Management Program. Use Organizational Commitment to Pain Management flowchart.
   C. Inform staff of interdisciplinary pain workgroup and its work in program development and as part of overall facility’s Performance Improvement Committee.
   D. Inform staff of facility’s plan for accountability for pain management – designated person(s)/team.
   E. Discuss the personal, ethic, cultural, and religious beliefs surrounding pain management.

III. Review policies and procedures
   A. Review facility’s Pain Management Policy.
   B. Discuss clinically-accepted guidelines used in forming the policy.
   C. Instruct on processes of screening, assessing, and monitoring for pain.
   D. Review pain assessment terminology, types of pain.

IV. Discuss implementation of policy, procedures, and clinical tools
   A. Review selected clinical tools and specific staff responsibility:
      • Screening tool
      • Assessment tools (cognitively intact/impaired)
      • Reassessment frequencies
      • Pain rating scales (cognitively intact/impaired)
      • Documentation requirements
      • Relation to MDS requirements

V. Provide information on treatment and the management of pain
   A. Pharmacologic treatments
      • Prevention of complications (e.g., constipation-related to opioid use, other side-effects, specific instructions regarding medication dosing and limits)
   B. Non-pharmacologic treatments

VI. Review the Care Planning Process
   A. Importance of communicating, documenting, and planning interventions for pain.
   B. Importance of educating residents and families regarding pain management.
   C. Review MDS and coding process.
   D. Instruction how MDS process leads to Pain QM reported every 3 months.

VII. Discuss the facility’s performance improvement monitoring for the pain program
   A. Measures/aspects of the process facility is monitoring
   B. Resident satisfaction