

# MDS Tip Sheets: PAIN

This tip sheet provides information about the Resident Assessment Instrument (RAI) Minimum Data Set (MDS) 2.0, Care Planning, and the WRHA computer system in use by Winnipeg's Long Term Care (LTC) facilities.

## Residents with Pain

It is important that the pain experience of the resident be entered accurately in 'Section J—Health Conditions' of the MDS 2.0 Assessment on each resident.

**Note:** When answering questions in part '2. Pain Symptoms', question 'b. Intensity' can only be answered if the answer to question 'a. Frequency' has been answered with a '1. Pain less than daily, or 2. Pain daily.

## Why is it Important to Consider Pain?

The appropriate assessment and management of pain in LTC residents is often under-recognized and undertreated.<sup>1</sup> Poorly managed pain negatively affects physical and mental health, and impairs the overall quality of life in this vulnerable population.<sup>2</sup>

Collecting information about the frequency, intensity, signs and symptoms of pain, can help identify the sources of pain and factors contributing to a resident's pain experience. Collectively this information can assist in care planning, identifying strategies to reduce pain, and monitor the effectiveness of clinical interventions. Effective pain management can also reduce the occurrence of calling out, disruptive and responsive behaviours.

1. The Joint Commission website. *Facts about pain management.* [www.jointcommission.org/topics/pain\\_management.aspx](http://www.jointcommission.org/topics/pain_management.aspx). Published February 4, 2014

2. Teno JM, Kabumoto G, Wetle T, et al. Daily pain that was excruciating at some time in the previous week. *J Am Geriatr Soc.* 2004;52(5):762-767.

## Questions, Comments, Topic ideas?

## Why is pain higher or lower in a facility?

### Pain management:

A higher (or lower) reported rate may indicate the effectiveness of strategies implemented in your facility to recognize, treat and manage pain. Over the last few years, many facilities in Winnipeg have focused on improving the pain experience of their residents.

### Coding for pain on the MDS assessment:

It is possible staff are incorrectly responding to questions J2a and J2b on the MDS assessment (see below 'how to code'). In such instances the amount of pain reported for your facility may be higher (or lower) than actual for your residents.

## How to assess pain and code the MDS assessment

Coding for Pain on the MDS assessment requires staff to consider the highest frequency and intensity of a resident's pain during the 7 days prior to the Assessment Review Date.

**J2a. Frequency:** Identify how often the resident complains or shows evidence of pain (ie, 1. No pain, 2. Less than daily, 3. Daily).

If a resident is not experiencing pain because he/she is on an effective analgesic or medication regimen that renders him/her pain free, question J2a (frequency) is to be coded '0' (no pain).

**J2b. Intensity:** Identify the severity of pain as described or manifested by the resident as follows:

1. **Mild pain** - Although the resident experiences some ("little") pain he or she is usually able to carry on with daily routines, socialization or sleep.
2. **Moderate pain** - Resident experiences "medium" amount of pain.
3. **Times when pain is horrible or excruciating** - Worst possible pain. Pain of this type usually interferes with daily routines, socialization and sleep.

If it is difficult to determine the exact frequency or intensity of pain, staff should code for the more severe level of pain.

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