

Pain Management Program Gap Analysis

Date: _____

Home Name: _____

Address _____

Phone: (_____) _____ Fax: (_____) _____

Email: _____

Administrator: _____

Director of Care: _____

Medical Director: _____

Other physicians: _____

1. Number of beds in home _____ Name of resource pharmacist _____

2. Does your home have an admission information package? Yes No
If yes, does it include pain management information? Yes No

3. Is infusion therapy for pain management provided? (subcutaneous, continuous subcutaneous infusion, intervenour, patient controlled analgesia pump, etc.) Yes No
If yes, how is the service provided? Home staff CCAC

4. List policies and procedures for pain management practices currently in place.

5. Are standardized pain assessment tools in place at this time?
For the cognitively intact resident Yes No
For the cognitively impaired resident Yes No

6. When and how often is pain assessed in your home? (Check all appropriate answers)

Admission	<input type="checkbox"/>	Change of condition (e.g., decline in PPS)	<input type="checkbox"/>
Monthly	<input type="checkbox"/>	Change of medication	<input type="checkbox"/>
Quarterly	<input type="checkbox"/>	Annually	<input type="checkbox"/>
No standard at this time	<input type="checkbox"/>		

Other (please explain)

7. Are you currently using a standardized scale to rate or quantify pain?

Yes No

If yes, what scale are you using? (Check all that apply)

Zero to 5 Behaviour

Zero to 10 Faces

Other _____

8. If you replied yes to # 7, when is the scale used? (Check all that apply)

With administration of all scheduled analgesics

After administration of a scheduled analgesic

With every PRN analgesic

Other (please explain) _____

9. Are you currently using a pain monitoring form to collect data related to pain management?

Yes No

10. If you replied yes to # 9, when is the pain monitoring form used? (Check all that apply)

With administration of all scheduled analgesics

After administration of a scheduled analgesic

With every PRN analgesic

Other (please explain) _____

11. Does your home have an interdisciplinary pain management team or pain management resource nurse?

Yes No

Is this team/pain management resource nurse supported by the medical advisor?

Yes No

Is the team/pain champion supported by the management team (i.e. Administrator and Director of Care)?

Yes No

12. Is information on pain management included in the orientation of?

RNs Yes No

RPN's Yes No

HCA/PSW's Yes No

Activation/restorative services Yes No

Volunteers Yes No

13. Is there currently a process in place for measuring the person's/family's satisfaction with pain management?

Yes No

14. Is there currently an audit tool in place for the Continuous Quality Improvement or Quality Assessment Committee to audit pain management?

Yes No

15. How is information on pain management communicated when a person is transferred to another home?

Written narrative comment

Verbal report

Other (please explain):

16. What do you identify as the most important barriers to effective pain management in your care setting?
Please circle the number from 0 to 10 with 10 reflecting the most challenging for each item.

- a. Person's reluctance to report pain (1-2-3-4-5-6-7-8-9-10)
- b. Person's reluctance to take medication (1-2-3-4-5-6-7-8-9-10)
- c. Physician reluctance to treat pain (1-2-3-4-5-6-7-8-9-10)
- d. Nurse reluctance to treat pain (1-2-3-4-5-6-7-8-9-10)
- e. Person is not believed (1-2-3-4-5-6-7-8-9-10)
- f. Inadequate pain assessment by physician (1-2-3-4-5-6-7-8-9-10)
- g. Inadequate pain assessment by nursing staff (1-2-3-4-5-6-7-8-9-10)
- h. Impaired ability of people to verbally communicate pain (1-2-3-4-5-6-7-8-9-10)
- i. Nursing home regulatory issues (1-2-3-4-5-6-7-8-9-10)
- j. Cost of analgesic therapy (1-2-3-4-5-6-7-8-9-10)
- k. Lack of policies and guidelines (1-2-3-4-5-6-7-8-9-10)
- l. Other (please explain):

17. Gaps identified, policies needed, other information gathered:

Date: _____

Signature of Administrator: _____

Signature of the Director of Care: _____