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October is: Pain

TIME PERIOD

- ▶ Day of assessment and recent pertinent past
- ▶ There is no definition for “recent pertinent past”
- ▶ You may go back in time as far as you think is reasonable
- ▶ If your patient just had a TKR, you would certainly want to go back in time prior to their surgery to see how often pain was interfering with their activity/movement and sleep pattern
- ▶ You absolutely want to interview your pt and use your observation skills when the pt is up and mobilizing for non-verbal signs of pain
- ▶ You will need to find out: what activities they were unable to do, took them longer to do or required assistance to do because of their pain
- ▶ Aches, pains, stiffness, tightness, numbness, tingling all count if they interfere with activity or movement

M1242 PAIN

(M1242) Frequency of Pain Interfering with patient's activity or movement:		
Enter Code <input type="text"/>	0	Patient has no pain No report or observation of any pain in the recent pertinent past
	1	Patient has pain that does not interfere with activity or movement Activity is not affected in any way by pain
	2	Less often than daily The activity affected is being performed less often than daily
	3	Daily, but not constantly Activity affected by pain is performed on a daily basis but the pain is not waking the pt at night
	4	All of the time Pain during the day affecting activity or movement and wakes the pt at night

Intent:

- Identifies frequency with which pain interferes with patient's activities, with treatments if prescribed

Things to Remember...

- ▶ Once you have determined that the pt has pain you will need to determine, if that pain is interfering with activity or movement and how often that pain is interfering with activity or movement, in other words, how often would they normally perform that activity
- ▶ You will also need to know if the pain is waking the pt at night
- ▶ Be sure to ask about pain medication, is it working 100% of the time, are they experiencing break through pain, pain when the medication is wearing off etc.

Pain Interfering With Activity or Movement

- ▶ Pain does not always have to stop an activity completely, it may.....
 - ▶ **Take longer to complete**
 - ▶ **Result in activity being performed less often**
 - ▶ **Require patient to have additional help**

Pain at Discharge

- ▶ At discharge, CMS is looking to see if our patients are better able to **manage** their pain after all our interventions, teaching, and training
- ▶ When assessing pain at discharge we can use documentation in the last 5 days of the episode, per CMS instruction
- ▶ At discharge, we would **not** want to be scoring on the pain the patient had prior to or just after surgery (this would be prior to our teaching, training and interventions)
- ▶ We would want to report pain interfering with activity or movement at the discharge visit, (although, you may consider the last 5 days of the episode) after all our training and interventions have been completed
- ▶ We will not improve all our patients pain as some pts have chronic debilitating pain but.....
- ▶ We should be successfully teaching our patients to **manage** their pain therefore experiencing pain less often, having less severe pain, and/or have pain interfering with activity less often, a majority of the time



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FAST

FACTS

October is: Dyspnea

