



RN review of systems

Target Indicators for Pain Management -1

(Table 21 of section 7 Guidelines)

Consistent use of standardized

- Pain Ax tool (self-report)
- Pain Ax tool (non-verbal)
- facility pain scale
- pain management flow sheet
- consider yellow flags for prn meds

Discuss use and usefulness of these.

Target Indicators for Pain Management –2

(Table 21 of section 7 Guidelines)

Facility promotes-

- explicit pain Ax/Rx policies
- interdisciplinary management team
- explicit facility plan for assessing resident/family satisfaction
- pain Rx quality improvement process in place

Target Indicators for Pain Management –3

(Table 21 of section 7 Guidelines)

Education available for

- New RN staff (see fact sheets 5.1, 6.1 & 7.1)
- New PCAs (see fact sheets 1.1, 2.1 & 3.1)
- New residents and their families (see fact sheet 4.1)
- New AHP and activities staff

THE MATRIX 1

Daily ACFI Funding

	CHC Rating (Q.12)	CHC Rating (Q.11)	CHC Rating (Q.11)	CHC Rating (Q.11)	CHC Rating (Q.11)
Contribution of Complex Pain Mx (Q.12) to Complex Health Care Funding (CHC)		A	B	C	D
None	score 0	0	0	\$13.15	\$37.46
-therapeutic massage/heat packs-not complex ($\geq 20'$, at least weekly) score 1	B (1-4)	0	\$13.15	\$13.15	\$37.46
-therapeutic massage/TENS etc-by RN/AHP ($\geq 20'$, at least weekly) score 3	C (5-9)	\$37.46	\$37.46	\$37.46	\$54.09
-therapeutic massage/TENS etc-by AHP (at least 4x weekly) score 6	D (≥ 10)	\$37.46	\$54.09	\$54.09	\$54.09
-palliative care program involving end-of-life score 10					

THE MATRIX 2

Both Pharmacological and Non-Pharmacological Pain Interventions Funded

- - We are funded for administering analgesic patches (e.g. Norspan, Durogesic), not just GTN patches
- - We are funded for administering time-consuming oral, s/c, IM, & IV meds including analgesics
- - We are funded for non-pharmacological pain interventions, particularly massage and TENS.
- - Note that the Complex Health Care rating for Q.12 will be further increased for other CHC items, such as bowel management (e.g. weekly suppository), IDC management and BSL monitoring.

THE MATRIX 3

Requires Pain Ax and Rx Documentation

(ACFI funds pain management needs, not level of pain, unlike depression)

- Regular pain Ax required for pain management ratings B/C/D
- Directive from RN/AHP/GP required for pain Rx rating B.
- Directive from AHP/GP required for complex pain Rx rating C.
- Directive from GP/CNS (in pain Rx or palliative care) required for complex pain Rx rating D.
- Record of Rx required on request for complex pain Rx rating B/C.

THE GPs' MATRIX

and Multidisciplinary Therapies (MBS Items and Scheduled Fees)

Level of Multidisciplinary Involvement	15' -29'	30' -44'	>45'
GP consults at RACF (fees will differ according to consult duration and travel remuneration)	~\$33.55 (item 35)	~\$63.75 (item 43)	~\$93.80 (item 51)
GP refers to Allied Health Professional (e.g. physiotherapy)	\$57.55 (e.g. item 10960)	\$57.55 (e.g. item 10960)	\$57.55 (e.g. item 10960)
GP contributes or reviews – Multidisciplinary care plan	\$63.75 (item 731)	\$63.75 (item 731)	\$63.75 (item 731)
GP participates in – Multidisciplinary case conference	\$62.50 (item 775)	\$100.05 (item 778)	\$137.55 (item 779)
GP coordinates – Multidisciplinary case conference	\$87.55 (item 734)	\$131.35 (item 736)	\$175.10 (item 738)

RN review of systems

The RACF could facilitate multidisciplinary care by –

1. Requesting GP to contribute to care plan.
2. Consent form from resident or their representative for exchange of health information.
3. Informing GP of in-house or external AHP services available, as well as any RACF health programs.
4. Having someone to liaise, and coordinate if necessary, with services for a case conference.
5. Have a GP reminder system as case conferences may be billed up to 5 times a year.
6. Using a (standardized) case conference record and pain care plan.