

Pain Management Audit Checklist for Residential Care (the “Self-Audit Checklist”)

This tool is a self-directed guide to examining pain management practice in your facility. This should be conducted at regular intervals (to be determined by each facility) to ensure ongoing adherence to best-practice standards. Doing this will help you identify current strengths in practice and highlight areas that need further consideration. It is recommended that a structured plan be developed to address gap areas, and to complete a follow-up self-audit to assess the implementation of that plan.

Instructions: Place a checkmark in the “Yes” column for each question if that audit item has been completed or is currently in place. Select “No” if that audit item has not been completed or is not evident at the facility. Add relevant notes in the “Comments” column. Select “Partial or N/A” if that audit item either has been implemented partially or is not applicable, and make sure to document clarifying notes in the “Comments”.

Use Section 1 if you are planning to implement any changes to your operating procedures for any reason (e.g. in response to new guidance and resources, or in response to having identified areas needing improvement during a previous self-audit). This tool can then be used to compare pain management practices in your facility before and after those changes are put in place to compare how well you are adhering to pain management guidelines.

SECTION 1: IMPLEMENTING CHANGES TO PAIN MANAGEMENT PRACTICES

Complete this section only if you are intending to implement changes for any reason

	Yes	No	Partial or N/A	Comments
1. Have you sought support for implementing the pain management guidelines from senior management/ administration?				
2. Have you developed a plan for implementing the proposed changes? This includes outlining the roles of all staff and any required training.				
3. Are staff in the facility and associated General Practitioners aware and supportive of the proposed changes?				
4. Are residents and families aware of and supportive of the proposed changes?				
5. How will staff incorporate new pain management strategies into their existing workloads?				

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SECTION 2: PAIN MANAGEMENT TEAM & OVERSIGHT

	Yes	No	Partial or N/A	Comments
6.				Has the facility formed a pain management team with people in all relevant roles? e.g Nursing staff, Care workers, General Practitioners, Allied health staff, Pharmacist, Lifestyle and other non-clinical staff
7.				Has the facility identified other sources of assistance in your area and is it up-to-date? e.g. pain specialist, geriatrician, ACAT team, palliative care service, pain clinic
8.				Does the facility schedule regular pain team meetings?
9.				Does the facility have a staff member specifically responsible for pain management at the facility (e.g. nurse practitioner or pain champion)?
10.				Are quality indicators for pain being used?
11.				Are residents and/or families consulted about the pain management process?

SECTION 3: PAIN MANAGEMENT TOOLS

	Yes	No	Partial or N/A	Comments
12.				Does the facility use tools to identify pain in residents with communication difficulties? e.g. picture cards for residents with dysphasia, dysarthria, deafness
13.				Does the facility practice vigilance to any changes in behaviour or mood for people living with dementia? (“SEE CHANGE, THINK PAIN”)
14.				Does the facility use pain assessment tools that are recommended by the PMG toolkit 2 nd edition, or have been validated by research?
15.				Does the facility use assessment tools that are suitable for cognitively intact as well as cognitively impaired residents?

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	Yes	No	Partial or N/A	Comments
16.				
17.				

SECTION 4: RESOURCES AND EDUCATION

	Yes	No	Partial or N/A	Comments
18.				
19.				
20.				
21.				
22.				
23.				
24.				

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SECTION 5: TREATMENT STRATEGIES & GUIDELINES

	Yes	No	Partial or N/A	Comments
25. Do your guidelines clearly articulate staff roles in medication administration (including schedule 8 medications, PRN medications)?				
26. Do residents have the option of self-medicating (when appropriate)?				
27. Do you have guidelines in place for the prescription, use and storage of Schedule 8 medications?				
28. Do you have arrangements in place that allow for the administration of PRN medications on a 24-hour basis?				
29. Are you conducting regular pharmacy checks of residents’ medication charts?				
30. Are guidelines available regarding the use of physical therapies such as hot packs and TENS machines?				
31. Are suitable exercise programmes developed with physiotherapist input available to all residents?				
32. Are guidelines available regarding the use of complementary and alternative therapies?				
33. Are pain management plans developed with multidisciplinary staff involvement?				
34. Are pain management plans followed and appropriately put into practice?				
35. Are the outcomes of pain treatments documented by all staff?				
36. Is there follow-up to discuss progress toward residents’ pain management goals?				
37. Is there a clear process for regular and ongoing evaluation of pain treatment outcomes and monitoring residents’ responses to pain management?				