

Stage A & C Sample Data Collection Form

Instructions: Review a minimum of 25 patient charts (or another number determined to be appropriate) from patients/residents within the past 6 months, and complete this Data Collection Form, one form per patient chart. This form and the questions included can be customized to meet your needs. The questions relating to specific performance measures are identified (*) other questions are included to provide additional information should you be interested in analyzing it.

1. Patient ID (assign a unique identifier to help you track, should you need to review the patient chart at a later time)

2. Gender

Male Female

3. Year of birth

4. Ethnicity

African American Asian Caucasian Latino/Hispanic Other

5. Date of Admission (month/year)

6. Was the patient assessed for pain at admission?

Yes No

*7. If yes, was a standardized tool used to assess the patient's pain during the admission assessment? (*Used to calculate Performance Measure I*)

Yes No

8. If yes, which tool(s) were used? (check all that apply)

- CMS Minimum Data Set (MDS) target assessment
- Visual Analogue Scale (VAS)
- Pain Faces
- Verbal Rating Scale (VRS)
- Gracely Pain Scale
- Likert Scale
- Numeric Pain Intensity Scale
- McGill Pain Questionnaire (MPQ)
- Other _____

* 9. Does this patient have a documented report of pain at any time (e.g., admission, during any subsequent assessment)? *(Used to calculate Performance Measures II - V)*

Yes No

(IF YOU ANSWERED "NO" TO QUESTION 9, STOP HERE. IF YOU ANSWERED "YES" TO QUESTION 9, CONTINUE TO QUESTION 10.)

* 10. Has the patient received a physical exam to assess for causes of pain?
(Used to calculate Performance Measure II)

Yes No

11. If yes, when was the FIRST exam performed?

Prior to admission Day of admission Within 2 days after admission More than 2 days after admission

12. List dates of all documented subsequent exams for pain

More than once a day Daily 2-6 times/week Weekly Less than weekly

* 13. Is/Are the cause(s) of pain symptoms documented?
(Used to calculate Performance Measure III)

Yes No

14. What type of pain condition was documented?

Chronic pain condition Acute pain condition Both chronic and acute

15. What chronic pain condition(s) are documented? (check all that apply)

- Diabetic Neuropathy
- Cancer
- Back pain
- Herpes Zoster (Shingles)
- Postherpetic Neuralgia
- Stroke
- Limb Amputation
- Fibromyalgia
- HIV neuropathy
- CRPS
- Headache/migraine
- Other Neuropathic Pain: _____
- Other Pain Complaint: _____

* 16. Did anyone document a care plan for acute or chronic pain?

(Used to calculate Performance Measure IV)

Yes No

17. Does the care plan include any of the following treatments: (check all that apply)

- Medication
- Physical Therapy
- Occupational Therapy
- Massage
- Cognitive/Behavioral Therapy
- Other pain counseling
- Other non-pharmacological

18. If the patient has a documented care plan, did it include subsequent pain assessment?

Yes No NA - No documented care (Q19 = No)

19. If yes, how frequent?

More than once a day Daily Less than daily, more than weekly Weekly Less than weekly

* 20. Did anyone document periodic assessments of effectiveness of pain management? (If no, skip to end of form)

Yes No

21. If Yes, who performed the assessment?(Used to calculate Performance Measure V)*

Physician Nurse Practitioner Physician's Assistant Other: _____

22. How often were assessments made?

More than once a day Daily 2-6 times/week Weekly Less than weekly

23. Did anyone modify the care plan based on pain effectiveness reassessment?

Yes No

24. If Yes, what changed?

Medication increased Medication decreased Therapy increased Therapy decreased

Performance Measures and Calculation Instructions

Measure #	Performance Measure	Sources for Measure	Numerator	Numerator Calculation	Denominator	Denominator Calculation
I	Percentage of patients with documented assessment for pain using standardized tool on admission	AMDA 2004, NQMC:001413	Number with documented admission assessment for pain using standardized tool	Numerator = total number of "Yes" responses to Question 7	All residents	Denominator = total number of patient charts reviewed
II	Percentage of patients receiving physical exam to assess for causes of pain	AMDA 2004, NQMC:001418	Number receiving physical exam to assess for causes of pain	Numerator = total number of "Yes" responses to Question 10	All residents with reported pain	Denominator = total number of "Yes" responses to Question 9
III	Percentage of patients with documented cause of pain symptoms	AMDA 2004, NQMC:001419	Number with documented cause of pain symptoms	Numerator = total number of "Yes" responses to Question 13	All residents with reported pain	Denominator = total number of "Yes" responses to Question 9
IV	Percentage of patients with documented care plan for acute or chronic pain	AMDA 2004, NQMC:001421	Number with documented care plan for acute or chronic pain	Numerator = total number of "Yes" responses to Question 16	All residents with reported pain	Denominator = total number of "Yes" responses to Question 9
V	Percentage of patients with periodic documented assessment of effectiveness of pain management by medical doctor (MD)	AMDA 2004, NQMC:001425	Number with periodic documented assessment of effectiveness of pain management by medical doctor (MD)	Numerator = total number of "Physician" responses to Question 21	All residents with reported pain	Denominator = total number of "Yes" responses to Question 9

*Note: "Documentation" refers to written evidence as to whether a procedure/discussion was indicated/done or not indicated/not done.