
The Need For Policy Change to Facilitate Improved Pain Assessment and Management in Long-Term Care Facilities

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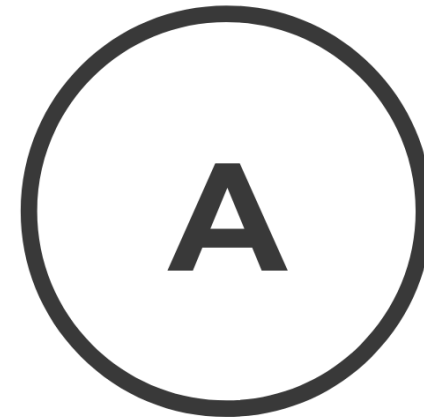


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See Pain More Clearly



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KT website



The Problem of Pain in Dementia

- Pain is subjective and its assessment relies on self-report
- People with severe dementia have compromised ability to report pain
- Pain is undertreated in this population
- Pain can be assessed through systematic observation of specific behaviours
- Inadequacies in institutional support and training gaps are major obstacles to assessing and treating pain in dementia



The PACSLAC-II

Clinical Tools

Pain Assessment Checklist for Seniors with Limited Ability to Communicate-II (PACSLAC-II)	
Date of Assessment: _____ Time: _____	Check if present
Facial Expressions	
1. Grimacing	
2. Tighter face	
3. Pain expression	
4. Increased eye movement	
5. Wincing	
6. Opening mouth	
7. Creasing forehead	
8. Lowered eyebrows or frowning	
9. Raised cheeks, narrowing of the eyes or squinting	
10. Wrinkled nose and raised upper lip	
11. Eyes closing	
Verbalizations and Vocalizations	
12. Crying	
13. A specific sound for pain (e.g., 'ow', 'ouch')	
14. Moaning and groaning	
15. Grunting	
16. Gasping or breathing loudly	
Body Movements	
17. Flinching or pulling away	
18. Thrashing	
19. Refusing to move	
20. Moving slow	
21. Guarding sore area	
22. Rubbing or holding sore area	
23. Limping	
24. Clenched fist	
25. Going into foetal position	
26. Stiff or rigid	
27. Shaking or trembling	
Changes in Interpersonal Interactions	
28. Not wanting to be touched	
29. Not allowing people near	
Changes in Activity Patterns or Routines	
30. Decreased activity	
Mental Status Changes	
31. Are there mental status changes that are due to pain and are not explained by another condition (e.g., delirium due to medication, etc.)?	
TOTAL SCORE (Add up checkmarks)	

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TOTAL SCORE (Add up checkmarks)	



Benefits of Regular Pain Assessment

- Increased use of PRN analgesics
- Reduced pain levels as assessed by nursing staff
- Reduced use of psychiatric medications
- Reduced staff stress and burnout



An Interdisciplinary Expert Consensus Statement on Assessment of Pain in Older Persons

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Abstract: This paper represents an expert-based consensus statement on pain assessment among older adults. It is intended to provide recommendations that will be useful for both researchers and clinicians. Contributors were identified based

on literature prominence and with the aim of achieving a broad representation of disciplines. Recommendations are provided regarding the physical examination and the assessment of pain using self-report and observational methods (suitable for seniors with dementia). In addition, recommendations are provided regarding the assessment of the physical and emotional functioning of older adults experiencing pain. The literature underlying the consensus recommendations is reviewed. Multiple revisions led to final reviews of 2 complete drafts before consensus was reached.

Key Words: pain, assessment, older adults, elderly, dementia
(*Clin J Pain* 2007;23:S1-S43)

Aging may be defined as a progressive, generalized impairment of function, resulting in the loss of adaptive response to stress and in a growing risk of age-related disease.¹ The clinical assessment of the older person demands a formulation of the relative contribution of the different factors that result in functional decline. These factors include the biology of aging, disease, disuse, and environmental effects on cohorts of older people.

Most health conditions associated with aging carry a substantial burden of pain.^{2,3} Prevalence estimates of persistent pain in older adults range from 25% to 50%.⁴ In a large scale study that specifically focused on older adults residing in nursing homes, Proctor and Hirdes⁵ found the prevalence of pain to be close to 50%. They also observed that seniors with or without cognitive impairments did not differ with respect to the prevalence of conditions likely to cause pain. Nonetheless, pain problems are often overlooked, under-assessed, and misassessed, especially among seniors with dementia.^{5,6} A recent survey of members of the American Pain Society⁷ revealed that under-treatment of pain among

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Support for the publication of this supplement was provided by an independent grant from Cephalon, Inc.

Preparation of this article was supported in part by a Canadian Institutes of Health Research New Emerging Team Grant, Other support was derived from the USPHS Research Grants R01AG18299 and R01AT000985 from the National Institutes of Health.

This article has been endorsed by the executive committee of the International Association for the Study of Pain Special Interest Group on Pain in Older Adults.

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Development of Clinical Consensus Guidelines



What do Canadian Regulations Say About Regular Pain Assessment?

- Long-Term Care is regulated at the provincial level
- Regulations are designed to describe the way that provincial act are enacted
- No standardized best practices for pain assessment in Canadian jurisdictions
- Most Canadian jurisdictions use the RAI-MDS/interRAI LTCF (provides some pain documentation, 1/3 months)
- Accreditation standards for LTC in Canada consider pain but do not provide specific guidance





Public Policy Research

WE ASKED A QUESTION...

- If we know how to assess/manage pain in LTC, why isn't there wide adoption of existing guidelines?



Answer from Public Policy Experts

Public Policy

- You want everyone to have the Rolls Royce of pain assessment/management, but nobody can afford it



A More Sensible Solution

Public Policy

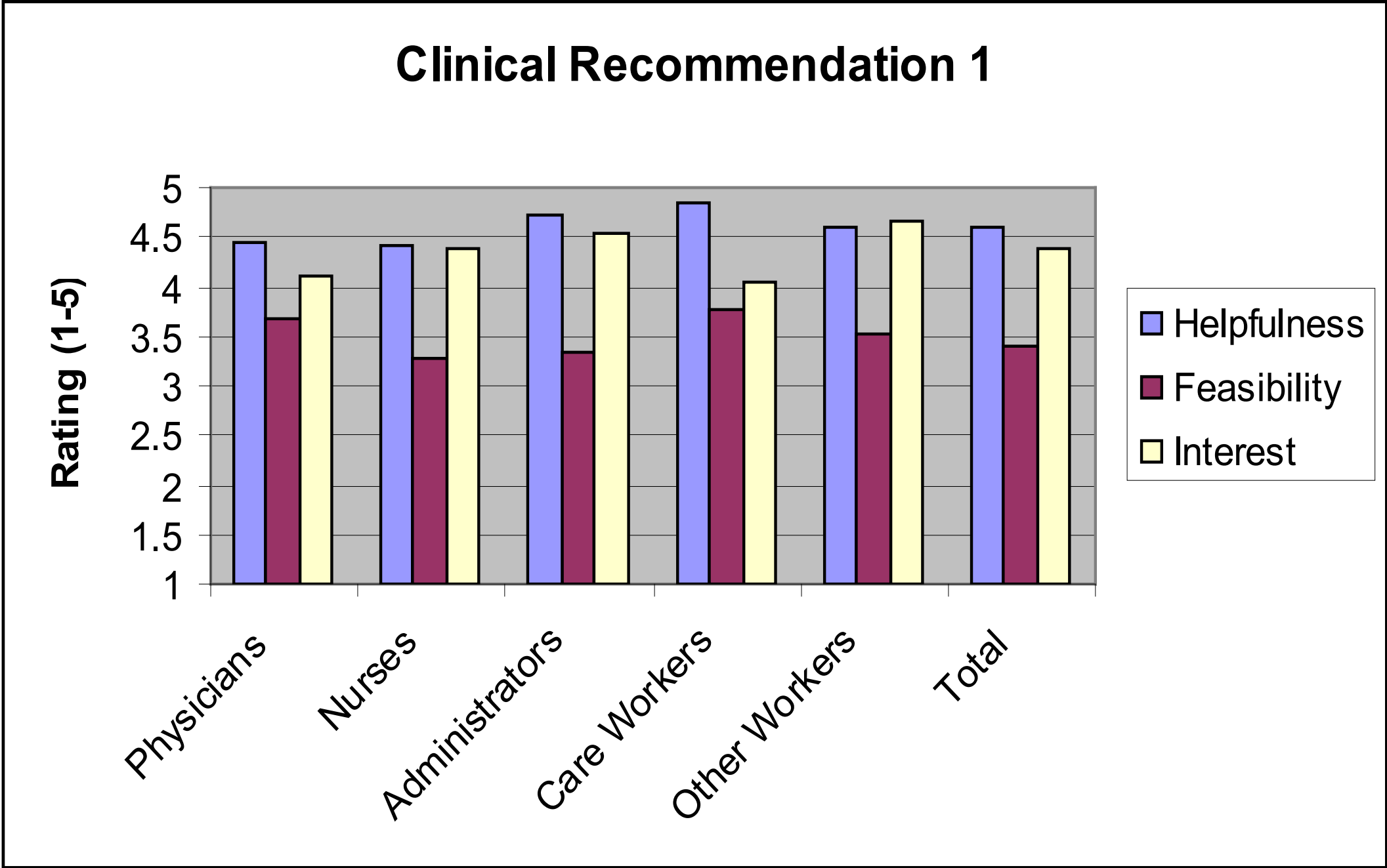
- Assess everyone on admission
- Minimum 1 brief assessment per week
- Intervention within 24 hours
- Re-assess after 24 hours
- Use the pain assessment information as part of a quality improvement plan
- Estimated resources $\frac{1}{4}$ of nurse per 70-100 pxs
- Can be used in conjunction with the RAI-MDS or related instruments

(Hadjistavropoulos et al., 2009)



All LTC Residents Will Have Pain Assessed within 24 Hours of Admission and No Less Frequently Than Once a Week

Public Policy

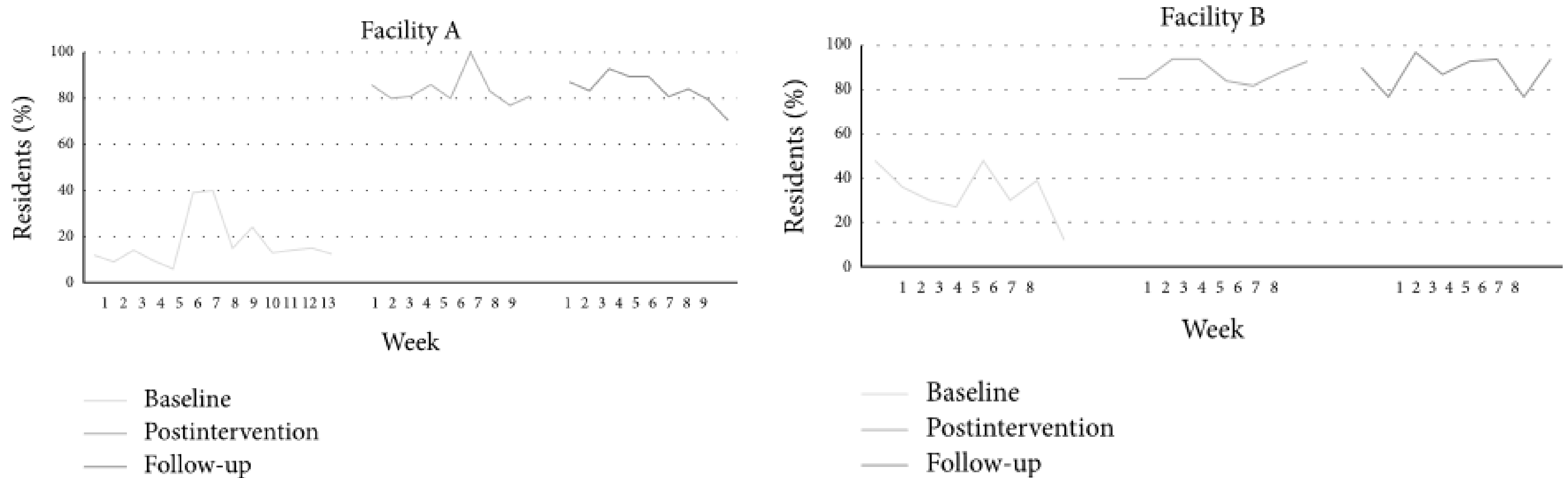


(Hadjistavropoulos et al., 2011)



Use of Assessment Tools

Implementation



Note. The percentages for Facility A are based on a total resident population of = 121–127 (resident population varied slightly from week to week). The percentages for Facility B are based on a total resident population of = 29–33 (resident population varied slightly from week to week).

(Hadjistavropoulos et al., 2016)



Quality Indicators (online training): % assessed minimum once a week with standardized tool

Facilities	Pre	Post
A	7%	67%
B	76%	81%
C	0%	89%
D	0%	98%
E	5%	18%
F	0%	35%
G	11%	100%



#SEEPAINMORECLEARLY

- Key Elements of a Successful Social Media Campaign
 - Meaningful Launch Date
 - Engage National Organizations and Influencers
 - Prepare Engaging Launch Content
 - Engage Stakeholder Partners
 - Digital Media Partnerships
 - Have a Smart Evaluations Strategies



Phase 1 Results: #SeePainMoreClearly Initiative

(5-month evaluation: October 1, 2019 to February 28, 2020)



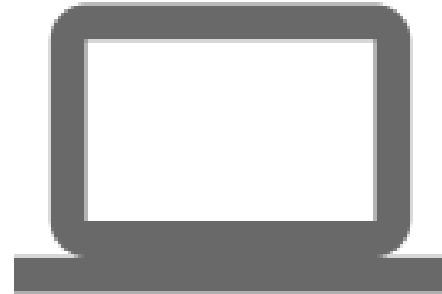
#SeePainMoreClearly

- 5,748,917 impressions
- 2,376,853 unique users
- 2,905 posts
- 31 countries



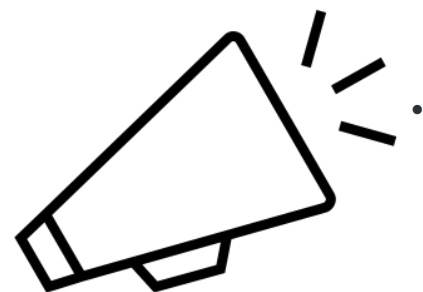
2-minute informational video

- 50,000 views
- 150,578 impressions
- viewed by 48,861 individuals



seepainmoreclearly.org website

- 5,751 website visits
- 1,218 individuals
- 55 countries



10 media stories (e.g., CBC, CTV Regina Live, CIHR, Leader Post, Global News, Relief Magazine)



It can be concluded that frequent pain assessment...

- ...is a necessity for LTC quality of life.
- ...is feasible with minimal extra resources.
- ...is unlikely without clear regulatory standards.



Thank You!!

