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

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Funding Sources

CIHR

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Anonymous Donor

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Our Lab on the Web

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@seepainmc
See Pain More Clearly

www.2uregina.ca/hpl
Lab website

www.seepainmoreclearly.org
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)

<table>
<thead>
<tr>
<th>Date of Assessment:</th>
<th>Time:</th>
<th>Check if present</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Facial Expressions</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Grimacing</td>
<td></td>
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<tr>
<td>2. Tighter face</td>
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<tr>
<td>3. Pain expression</td>
<td></td>
<td></td>
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<tr>
<td>4. Increased eye movement</td>
<td></td>
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<tr>
<td>5. Wincing</td>
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<tr>
<td>6. Opening mouth</td>
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<tr>
<td>7. Creasing forehead</td>
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<tr>
<td>8. Lowered eyebrows or frowning</td>
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<tr>
<td>9. Raised cheeks, narrowing of the eyes or squinting</td>
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<tr>
<td>10. Wrinkled nose and raised upper lip</td>
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<tr>
<td>11. Eyes closing</td>
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<tr>
<td><strong>Verbalizations and Vocalizations</strong></td>
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<td></td>
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<tr>
<td>12. Crying: A specific sound for pain (e.g., ‘ow,’ ‘ouch’)</td>
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<tr>
<td>13. A specific sound for pain (e.g., ‘ow,’ ‘ouch’)</td>
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<td></td>
</tr>
<tr>
<td>14. Moaning and groaning</td>
<td></td>
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<tr>
<td>15. Grunting</td>
<td></td>
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<tr>
<td>16. Gasping or breathing loudly</td>
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<tr>
<td><strong>Body Movements</strong></td>
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<td></td>
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<tr>
<td>17. Finishing or pulling away</td>
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<td></td>
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<tr>
<td>18. Threshing</td>
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<td></td>
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<tr>
<td>19. Refusing to move</td>
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<td></td>
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<tr>
<td>20. Moving slow</td>
<td></td>
<td></td>
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<tr>
<td>21. Guarding sore area</td>
<td></td>
<td></td>
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<tr>
<td>22. Rubbing or holding sore area</td>
<td></td>
<td></td>
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<tr>
<td>23. Limping</td>
<td></td>
<td></td>
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<tr>
<td>24. Climbed off</td>
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<tr>
<td>25. Going into fetal position</td>
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<td></td>
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<tr>
<td>26. Stiff or rigid</td>
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<td></td>
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<tr>
<td>27. Shaking or trembling</td>
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<td></td>
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<tr>
<td><strong>Changes in Interpersonal Interactions</strong></td>
<td></td>
<td></td>
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<tr>
<td>28. Not wanting to be left alone</td>
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<tr>
<td>29. Not allowing people near</td>
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<tr>
<td><strong>Changes in Activity Patterns or Routines</strong></td>
<td></td>
<td></td>
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<tr>
<td>30. Decreased activity</td>
<td></td>
<td></td>
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<tr>
<td><strong>Mental Status Changes</strong></td>
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<td></td>
</tr>
<tr>
<td>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.)?</td>
<td></td>
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</tr>
</tbody>
</table>

**TOTAL SCORE**

*Add up checkmarks.*

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**Body Movements**

- Finishing or pulling away
- Threshing
- Refusing to move
- Moving slow
- Guarding sore area
- Rubbing or holding sore area
- Limping
- Climbed off
- Going into fetal position
- Stiff or rigid
- Shaking or trembling

**Changes in Interpersonal Interactions**

- Not wanting to be left alone
- Not allowing people near

**Changes in Activity Patterns or Routines**

- Decreased activity

**Mental Status Changes**

- Are there mental status changes that are due to pain and are not explained by another condition (e.g., delirium due to medication, etc.)?
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

Fuchs-Lacelle, Hadjistavropoulos & Lix, (2008); Hadjistavropoulos et al., (2014)
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
WE ASKED A QUESTION...

• If we know how to assess/manage pain in LTC, why isn’t there wide adoption of existing guidelines?
• 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 ¼ 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

(Hadjistavropoulos et al., 2011)
Use of Assessment Tools

Implementation

**Facility A**

- **Baseline**
- **Postintervention**
- **Follow-up**

**Facility B**

- **Baseline**
- **Postintervention**
- **Follow-up**

*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)
<table>
<thead>
<tr>
<th>Facilities</th>
<th>Pre</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>7%</td>
<td>67%</td>
</tr>
<tr>
<td>B</td>
<td>76%</td>
<td>81%</td>
</tr>
<tr>
<td>C</td>
<td>0%</td>
<td>89%</td>
</tr>
<tr>
<td>D</td>
<td>0%</td>
<td>98%</td>
</tr>
<tr>
<td>E</td>
<td>5%</td>
<td>18%</td>
</tr>
<tr>
<td>F</td>
<td>0%</td>
<td>35%</td>
</tr>
<tr>
<td>G</td>
<td>11%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Hadjistavropoulos, Gallant, Wickson-Griffiths (in progress)
• 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!!