Long-Term Care Quality Improvement (QI) Community of Practice (Ontario)

Project ECHO
Palliative Care - Canada
BY Pallium Canada

Host: Holly Finn, PMP
Presenters: Tracey Human, RN, CHPCN (C) &
Disa Clifford, RN, MN, CHPCN (C)
Date: June 04, 2025

Territorial Honouring

The Palliative Care ECHO Project

The Palliative Care ECHO Project is a 5-year national initiative to cultivate communities of practice and establish continuous professional development among health care providers across Canada who care for patients with life-limiting illness.

The Palliative Care ECHO Project is supported by a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

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LEAP Long-Term Care

- Interprofessional course that focuses on the essential competencies to provide a palliative care approach.
- Case studies contextualized to the long-term care setting.
- Delivered online or in-person.
- Ideal for any health care professional (e.g., physician, nurse, pharmacist, social worker, etc.) working in long-term care and nursing homes.
- Accredited by CFPC for **27.5 Mainpro+ credits** (online) and **26.5 Mainpro+ credits** (in-person).

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LEAP
LONG-TERM CARE

Learn more about the course and topics covered by visiting

www.pallium.ca/course/leap-long-term-care

Introductions

Host:

Holly Finn, PMP
Senior Manager, Program Delivery

Presenters:

Tracey Human RN, CHPCN(C) | Director | Consultant
Palliative Care Pain & Symptom Management Consultation (PPSMC) | Toronto Program

Disa Clifford RN, MN, CHPCN(C) | Consultant
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Disclosure

Relationship with Financial Sponsors:

Pallium Canada

- Pallium is a registered charity
- Funded by Health Canada

This program has received financial support from:

- Health Canada in the form of a contribution program
- Generates funds to support operations and R&D from Pallium Pocketbook sales and course registration Fees

Disclosure

Host/ Presenters/ Panelists:

- Holly Finn: Senior Manager, Program Delivery at Pallium Canada.
- Tracey Human: Nothing to disclose
- Disa Clifford: Nothing to disclose

Mitigating Potential Biases:

The scientific planning committee had complete independent control over the development of program content.

Welcome and Reminders

- Please introduce yourself in the chat! Let us know your role is in the Long-Term Care setting.
- Your microphones are currently muted. There will be time throughout this session for questions and discussion, including breakout rooms
- You are welcome to use the chat function to ask questions, if you have any comments or are having technical difficulties
- This session is NOT being recorded.
- Take comfort in knowing this is a safe space to share your thoughts and stories.
- Remember not to disclose any Personal Health Information (PHI) during the session

Overall Learning Objectives of this COP

Upon participating in this COP, members should be able to:

- Describe how quality improvement methodologies can support successful integration of a palliative care approach in long-term care homes
- Describe relevant metrics, change ideas and lessons learned from quality improvement initiatives implemented by peers
- Recall case discussions that demonstrate strategies to address challenges to a palliative approach to care
- Recall how to access resources to support QI work

Overview of Sessions

Session #	Date/ Time
Session 1	January 29, 2025 from 12 to 1pm ET
Session 2	April 22, 2025 from 12 to 1pm ET
Session 3	June 4, 2025 from 12 to 1pm ET
Session 4	October 1, 2025 from 12 to 1pm ET
Session 5	November 26, 2025 from 12 to 1pm ET

Agenda for today's session

- Pain in Dementia through a QI lens
- Breakout Groups
- Bring it all together

From Recognition to Relief: Enhancing Pain Management in Dementia through Quality Improvement

What are we trying to Achieve?

Quality in Pain Care

Palliative Care Quality Statement 6: People with identified palliative care needs have their pain and other symptoms managed effectively, in a timely manner. (Ontario Health, 2024)

- Pain care quality indicators are measurable aspects of pain management practices that help assess the quality of care. They can be used to evaluate the effectiveness of pain management by looking at the structures, processes, and outcomes of care.
  - Key areas assessed by pain care quality indicators:
    - **Structure:** This refers to the environment in which care is provided, including resources, organizational characteristics, and operational factors.
    - **Process:** This focuses on how care is delivered, such as the methods used for screening, assessment, treatment plans, and resident/family interactions.
    - **Outcome:** This examines the results of care, including resident's pain levels, functional abilities, behaviours, and overall health status.

Pain in Dementia

- Pain is underrecognized and undertreated in people with dementia
  - Receive less pain medication than cognitively intact residents (67% less often; 45% not at all)
- It is a myth that people with dementia cannot self report their pain and/or you cannot trust their report
  - No deficiency in the identification, screening, and assessment domains of pain care
  - Requires accurate and effective use of 3-step best practice model and appropriate tools
- Moderate to severe cognitive impairment can impair the resident's ability to remember they have pain, understand that what they are feeling is pain
  - **Does NOT impair their ability to have or feel pain**

(Achterberg et al., 2020; Cao et al., 2019; Guliani et al., 2021; Malotte et al., 2016)

RESPONSIVE & REACTIVE BEHAVIOURS

Expressions
Defensive; resistive to care; verbal; physical, sexual

Psychosis
Delusions; hallucinations; misidentification; paranoia

Agitation
Dressing/undressing; pacing; wandering; repetitive actions; restless/anxious

Depression
Anxious; guilty; hopeless; irritable/screaming; sad/tearful; suicidal

Mania
Euphoria; irritable; pressured speech

Apathy
Amotivation; lacking interest; withdrawn

(Alzheimer Society, 2019; CCSMH, 2024)

AUTOMATIC PAIN RESPONSES

Facial expressions
Frowning; grimacing; distorted expression; rapid blinking

Vocalization
Sighing; moaning; calling out; yelling; asking for help; verbal abuse

Body movements
Rigid; tense; guarding; fidgeting; pacing/rocking; changes in mobility (inactivity or motor restlessness)

Mental status change
Crying; increased confusion; irritability; distress

Changes in activity patterns
Appetite change; sleep change; sudden change in routine

Interpersonal changes
Responsive behaviour; resistive to care; disruptive; withdrawn

(Venable, 2018)

The Pain – Behaviour Link

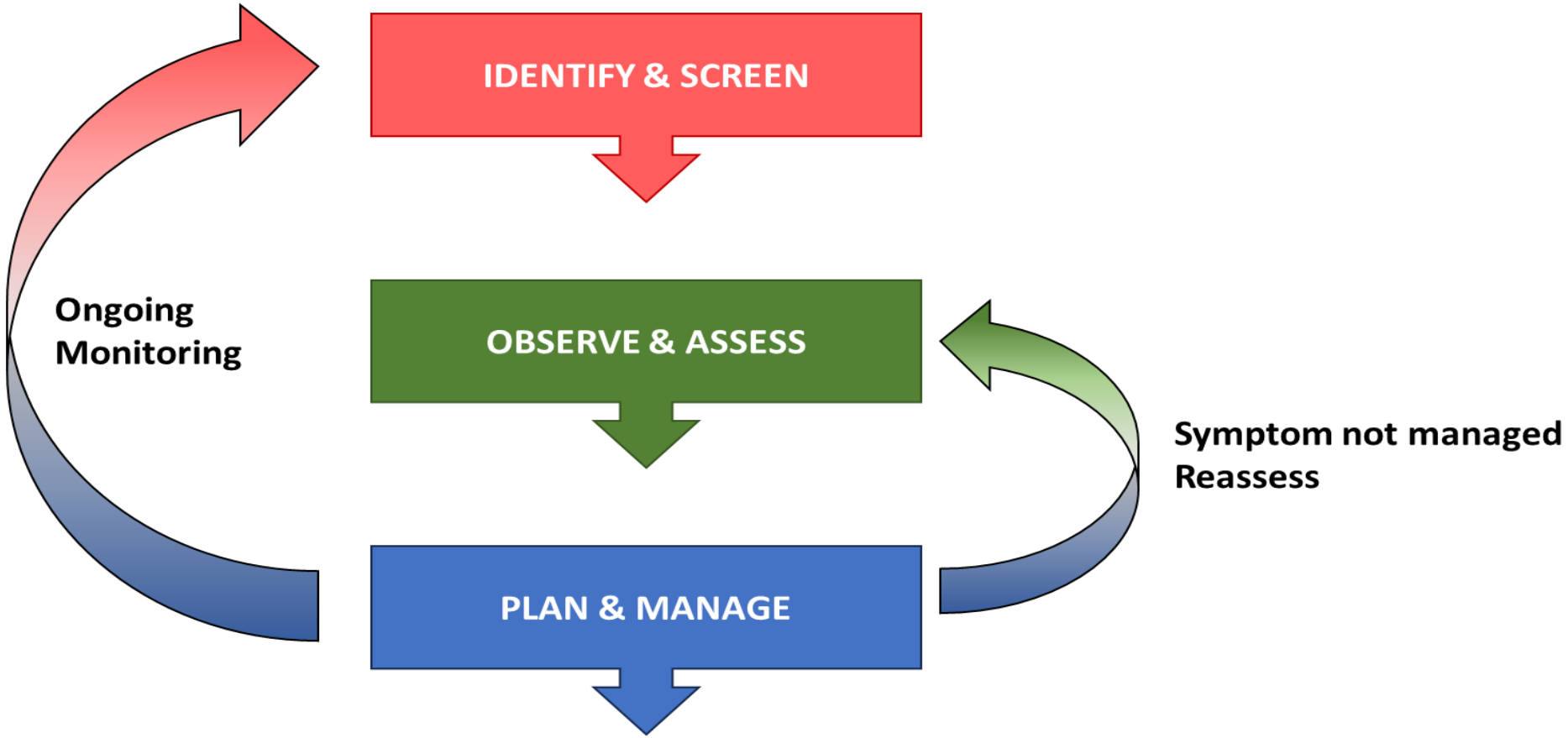
Pain Care is essential to Successful Behavioural Care

- Behaviours typically assigned to dementias look exactly like pain response behaviours in chronic pain sufferers
- Pain behaviours ARE responsive behaviours

How will you differentiate?

Rule out pain first!

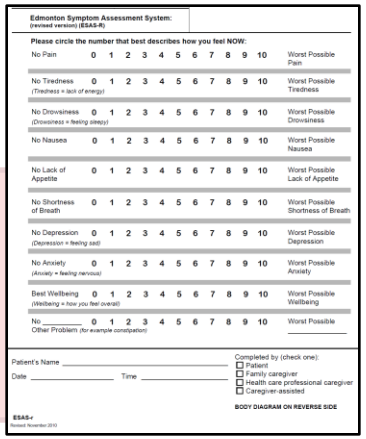
3-Step Best Practice Model



Pain Identification & Screening Tools

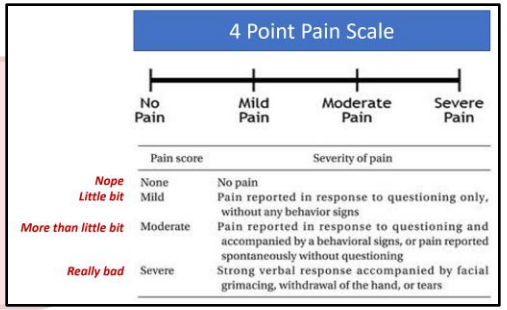
Numeric Rating Scale
(E.g. ESAS)

- Limitations



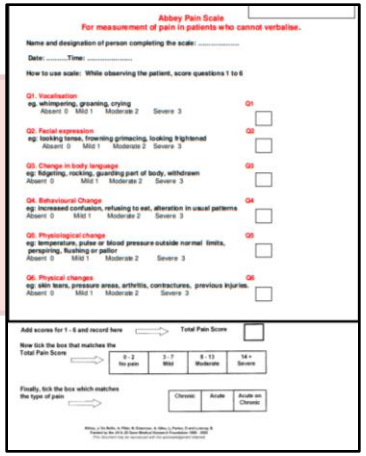
Verbal Descriptor Scale

- E.g. 4-point pain scale
- Using words to describe pain



Behavioural Observation Tool
(E.g. Abbey Pain Tool, PAINAD, etc.)

- For non-verbal or moderate-severe cognitive impairment

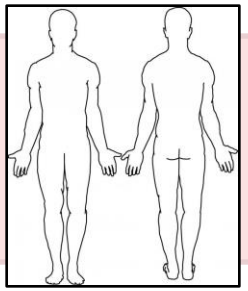


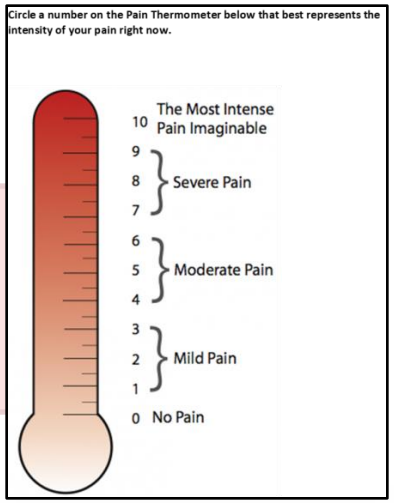
(https://www.albertahealthservices.ca/frm-07903.pdf; https://www.apsoc.org.au/PDF/Publications/Abbey_Pain_Scale.pdf)

Pain Identification & Screening Tools

Visual Analogue Scale

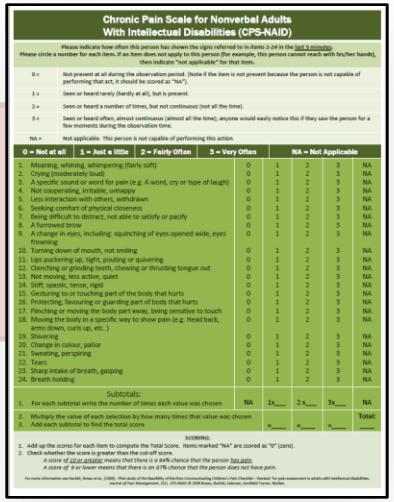
- For deaf residents





CPS NAID
(Behavioural Observation Tool)

- For residents with intellectual or developmental disabilities



(https://geriatricpain.org/sites/geriatricpain.org/files/2022-04/Iowa%20Pain%20Thermometer-Revised.pdf; https://www.pediatric-pain.ca/wp-content/uploads/2013/04/CPSNAID.pdf)

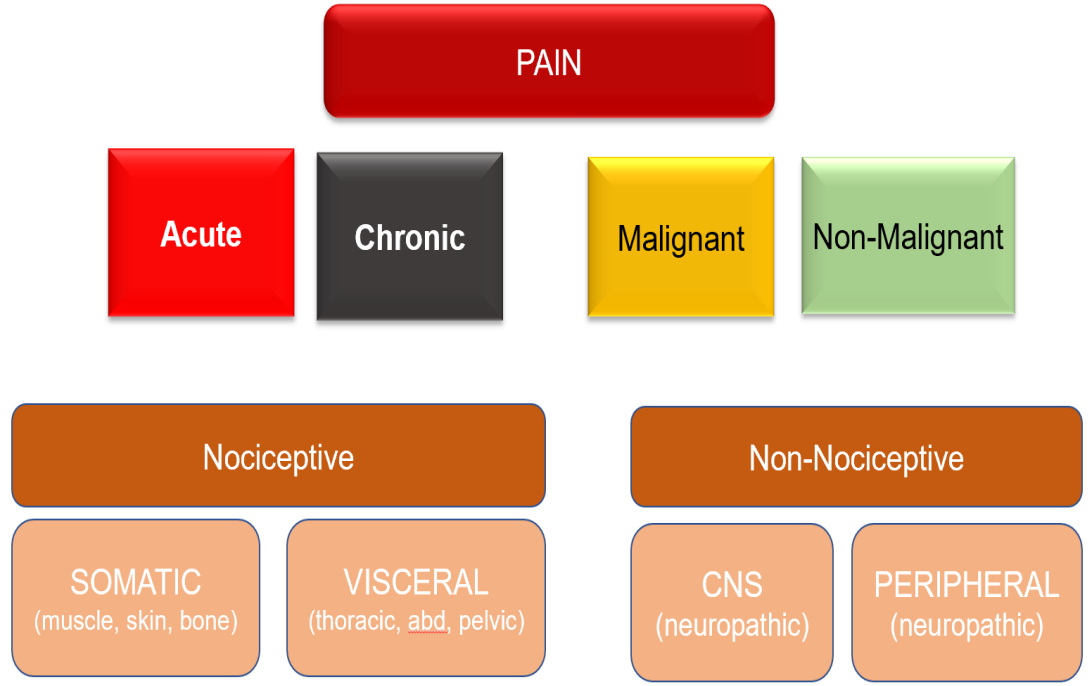
1. Identify | Screen

2. Observe | Assess

3. Plan | Manage

- **O** Onset
- **P** Provoking / Palliating
- **Q** Quality
- **R** Region / Radiation
- **S** Severity
- **T** Treatment
- **U** Understanding/ Impact on You
- **V** Values

Pain Types (PAIN DX)

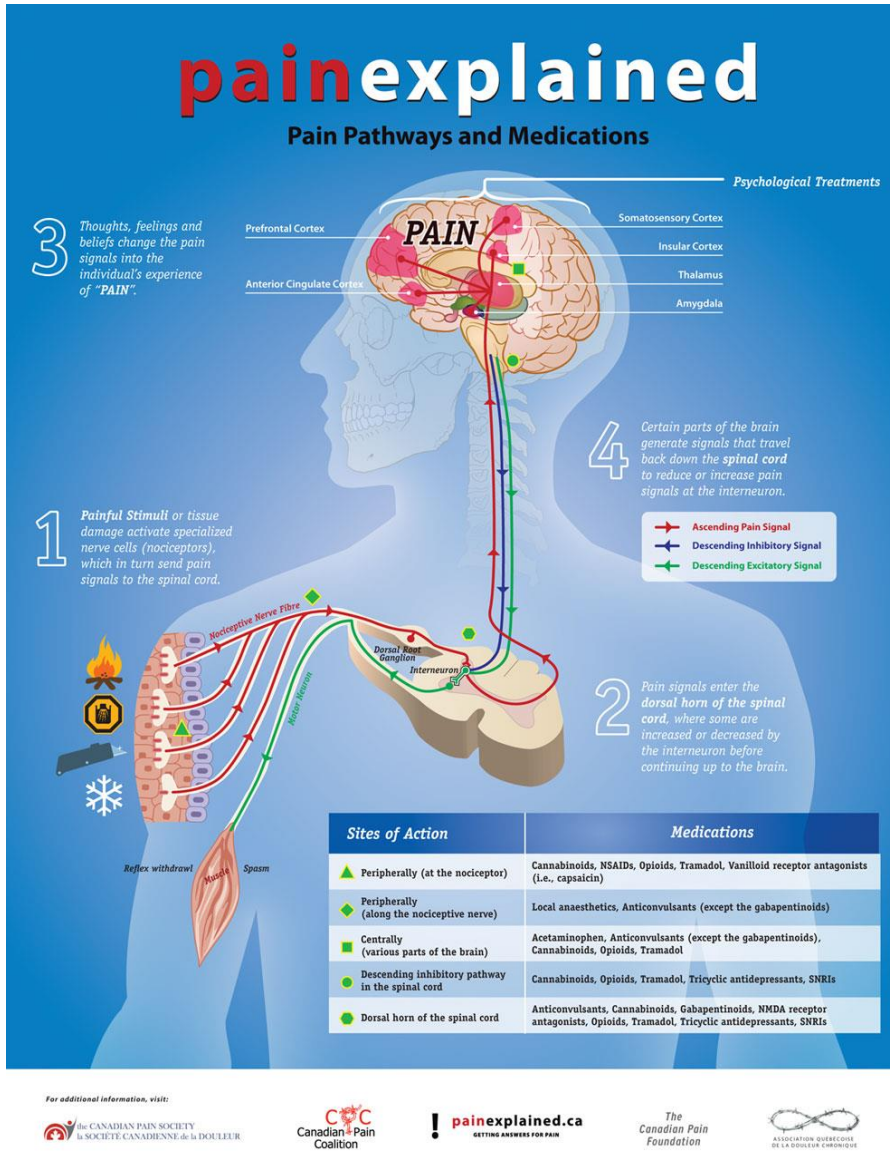


Goal is to block or smooth transmission of pain signal at different places along the pathway:

- Ascending
- Centrally
- Descending

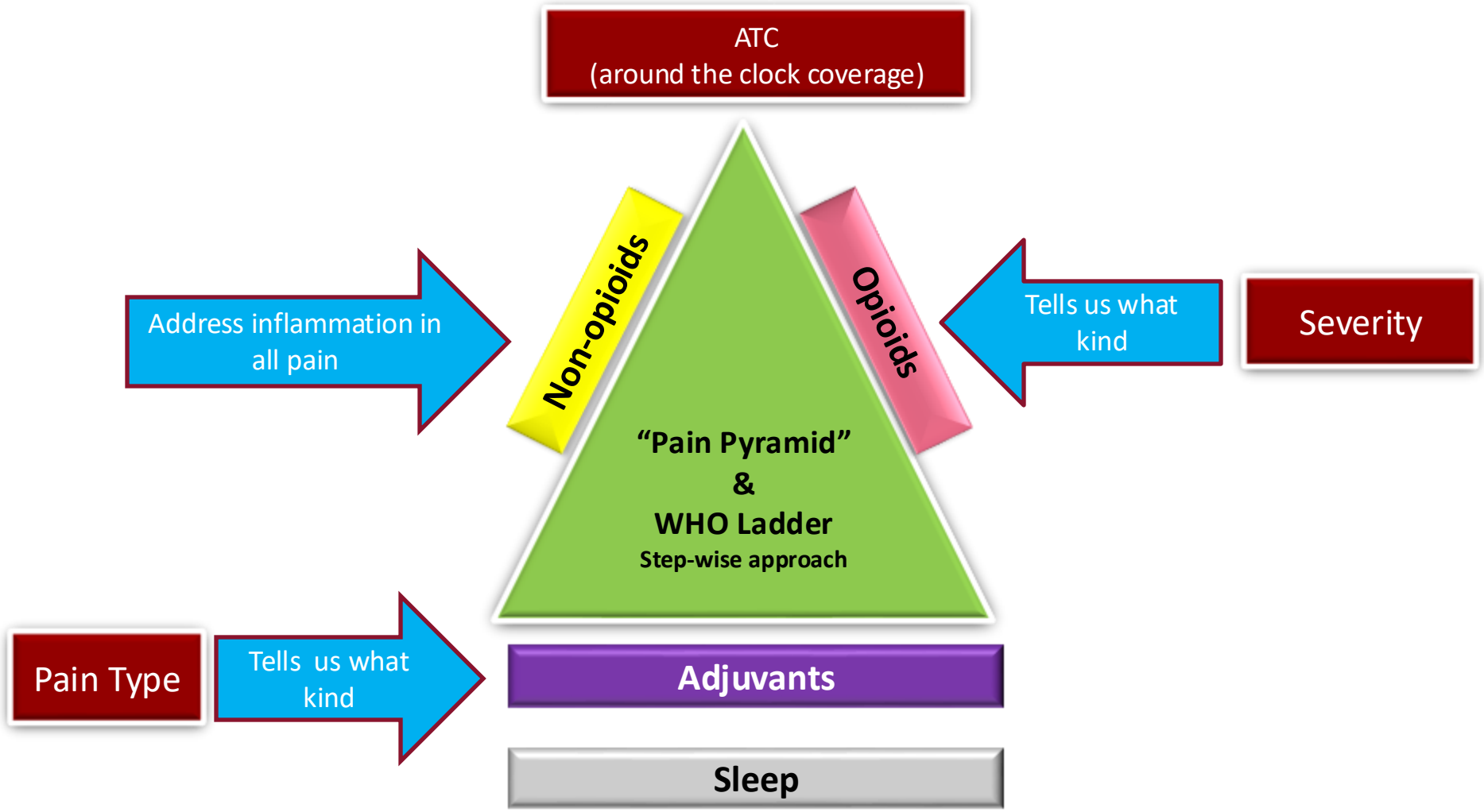
Different analgesics interrupt pain signals in different places & at different receptors.

This gives the best opportunity for optimal relief



(http://www.optimyz.com/wp-content/uploads/2015/10/Pain-explained.jpg)

Medication Selection Pain Care

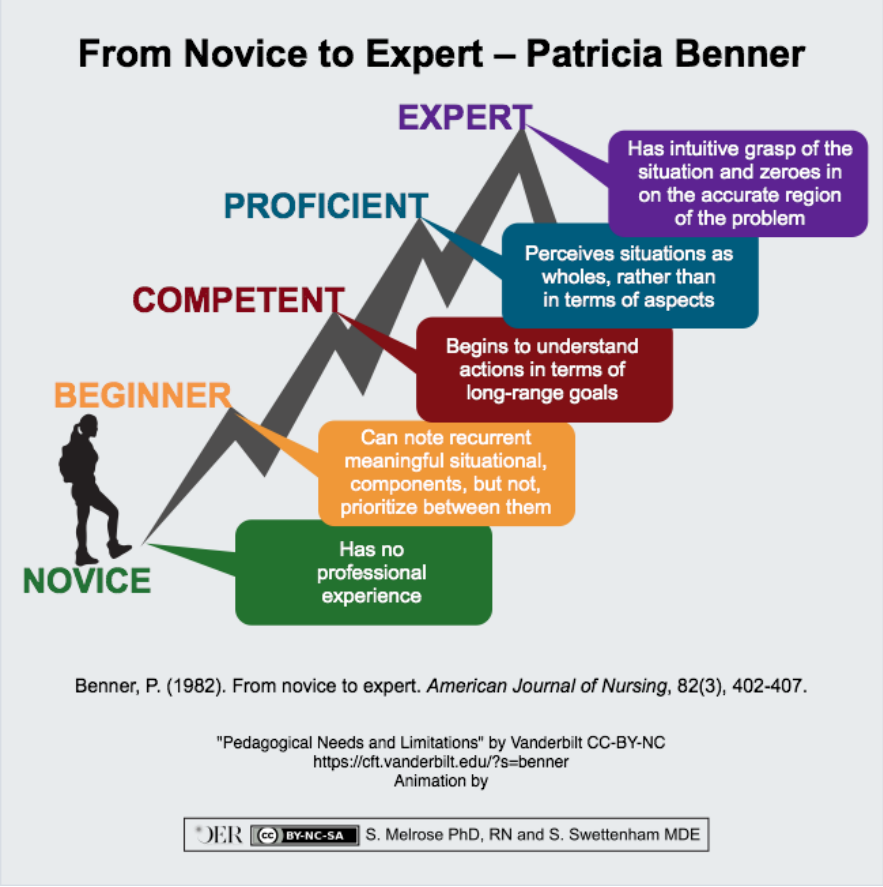


Right Drug(s) - Right Route - Right Dose - Right Frequency - Right Time

How will we know change is an improvement?

Measurable Improvement

- Team more skilled in 3 step model (use quickly to not add increased workload)
  - Efficiently, effectively, communicate across the team, drive orders
- Positive Resident outcomes
  - Resident reports relief (verbally, non-verbally)
  - Decreased behaviours
  - Improved quality of life
- Increased Resident and/or Family satisfaction



(https://pressbooks.pub/app/uploads/sites/3527/2019/04/socialization-poster.png)

Breakout Groups

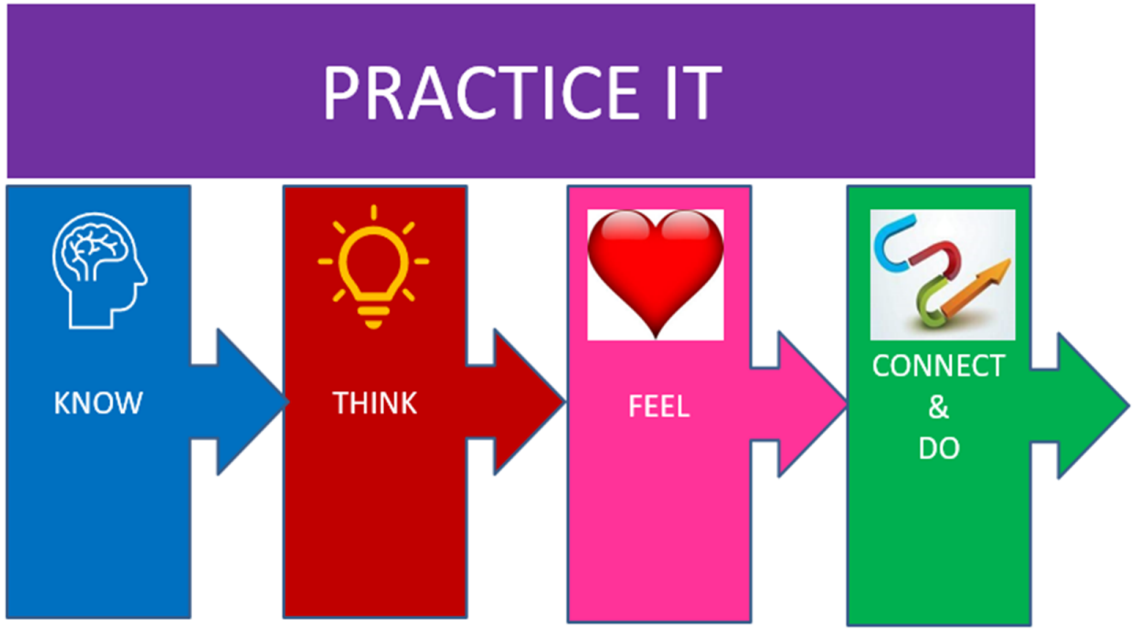
What actions can/will you do to make your quality improvements in pain care?

Share with your breakout groups what you may already have in place that is working well & what can you add to improve pain care in your LTCH?

Bringing it all together

Questions? Comments…

- How will you practice differently tomorrow?
- What QI initiatives can you start to implement in your LTCH to improve pain care for residents with dementia?
- Is this all you need to know? No!



Session Wrap Up

- Please fill out the feedback survey following the session! Link has been added into the chat.
- Join us for our Fourth Session that will be held on **October 01, 2025 from 12 to 1pm ET**
- A copy of these slides will be emailed to registrants within the next week.
- Thank you for your participation!

Thank You

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