

Results from a Pain Management Intervention in a Veterans' Long Term Care Facility

Elsie Rolls

Director, Veterans' Services, Capital Health

Grace Johnston

Professor, Dalhousie University

Halifax, Nova Scotia Canada

12th Congress of European Association of Palliative Care

May 2011 | Lisbon, Portugal

NELS | Network for End of Life Studies
ICE | Interdisciplinary Capacity Enhancement

Camp Hill Veterans' Memorial Building

- Comprehensive long term care service
- 175 Veterans, most served in World War II
- Federal, rather than provincial, health service

Average age of Veterans
is 88 years

Over 85% have some
degree of dementia
or cognitive impairment



Context for Intervention

Veterans Affairs Canada satisfaction survey in 2007

- 40% satisfied with pain management at Camp Hill in Halifax

Accreditation recommendation

- Implement and use standardized pain assessment tools

Decreasing average length of stay

- 2005 - 22 months
- 2006 - 12 months
- 2008 - 5 months
- 2009 - 4 months



Two-part Intervention

1. Develop and implement a Veteran-driven philosophy of care that involved all levels of staff directly with management over many months, that included palliative care
2. Select tools to use and evaluate formal pain assessment and management



Elsie Rolls was a two-year EXTRA Fellow supported by
Canadian Health Services Research Foundation (CHSRF)

Literature Review: Pain in the Elderly

As many as 83% of long term care facility residents experience pain at least some of the time

Treatment of pain is lower amongst residents with cognitive impairment

References: Miller LL 2002; Feldt KS 1998; Ramage-Morin PL 2008; Volicer L 2002; Warden V 2003; Molony SL 2005; Zwakhalen SM 2006; Tuch H 2003; Teno JM 2003; Warden V 2003; Kamel HK 2001; McCaffery M 1999



Developing Pain Management Program

Protocol development, and select:

- Assessment processes and tools
- Pharmacological and other management strategies

Put into practice

- Interdisciplinary education plan
- Flow sheet revision with pain as 5th vital sign

Information sources used include:

Registered Nurses Association of Ontario's (RNAO) Assessment and Management of Pain Best Practice Guideline for Long Term Care

Capital Health Edmonton Area's Continuing Care Interdisciplinary Pain Assessment and Management Standard

Joint Commission on Accreditation of Healthcare Organizations. Improving the Quality of Pain Management Through Measurement and Action

Australian Pain Society

Electronic Data and Chart Audits, March 2009

Daily pain reported electronically for only 14% of Veterans, and Pain intensity was mild for 62% of the 43% with pain noted, but 98% of Veterans had a diagnosis that could cause pain.

Veterans had average of 2.6 these diagnoses in their charts:

- arthritis, wound or skin break down, congestive heart failure, chronic obstructive pulmonary disease, osteoporosis, paralysis, diabetes, gum disease and joint replacement

Pain Frequency			Pain Intensity		
No pain	Less than daily	Daily pain	Mild pain	Moderate pain	Horrible excruciating pain
57%	29%	14%	62%	28.5%	9.5%

Process Steps

Standardized assessment using Abbey pain scale completed during regular care such as bathing, walking, turning; observation of six behavioural symptoms that suggest pain

Physical and spiritual pain protocol; education on pain, assessment, management to > 80% of staff

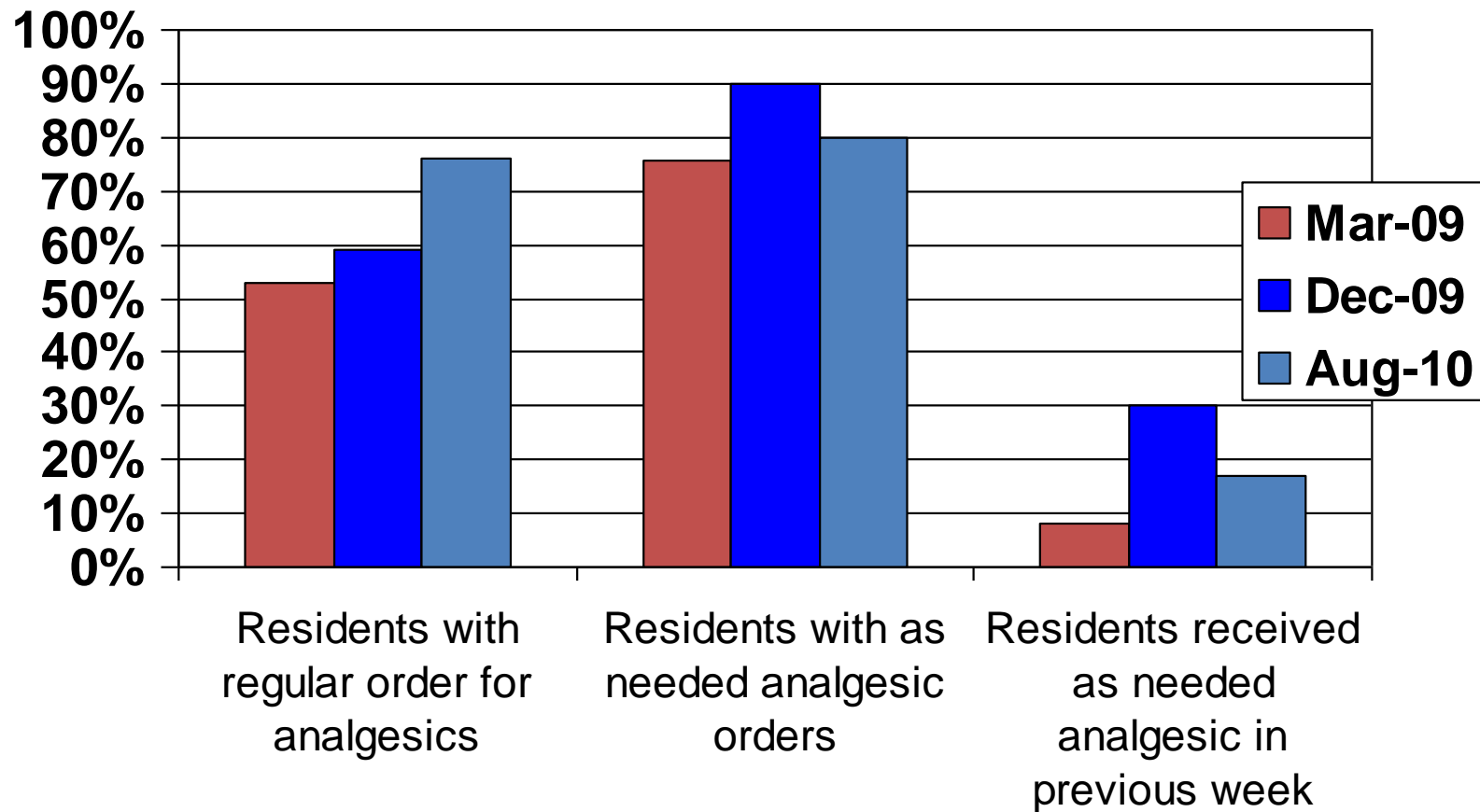
Admission baseline pain screening

All Veterans are to be assessed for pain during each 8 hour shift, i.e., three times a day

Documentation ongoing issue



Analgesics Pain Management

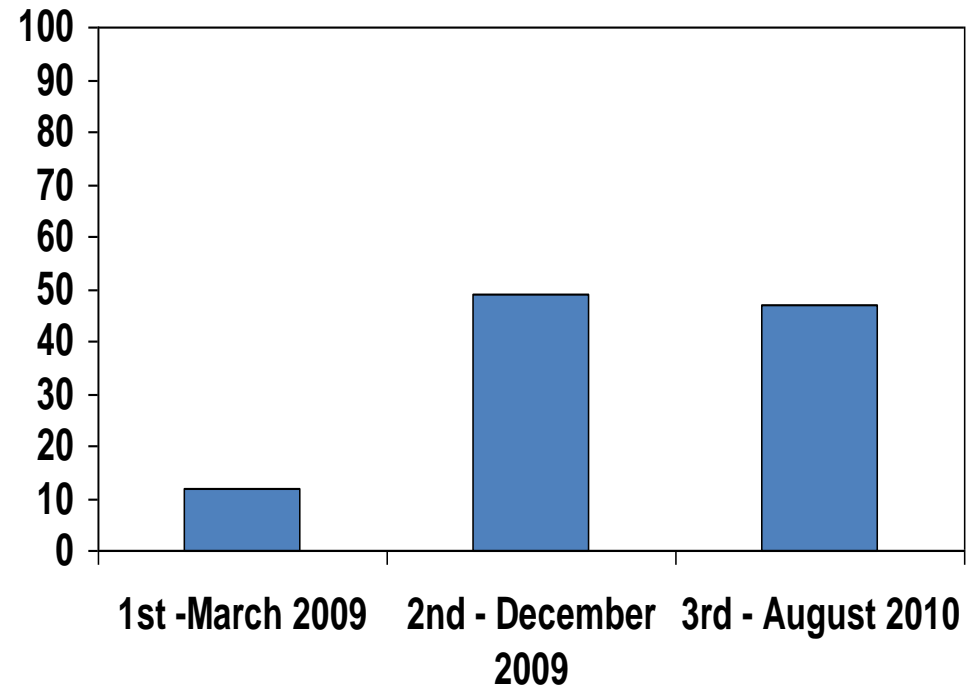


Analgesic Use

	Regular Schedule	As Needed
March 2009	Acetaminophen plain - 93% Other: Celebrex, Tylenol # 1 - 3	Acetaminophen plain - 89% Other : Tylenol #2 - 3
December 2009	Acetaminophen plain - 49% Others - Celebrex, Tylenol # 1 - 3, fentanyl patch, oxycodone, hydromorphone, morphine 36%	Acetaminophen plain - 80% Tylenol # 1 – 3, hydromorphone, morphine, oxycodone, codeine; some residents had >1 order 30%
August 2010	Acetaminophen plain - 45% Others – Acetaminophen CR, diclofenac drops, Celebrex, Tylenol # 1, hydromorphone, morphine, pregabalin, codeine, morphine 41%	Acetaminophen plain - 63% Others – Tylenol #1- 3, morphine, belladonna, hydromorphone, ibuprophen, codeine, diclofenac drops, nitrospray 43%

Non Pharmacological Pain Management

Acupuncture, massage therapy, music therapy, hot or cold packs, cervical collars, physiotherapy, pressure reduction mattresses, palliative radiation



Other Outcomes

Pain and palliative care needs is standing agenda item

Staff increased comfort with, and knowledge and use of pain management

Camp Hill Veterans in Halifax reported 100% satisfaction in the 2009 Veterans Affairs Canada survey

“I get pain medication whenever I need it and my medication is always on time.”

“I feel very good with my medication and pain treatment.”

Short Term Wins


- Requests for improved equipment were approved
- Improved processes that support work i.e. flow sheets
- Chose pain assessment tool
- Shared progress with staff
- Awareness of symptom management evidence
- Leader for other long term care facilities in district
- Attain accreditation recommendation



Barriers

- Internal forces
- Literature specific to long term care
- Expanding philosophy to embrace palliative care
- Time challenges
- And then there was... *H1N1, also known as swine flu*

Facilitators

- Elsie as champion for project: CHSRF EXTRA Fellow
 - Dedicated team members
 - Resources: human, experts, technology, other support
 - Implementation of best practices
- 

Lessons Learned

- Get Veterans input on what is important
- Go to staff and keep it short
- Clear communication of what needs to be achieved
- Change management process was valuable
- Underestimated complexity of organization philosophy



Questions?

Thanks to Elsie Rolls
elsie.rolls@cdha.nshealth.ca

