

# Nursing Home Residents with dementia: using PCC to reduce the experience of pain.

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# What led to the question?:

- Pitcher, A 2007 Conditional Comfort: A GT Study investigating nurses' assessment of pain in nursing home residents with dementia.
- Wilson, J., O'Donnell, M., McAuliffe, L., Nay, R. & Pitcher, A. (2008) Assessment of Pain in Older Adults with Dementia in Acute, Sub Acute and Residential Care. *Monograph Royal College of Nursing, Australia*. ISSN 978 0 980 3907 0 4
- McAuliffe, L., O'Donnell, M. & Nay, R. (2008) Successful Pain Assessment in Older Adults with Dementia: Barriers and Strategies. *Monograph Royal College of Nursing*,
- Gibson, S., Scherer, S., Katz, B. & Nay, R. (2009). Persistent pain in the older person. In Nay, R. & Garratt, S. *Caring for Older People: Issues and Innovations (3rd Ed.)*. Elsevier, (pp.261-291).
- McAuliffe, L., Nay, R., O'Donnell, M. & Fetherstonhaugh, D. (2009). Pain assessment in older people with dementia: Literature review. *Journal of Advanced Nursing*, 65(1), 2-10. ISSN 0309-2402
- Johnson, P., Nay, R., & Gibson, S. (Poster) “Measurement of pain in older people who have dementia and are unable to communicate verbally”, Australian Association of Gerontology, National Conference, November 2006.
- Johnson, P., Nay, R., & Gibson, S. (Poster) “The views of nurses regarding pain assessment for older people with dementia”, Emerging Researchers in Ageing, National Conference, November 2006.
- Johnson, P., Nay, R., & Gibson, S. (Poster) “Qualitative impressions of pain behaviour assessment tools: The nurses' perspectives”, 27th Annual Scientific Meeting, Australian Pain Society, April 2007.

# What was our question?

Does PCC result in better recognised and treated pain?

# What did we know?

- Pain -
  - under-recognised and undertreated
  - myths prevail – eg people with dementia do not experience pain or experience it less; medicating may cause addiction and death.
  - most if not all people in nursing homes have a pain generating condition
  - direct care is most often provided by the least qualified carer

# What did we know?

- Self report is best
  - PWD (even quite severe) can self report - especially pain NOW
- Johnson et al asked staff in Gibson et al's study about Utility of Non-verbal assessment tools:
  - PAINAD (pain assessment in advanced dementia); NOPAIN (Non Communicative Patient's Pain Assessment) and Abbey all valid and reliable BUT staff vary in terms of preference

# Abbey pain assessment tool

## Abbey Pain Scale

For measurement of pain in people with dementia who cannot verbalise.

**How to use scale :** While observing the resident, score questions 1 to 6.

**Name of resident :** .....

**Name and designation of person completing the scale :** .....

**Date :** ..... **Time :** .....

**Latest pain relief given was**.....**at**.....**hrs.**

**Q1. Vocalisation**  
 eg whimpering, groaning, crying  
 Absent 0 Mild 1 Moderate 2 Severe 3 Q1

**Q2. Facial expression**  
 eg looking tense, frowning, grimacing, looking frightened  
 Absent 0 Mild 1 Moderate 2 Severe 3 Q2

**Q3. Change in body language**  
 eg fidgeting, rocking, guarding part of body, withdrawn  
 Absent 0 Mild 1 Moderate 2 Severe 3 Q3

**Q4. Behavioural Change**  
 eg increased confusion, refusing to eat, alteration in usual patterns  
 Absent 0 Mild 1 Moderate 2 Severe 3 Q4

**Q5. Physiological change**  
 eg temperature, pulse or blood pressure outside normal limits, perspiring, flushing or pallor  
 Absent 0 Mild 1 Moderate 2 Severe 3 Q5

**Q6. Physical changes**  
 eg skin tears, pressure areas, arthritis, contractures, previous injuries  
 Absent 0 Mild 1 Moderate 2 Severe 3 Q6

Add scores for 1 - 6 and record here ➔ **Total Pain Score**

Now tick the box that matches the **Total Pain Score** ➔

0 - 2 No pain	3 - 7 Mild	8 - 13 Moderate	14 + Severe
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Finally, tick the box which matches the type of pain ➔

Chronic	Acute	Acute on Chronic
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- Johnson et al (2009) found staff want ‘ease of use’ ;
- Easy to understand and quick to complete
- Need to assess on movement
- Direct carers liked NOPAIN
- Abbey most used in Australia
- prn orders often not acted on.
  
- Need to discriminate between screening/assessment to accommodate staff competency – AND have processes to ensure action

- and
- Pitcher and Johnson found ‘Knowing the resident’ can result in pain ignored
- Funding requirements in Australia often dictate assessment tools and frequency of assessment rather than residents’ needs.
- Person-centred care underpins care...



# What we did NOT know: How to measure PCC in residential care

So Phase 1:

- Developed Person-centred care Assessment Tool (P-CAT);
- Edvardsson, D., Fetherstonhaugh, D., Nay, R. & Gibson, S. 'Development and initial testing of the Person-centered Care Assessment Tool (P-CAT)' *International Psychogeriatrics*, 22(1), 101-108.

# PCAT 13 items

1. We often discuss how to give person-centred care.
2. We have formal team meetings to discuss residents' care
3. The life history of the residents is formally used in the care plans we use.
4. The quality of the interaction between staff and residents is more important than getting the tasks done.
5. We are free to alter work routines based on residents' preferences.
6. Residents are offered the opportunity to be involved in individualised everyday activities.
7. I simply do not have the time to provide person-centred care.
8. The environment feels chaotic.
9. We have to get the work done before we can worry about a homelike environment.
10. This organisation prevents me from providing person-centred care.
11. Assessment of residents' needs is undertaken on a daily basis.
12. It is hard for residents in this facility to find their way around
13. Residents are able to access outside space as they wish.

## Phase 2: Tested initial hypothesis

- Distributed Pain & pain assessment in the older person; PCAT; Measurement of Job Satisfaction tool (MJS) to 500 care staff across 7 Melbourne nursing homes response 59%
- Interviews with key informants at each site (mission, values, policy, documentation)
- De-identified audit of a random sample of files:
  - Pain generating conditions; pain assessment (type and regularity); analgesics and other pain management strategies.

# Initial results in relation to knowledge & pain?

- Higher job satisfaction associated with higher PCC
- Knowledge variable – and as expected those who are most likely to ‘see’ pain have the least knowledge
- ‘Fear of opiates’ remains (51%)
- 29% said cultural factors did not influence expression of pain
- 9% said older people experienced pain less intensely than younger people
- And worryingly 9% said there was NEVER any point asking a person with dementia whether or not they had pain.
- 33% saw pain as a natural part of the ageing process



# Conclusion?

Does PCC result in better recognised and treated pain?

# Too soon to Know

- But data analysis is trending toward supporting our hypothesis –not published yet.