



Spotlight on Pain Assessment in Long Term Care

Pain management in long term care (LTC) is recognized as an international problem. Generally, it is under-assessed and under-treated, especially for residents who have dementia. In response to these concerns, the Ontario Ministry of Health and Long Term Care included Pain Management programs as one of the four required programs in the new Long Term Care Homes Act, Ontario Regulations 79/10, which has created an impetus for LTC homes to either develop or revise/update their current Pain Management Programs to meet

the new requirements. There are many pain assessment tools to choose from to use with residents who cannot verbally report their pain, with over 21 being developed over the past two decades. Unfortunately, no one tool is recommended for widespread use as each one of them has its own limitations. However, tools can be used to help identify pain and trigger the need for further assessment and treatment if warranted. A new tool, called the Pain Assessment in the Communicatively Impaired (PACI) tool, was recently published and it offers a very quick and evidence-based approach to identifying pain in residents who have communication impairments. The PACI can be used by any type of care provider, most importantly by personal support workers since they are the ones who are most likely to witness the pain behaviours included in the tool during care activities (e.g., bathing, dressing, transferring) that can evoke a painful response. For further information about the PACI tool please see:

Kaasalainen, S., Stewart, N., Middleton, J., Knezacek, S., Hartley, T., Ife, C. & Robinson, L. (2011). The development and psychometric evaluation of the Pain Assessment in the Communicatively Impaired (PACI) tool: Part 1. *International Journal of Palliative Nursing*, 17(8)387-391.

Kaasalainen, S., Stewart, N., Middleton, J., Knezacek, S., Hartley, T., Ife, C. & Robinson, L. (2011). The development and psychometric evaluation of the Pain Assessment in the Communicatively Impaired (PACI) tool: Part 2. *International Journal of Palliative Nursing*, 17(9), 431-438.

For a description of other similar tools go to: <http://prc.coh.org/PAIN-NOA.htm>.

Dr. Sharon Kaasalainen, School of Nursing, McMaster University. Co-Investigator



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Front Line Staff Experiences of Grief and Loss Working in Long Term Care Homes

Today, it is not uncommon for fifty percent of the residents in a long term care home to die each year. However, most long-term care settings do not formally recognize the associated grief and loss experienced by the front line staff. To address this gap, graduate students in the School of Social Work at Lakehead University conducted a qualitative research study to better understand the grief and loss experiences of front line staff and their perception of how the LTC home could better support them after a resident dies. Individual interviews were conducted with 6 PSWs, 2RPNs and 1 RN who worked at St. Joseph's Care Group's Hogarth Riverview Manor and Bethammi Nursing Home in Thunder Bay, ON. The results of the data analysis were organized into four overarching themes; the organizational context influences grief and bereavement; the burden of grief; the emotional impact of grief on staff, and formal and informal opportunities to better support staff after a resident dies. The need for a formal organizational process to support staffs' grief and bereavement was identified as a vital component of a palliative program in a LTC home. The results of this study have been presented at the Ontario Long Term Care Association's research day on November 23rd, 2011 and at the Centre for Education and Research on Aging and Health, Forum on Interdisciplinary Gerontology at Lakehead University. Click <http://www.palliativealliance.ca/alliance-resources> to view a PowerPoint presentation with the findings.

Jill Marcella, MSW (Cand.) Graduate Student Trainee and Acting Project Manager

Long Term Care Homes can Facilitate a "Good Death" for Residents and their Families

When death is inevitable, long term care home staff seeks to create a "good death" for residents and families. In one of the long term care homes study sites for our research, a newly bereaved family member contacted the Director of Nursing and Personal Care to say that the recent death of her loved one was a "good death." The research team seized this opportunity to learn what went right. I interviewed eight care providers from different disciplines who had provided this resident and family care at the end of life and explored what they did. Inductive analysis of the data produced several themes that contributed to a creating a good death: providing best practice care, supporting the grieving process, keeping the family informed, acceptance of death, and multi-disciplinary teamwork. Overall, staff working as a team, being resident-centered and having more confidence in providing palliative care within the LTC home made the experience of this resident's death a positive one. In the New Year I plan to continue this research by interviewing care providers and families of 20 more residents who have recently died in a long term care home.

Kimberly Ramsbottom, Graduate Student Trainee, School of Social Work and Gerontology

QPC-LTC welcomes...

The QPC-LTC Alliance would like to welcome the following research collaborator and community partners to the Alliance:

Research Collaborator

- Kristin Jones, Lakehead University

Community Partners

- Virtual Hospice
- Lakehead University's Language Department

Welcome to the Alliance!

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Personal Support Workers Facilitate Conference Workshop Developing PC in LTC: Life on the Frontline

On November 15, 2011 four PSWs shared their experience of creating palliative care programs. Creek Way Village staff Penny Marks and Lisa Burmaster along with Allendale **LTC staff** Alicia Deagle and Stella Jamieson facilitated a workshop entitled **Developing PC in LTC: Life on the frontline** with Diane Crawshaw the project coordinator at McMaster University. This workshop was held in Toronto as part of the **“Leading the Way: The Conversation Continues”** conference, organized by the Ontario Network for the Prevention of Elder Abuse (ONPEA) and the Personal Support Network of Ontario (PSNO) Supervisors. The goal was to engage more PSWs in discussing how to incorporate a palliative care approach into LTC Homes. A knowledge café strategy was used to discuss how best to do the following:

- 1) identify which residents would benefit from palliative care
- 2) create a interprofessional communication strategy for PC
- 3) develop skills for sharing EOL information with residents and families.

Lisa Burmaster found the conference to be “incredibly validating” and she really enjoyed the opportunity to “facilitate other PSW’s to speak about their experience”. She was also really pleased to find out that the PSNO existed and is exploring ways to have this organization support education and care within her LTC home.

To view their presentation please visit <http://www.palliativealliance.ca/conference-abstracts>

Diane Crawshaw, Project Coordinator McMaster University



Penny Marks (PSW, Creek Way Village), Alicia Deagle (PSW, Allendale Long Term Care Home), Diane Crawshaw (QPC-LTC, Project Coordinator), Lisa Burmaster (PSW, Creek Way Village), and Stella Jamieson (Allendale Nursing Home)