

Direct Care



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Outline of Session

- Discuss new emphasis on pain management in long term care (LTC) and provide examples to help improve resident pain
- Describe Comfort Care Rounds
- Provide overview of process of implementing Palliative Performance Scale in LTC

Pain Management

- Pain management in LTC is recognized as an international problem
- Up to 80% of LTC residents experience pain
- Pain is consistently under-assessed and under-treated

Pain Management

- Increasing attention being given to improving pain in LTC
- New LTC Homes Act (2007) in Ontario includes pain management as a new program
 - Pain Team
 - interdisciplinary involvement
 - assessment accommodates residents with cognitive impairment
 - strategies in place to manage pain with follow-up to evaluate effectiveness
 - use of scheduled pain medications when warranted and increase use of non-pharmacological interventions

Pain Management - Examples

- OANHSS Pain Management Program: Policy, Procedures and Training Package (2010)
<http://www.oanhss.org/AM/Template.cfm?Section=Home&Template=/CM/ContentDisplay.cfm&ContentID=8177>
- St. Joseph's Care Group Pain Identification and Screening
- See website for review of pain assessment tools: <http://prc.coh.org/PAIN-NOA.htm>

Comfort Care Rounds (CCRs)

- CCRs involve LTC team members attending a formalized, one hour monthly meeting
- CCRs:
 - are case based
 - involve a review of the previous month's deaths and/or issues about current residents who are dying
 - focus on education, reflection and peer support for staff

Comfort Care Rounds (CCRs)

- Utilize Palliative Care Consultant if available to facilitate sessions and provide education as needed (e.g., suctioning, pain management)
- CCRs should be interdisciplinary to promote cross-disciplinary learning (e.g. medications)
- Challenge pulling staff off the units to attend CCRs

Comfort Care Rounds (CCRs)

- Next Steps:
 - Move to “huddles” that occur on unit as needed
 - More emphasis on discussing issues of residents who are currently dying as opposed to those who have already died to help shape current care

“It’s good to have it after the fact too because you can learn for the next time, but I think that having them (CCRs) while the person is still here and learning each individual case of how to deal with them would be a good idea.”—PSW

Implementing the Palliative Performance Scale (PPS)

- PPS is a tool that measures progressive decline based on 5 domains:

Palliative Performance Scale (PPSv2)
version 2

PPS Level	Ambulation	Activity & Evidence of Disease	Self-Care	Intake	Conscious Level
100%	Full	Normal activity & work No evidence of disease	Full	Normal	Full
90%	Full	Normal activity & work Some evidence of disease	Full	Normal	Full
80%	Full	Normal activity <i>with</i> Effort Some evidence of disease	Full	Normal or reduced	Full
70%	Reduced	Unable Normal Job/Work Significant disease	Full	Normal or reduced	Full
60%	Reduced	Unable hobby/house work Significant disease	Occasional assistance necessary	Normal or reduced	Full or Confusion
50%	Mainly Sit/Lie	Unable to do any work Extensive disease	Considerable assistance required	Normal or reduced	Full or Confusion
40%	Mainly in Bed	Unable to do most activity Extensive disease	Mainly assistance	Normal or reduced	Full or Drowsy +/- Confusion
30%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Normal or reduced	Full or Drowsy +/- Confusion
20%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Minimal to sips	Full or Drowsy +/- Confusion
10%	Totally Bed Bound	Unable to do any activity Extensive disease	Total Care	Mouth care only	Drowsy or Coma +/- Confusion
0%	Death	-	-	-	-

Guidelines for PPS

- PPS score must be assessed and documented on admission to LTC
- Scores higher than 40 percent = PPS should be reassessed on a quarterly basis
- PPS score of 30 percent or less = PPS should be reassessed on a weekly basis
- If PPS scores remain stable for over three weeks, then reassessment can resume on a quarterly basis.
- If scores continue to decline, reassessment continues on a weekly basis.

Implementing the Palliative Performance Scale (PPS)

- PPS serves as a way for the interdisciplinary team to communicate with one another – common language
- Can help with care planning
- Trigger palliative care conferences with family (PPS < 30 or 20)

Further Information

Visit our website

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