Bruyère

Enhancing Lives.
Transforming Care.
706-bed multi-site facility

Gatineau

Orléans

Ottawa

Saint-Louis Residence
Bruyère Village

Élisabeth Bruyère Hospital
Élisabeth Bruyère Residence

Saint-Vincent Hospital
170-Year Old Mission

• To care for society’s most vulnerable: the frail, the sick and the elderly

• Inspired by our founder, Mother Élisabeth Bruyère, who opened the first hospital in Bytown in 1845

• Out values: Respect, Compassion, Collaboration, Accountability and Learning
Quick Facts

Élisabeth Bruyère Residence — 198 beds
Saint-Louis Residence — 71 beds
• Long-term care facilities offering specialized services for people with dementia and peritoneal dialysis

Bruyère Village — 227 apartments
• New residential complex for seniors
• Offers independent living, assisted living and affordable housing
Main challenges

• Increase in aging population
• Increase in complexity of health care needs
• Competing for resources (human and financial)
• Increase in chronically-disabled population
Welcome and Plenary

Quality Improvement for Pain Management and Measurement in Long-Term Care — An International Expert Panel

November 10, 2015
Presenter Disclosure

• Faculty: Dr. John Hirdes, Tammy Retalic, Francine Drisner, Simon Akinsulie, Jennifer Donovan

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  – Speakers Bureau/Honoraria: N/A
  – Consulting Fees: N/A
  – Other: N/A

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Disclosure of Commercial Support

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  – N/A

- Potential for Conflict of Interest:
  – N/A
OBJECTIVES

• Learn about the work of the Seniors Quality Leap Initiative

• Explore methods of pain measurement and management for long-term care, as well as related quality improvement change ideas

• Hear from other homes on their pain management quality improvement journeys and engage in an interactive Q&A dialogue
Launched in early 2011, the SQLI spans Canada and the United States

1. Baycrest – Ontario, Canada
2. CapitalCare Group Inc. – Alberta, Canada
3. Donald Berman Maimonides Geriatric Centre – Quebec, Canada
4. Emory Healthcare – Georgia, USA
5. Hebrew SeniorLife – Massachusetts, USA
6. Johns Hopkins Bayview Medical Center – Maryland, USA
7. The Jewish Home of San Francisco, California, USA
8. The Perley and Rideau Veterans’ Health Centre – Ontario, Canada
9. Providence Health Care – British Columbia, Canada
10. Revera Inc. – Ontario, Canada
11. Schlegel Villages – Ontario, Canada
12. Soins Continus Bruyère Continuing Care – Ontario, Canada
13. Westminster Communities of Florida – Florida, USA
14. York Care Centre – New Brunswick, Canada
SQLI Partner Organizations

Key partners:

• Canadian Institute for Health Information
• Accreditation Canada
• Canadian Patient Safety Institute
• interRAI
  – University of Waterloo
  – Hebrew Senior Life
Mission

To improve outcomes in each member’s organization while determining how to optimally transfer best practices from one senior care setting to another, through the development of a shared performance report card, benchmarking and collaboration.

Value-add

• Community of practice
• Transparent and supportive
• Opportunities for networking
interRAI’s “Most Famous Article”
Why do we care about pain?

• Person’s perspective
  – Psychiatric: depression, anxiety, insomnia, impaired cognition, behavioural disturbances
  – Anorexia, malnutrition
  – Decreased socialization, recreation
  – Decreased quality of life
  – Functional decline, falls

• System’s perspective
  – Increased health care costs
How do we measure pain in interRAI assessments?

• “Always ask the person about pain frequency, intensity and control. Observe the person and ask others who are in contact with the person”
What about pain in persons with cognitive impairment?

- Still need to ask person
  - Watch non-verbal cues

- Behaviour, withdrawal, ADL performance, depressive symptoms may point to pain

- Proctor and Hirdes paper
  - Pain causing conditions associated with higher pain ratings in those with cognitive impairment

- Assume pain is under-detected in this population
Pain Clinical Assessment Protocols (CAPs)

- **LTCF/HC/CHA/MH/CMH**
  - High risk – Severe, horrible or excruciating pain of any frequency
    - 5% LTCF, 25% home care, 4% independent older adults, 3% MH, 7% CMH
  - Moderate risk - Daily mild or moderate pain
    - 12% LTCF, 25% home care, 15% independent older adults, 10% MH, 9% CMH

- **AC**
  - High improvement potential – New pain or increased frequency or intensity compared with premorbid period (20% of general medical patients)
  - Medium improvement potential – Pain present but frequency and intensity are stable (25% of general medical patients)

- **PC**
  - High priority – Palliative Pain Index = 3-4 (21% of community PC clients)
  - Medium priority – PPI=1 (20% of community PC clients)
Pain CAPs

• Clinical triggers often consistent, but approach to care may differ
  – LTCF → need to be concerned about pain missed due to cognitive impairment
  – MH/CMH → addictions and depression may be important comorbid conditions
  – AC → trajectory of pain from pre-morbid to current state provides important information
  – PC → pain may be pervasive, but a major focus of standard clinical practice; CAP deals with breakthrough and extreme pain
Pain Quality Indicators

• Two main LTC QIs
  – Percentage of residents with daily pain
  – Percentage of residents whose pain worsened
## SQLI Performance Report Indicators

<table>
<thead>
<tr>
<th>Domain</th>
<th>Quality Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activities of Daily Living</strong></td>
<td>Percent of residents whose mid-loss ADL functioning (transfer and locomotion) improved or who remained completely independent in mid-loss ADLs</td>
</tr>
<tr>
<td><strong>Activities of Daily Living</strong></td>
<td>Percent of residents whose mid-loss ADL functioning (transfer and locomotion) worsened or who remained completely dependent in mid-loss ADLs</td>
</tr>
<tr>
<td><strong>Behaviour</strong></td>
<td>Percent of residents whose behavioural symptoms worsened</td>
</tr>
<tr>
<td><strong>Behaviour</strong></td>
<td>Percent of residents whose behavioural symptoms improved</td>
</tr>
<tr>
<td><strong>Continence</strong></td>
<td>Percent of residents whose bladder continence worsened</td>
</tr>
<tr>
<td><strong>Continence</strong></td>
<td>Percent of residents with indwelling catheters</td>
</tr>
<tr>
<td><strong>Falls</strong></td>
<td>Percent of residents who fell in the last 30 days</td>
</tr>
<tr>
<td><strong>Medication</strong></td>
<td>Percent of residents on antipsychotics without a diagnosis of psychosis</td>
</tr>
<tr>
<td><strong>Mood</strong></td>
<td>Percent of residents whose mood from symptoms of depression worsened</td>
</tr>
<tr>
<td><strong>Pain</strong></td>
<td>Percent of residents whose pain worsened</td>
</tr>
<tr>
<td><strong>Pressure Ulcers</strong></td>
<td>Percent of residents who had a stage 2 to 4 pressure ulcer</td>
</tr>
<tr>
<td><strong>Restraints</strong></td>
<td>Percent of residents in daily physical restraints</td>
</tr>
</tbody>
</table>
Technical Specifications: PAN01

• **QI Definition**
  – Percent of residents whose pain worsened

• **Numerator**
  – Residents with greater pain (higher Pain Scale score) on their target assessment compared with their prior assessment

• **Denominator**
  – Residents with valid assessments whose pain symptoms could increase (did not have maximum Pain Scale score on prior assessment)

• **Risk Adjusters: Individual-level Covariates**
  – Age younger than 65 years

• **Risk Adjusters: Facility-level Stratification**
  – RUG-III CMI

Twitter: @interRAI_Hirdes
MEASURING PAIN - SQLI
IDENTIFYING THE GAPS

- SURVEY
- BEST PRACTICE
- LITERATURE REVIEW
<table>
<thead>
<tr>
<th>SITE</th>
<th>Policy</th>
<th>Clear reassessment guidelines</th>
<th>CNA involvement</th>
<th>Refresher training</th>
<th>Interdisciplinary training</th>
<th>Training: goals of care</th>
<th>Training: cultural considerations</th>
<th>↑ use of alternative therapies</th>
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<td>NO</td>
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<td>N/A</td>
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<tr>
<td>8</td>
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<td>NO</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
</tbody>
</table>
IDENTIFYING THE CHANGE IDEAS

How can we be \textit{Effective}? How can we be \textit{Innovative}?
<table>
<thead>
<tr>
<th>SITE</th>
<th>Education and information</th>
<th>Rules and policies</th>
<th>Reminders, checklists, double checks</th>
<th>Simplification and standardization</th>
<th>Automation and computerization</th>
<th>Forcing functions and constraints</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Pain education to new and existing staff</td>
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<td></td>
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<td>1</td>
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<td></td>
<td>Pain assessments and AUA reviews</td>
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</tr>
<tr>
<td>2</td>
<td></td>
<td>Implement policy</td>
<td></td>
<td></td>
<td></td>
<td>Standardized assessment tool</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>Update national policy</td>
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<tr>
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<td>Weekly audits of documentation</td>
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<tr>
<td>5</td>
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<td></td>
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<td>CNA/PSW pain screening in EHR</td>
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<tr>
<td>6</td>
<td></td>
<td></td>
<td>Monthly audits of documentation</td>
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</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Cultural considerations</td>
<td>Non-pharm alternatives</td>
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<tr>
<td>8</td>
<td>Pain education to new and existing staff</td>
<td></td>
<td></td>
<td></td>
<td>Reminders for staff to complete online training</td>
<td></td>
</tr>
</tbody>
</table>
In a perfect world, this is what we would SQLI success looks like …

- **Variance at the start**
- **Everybody improves**
- **Little variance & everybody better than “stretch goal”**

<table>
<thead>
<tr>
<th>Quality Indicator</th>
<th>Time 1</th>
<th>Time 2</th>
<th>Time 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **20-80th Percentile**
- **Median**
- **Site A**
- **Site B**
- **Site C**
- **Site E**
- **Site D**
- **Site F**
- **Site G**

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SUMMARY

• SQLI is evolving and growing
• Quality improvement in a consortium is a novel approach: enhances opportunities for knowledge exchange
• Measuring processes and outcomes is key for SQLI
• Change ideas can be aligned with LTC Quality Improvement Plan
• Measuring pain in LTC is important
QUESTIONS?