

Pain Action Plan for Residential Care (PAPR)

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Each residential aged care facility operates in a different context and from their own position of strength. This Pain Action Plan allows facilities to evaluate their pain management strengths and identify further areas for improvement. The plan is divided into three levels of action: **fundamentals**, **moving forward**, and **industry leading**.

<p style="text-align: center;">Fundamentals</p> <p style="text-align: center;">Core actions recommended by the Pain Management Guide (PMG) toolkit, 2nd ed.</p>	<p style="text-align: center;">Moving forward</p> <p style="text-align: center;">Actions that build upon these foundations and are recommended areas to next improve</p>	<p style="text-align: center;">Industry leading</p> <p style="text-align: center;">Actions that are leading edge innovations</p>
<u>Educating/Training</u>		
<p>Provide pain education and training to all staff, led by suitably qualified staff with relevant pain experience. Aim for at least 80% to 90% of staff receiving this training.</p>	<p>Provide opportunities for staff to attend external specialist training courses and education (such as workshops, conferences, seminars).</p> <p>Regular one-on-one training or shadowing to implement pain education and training sessions into practice.</p> <p>Develop an education and training resource library on pain management, freely available and readily accessible for all staff and residents / families.</p>	<p>Organise external organisations (peak bodies, researchers, pain specialists, allied health) to visit the facility and provide education and training specific to identified areas of need.</p> <p>Develop links between pain services and aged care for the temporary transfer of staff (such as an exchange placement or secondment arrangement).</p>
<p>Ensure staff are skilled in providing and communicating pain information to residents / families.</p>	<p>Ensure pain management training is included when on-boarding new staff (formal introductory training, learning modules, etc). Ensure that new staff understand that being part of a pain vigilant and pain therapeutic culture is expected by management.</p>	<p>Invite residents or other older adults with pain to share their stories and life experiences with residents / families / staff.</p>
<p>Ensure all staff are educated and skilled in providing <i>person-centred care</i>, including for diverse and marginal groups. Ensure staff understand how these groups may have different expressions of pain and the need for a different clinical engagement.</p>	<p>Provide opportunities for informal education of staff on providing <i>person-centred care</i>. e.g. sharing case studies, ongoing one-to-one training and shadowing of senior staff, handover, moments of teaching, regular memos, etc.</p> <p>Develop an education and training resource library on person-centred care that is freely available and readily accessible for all staff and residents / families</p>	
<p>Provide staff with education on the experiences and needs of <i>people living with dementia</i>, providing person-centred dementia care, and training on dementia pain management.</p>	<p>Develop links with dementia peak body organisations (e.g. Dementia Australia) to access complex pain management resources and services.</p>	<p>Research collaboration with peak bodies to improve pain service for people living with dementia.</p>

Fundamentals	Moving forward	Industry leading
<u>Staffing</u>		
Adopt workforce recruitment, retention, and ongoing training strategies that ensure an adequately skilled pain management workforce.	Actively recruit staff who have pain management experience (e.g. a nurse practitioner).	Create a senior pain specialist staff position to drive ongoing improvement and innovation.
Review employment practices and rostering so that adequately trained pain management staff are available on weekends and at night.	Identify and invest in a pain champion at the facility.	Develop a pool of pain champions across the organisation, ensure protected time so they can meet regularly.
	Have an agreement with agencies that provide temporary or short-term staff on the minimum qualifications, competence and experience in pain management of agency staff at the facility.	
<u>Access/Resources/Teams</u>		
Ensure staff have ready access to: <ol style="list-style-type: none"> 1. Pain in Residential Aged Care: Management Strategies 2nd ed, 2. Pain Management Guide (PMG) toolkit, 2nd ed. 	Build ongoing partnerships with pain-related services, pain-clinics, multi-disciplinary services.	Trial the use of new technologies that improve pain management, especially for specific groups or communities (e.g. for communication impaired residents, or regional or remote aged care facilities).
Provide information about pain specialist services to residents / families and assist their access to these services via a skilled and trained pain staff member.	Develop relationships and a clear referral pathway to local pain specialist services.	Collaborate for improved access to pain specialist services.
Develop and adequately resource a multi-disciplinary pain management team with existing internal and contracted staff.	Develop and resource a comprehensive multi-disciplinary or inter-disciplinary pain management team (a mix of internal and external staff).	Partner with leading pain organisations in research and innovation to develop new models of care in pain management.
<u>Quality/Governance/Systems</u>		
Complete a <i>Pain Management Audit Checklist for Residential Care</i> (see PMG Toolkit 2 nd Ed) to measure current performance against best-practice pain management.	Demonstrate to residents / families what specific pain management practices, policies and procedures are in place and how they can contribute.	
Evaluate all physical environments to ensure they do not further disable residents with pain. Implement a continuous improvement process when gaps and innovations are identified.		
Use the Pain Action Plan for Residential Care (this document) and develop a strategy for areas of improvement.		
Develop and implement clear policies that address deficits / gaps in best-practice pain management in systems.		Encourage quality improvement pain initiatives. Establish partnerships so research can be readily conducted by internal staff or in partnership with external academics.

Fundamentals	Moving forward	Industry leading
Implement policies and practices that meet the unique needs of diverse and marginalised groups, including Aboriginal and Torres Strait Islander people, LGBTIQ+, care leavers, Culturally and Linguistically Diverse Groups, homeless people, and people who have experienced past or recent trauma.		
Develop a pain vigilant and pain therapeutic culture at your facility.	Maintain corporate and clinical governance responsibility for implementing best-practice pain management across the organisation.	
	Consumer representation on corporate and / or clinical governance committees.	
	Define quality indicators and set Key Performance Indicators to ensure that pain management targets are achieved, and service delivery is improving.	Include key performance targets in pain management for executive or board reports.
	Implement, monitor and review pain management systems across the organisation, and continually seek opportunities for improvement.	
Regularly review how pain management policies are implemented, and care delivery for residents.	Regularly review all staff's understanding and implementation of pain management policies and care delivery. Seek feedback from staff about barriers to implementation and feedback on process improvement.	
Develop policies, procedures and practices that meet the unique needs of (1) people living with dementia, and (2) diverse and marginalised groups.	Review regularly against current best practice published by lead pain-related organisations, pain researchers, and peak bodies.	Partner with lead agencies to improve service to marginalised groups.
	Announce a commitment to best-practice pain management across the organisation. Develop a plan to meet this commitment.	
<u>Communication</u>		
Provide residents / families with clear pain information (appropriate to their level of health literacy) on your service's use of a bio-psycho-social model of pain.	Display visual cues of pain vigilance on posters, brochures, badges and audio-visual media once policies are in place and staff are trained.	Communicate the work you do to the wider community, especially innovations in pain management. Disseminate via researchers, newsletters, media
Ensure residents / families are recognised, respected and involved in planning the care and support of residents with pain. Families are to be included in the pain management team with the resident's permission.	Ensure that communications contain information about biopsychosocial pain management and inclusion in multidisciplinary team. Disseminate to residents/families via newsletters, emails, resident meetings, etc.	