

painaustralia

SUBMISSION TO THE STANDING COMMITTEE ON HEALTH, AGED CARE AND SPORT
INQUIRY INTO THE QUALITY OF CARE IN RESIDENTIAL AGED CARE FACILITIES IN AUSTRALIA

FEBRUARY 2018

Executive Summary

Painaustralia welcomes the opportunity to provide this submission to the Standing Committee on Health, Aged Care and Sport inquiry into the Quality of Care in Residential Aged Care Facilities in Australia.

To improve the quality of care within residential aged care and reduce the incidence of mistreatment, effective pain management, including prevention, treatment and support, must be a key priority of aged care policy reform and a core responsibility across aged care settings.

Up to 80 percent of people in residential aged care have persistent pain, and evidence suggests pain is often under-treated in the elderly.¹ People living in residential aged care are at greater risk of other things that can cause pain such as falls, accidents and injuries, as well as a range of other medical conditions that can cause pain.²

If residents live with dementia or other cognitive impairment, they may be less able to express emotion or communicate to their carers that they are in pain, which can cause severe behaviours, which can be managed poorly or inappropriately. Mistreatment is often unintentional, but the

risk of it occurring is increased due to a lack of understanding of best practice pain management strategies.

Yet pain remains unrecognised or undiagnosed because of cognitive or other communicative impairments and inadequate training of aged care staff with day-to-day responsibilities for residents.³ It is unsurprising that in 2016-17, the most common complaints provided to the Aged Care Complaints Commission about residential care related to medication administration and management and falls prevention and post-fall management.⁴

There is an urgent need to prioritise the issues of pain in aged care reform policy agendas and improve the prevention, treatment and management of pain across aged-care settings. This includes focusing on preventing the escalation of pain conditions, severe behaviours and poorly treated or untreated pain, and equipping aged care practitioners with the skills and information they need to provide sound pain management strategies.

About Painaustralia

Painaustralia is the leading national peak body to develop and inform national pain strategies and policies and was formed in 2011 to work with government, health professional and consumer stakeholders to facilitate implementation of the National Pain Strategy.

Painaustralia's primary mission is to improve the quality of life for people with pain and their families and minimise the burden of pain on individuals and the community. Effectively tackling pain – as a complex physical, psychological and environmental condition – is in the interest of every Australian.

With over 150 members and partners across a diverse range of stakeholders including consumers, medical specialists, pharmacists, academics, carers, pharmaceutical companies, allied health professionals and others with an interest in pain, Painaustralia consults our network widely to inform practical and strategic solutions to address this complex and widespread issue.

Painaustralia also provides essential sources of information for consumers, medical practitioners and researchers.

Summary of Recommendations

1. Acute and chronic pain is recognised as a key issue in addressing mistreatment in residential aged care.

That the Committee notes the prevalence of pain for residents of aged care facilities and its relationship to incidents of mistreatment and severe behaviours.

2. Pain management is prioritised in aged care policy reform and practice.

That pain management be made an urgent priority for reform in Australian Government aged care policy reform agendas.

That the Australian Government implement the recommendations of the National Pain Strategy. That national standards are developed to improve the reporting of pain in residential aged care.

That greater access to pain management services are made available to residents of aged care facilities through the Aged Care Funding Instrument.

3. National pain programs are developed and implemented in residential aged care facilities for staff, residents and family, friends or representatives.

That a national pain management training program for aged care practitioners is developed and implemented.

That a national pain education program for people living in residential aged care and their family, friends and representatives is developed and implemented.

4. Access to best practice pain management that adopts a multidisciplinary approach is further considered to inform policy development.

Expanded access to multidisciplinary pain management and access to pain specialists within residential aged care settings is considered by the Department of Health.

Effective partnerships are developed and supported between residential aged care and pain clinics to ensure best practice pain management.

5. Australian Aged Care Quality Agency

That education for residential aged care staff is incorporated in the Australian Aged Care Quality Agency Accreditation standards and processes.

That the Agency work with the pain sector to ensure pain management accreditation processes and standards are the subject of ongoing evaluation and meet best practice.

6. Consumer protections for residents to help them exercise their choice and their rights in care

That residents are informed and empowered through the provision of a national pain education program.

Response to the Inquiry's Terms of Reference

1

The incidence of all mistreatment of residents in residential aged care facilities and associated reporting and response mechanisms, including the treatment of whistleblowers

1. Recognise acute and chronic pain as a key issue in addressing mistreatment in residential aged care

While chronic and acute pain is common amongst residents of aged care facilities, the evidence suggests that pain is misunderstood, poorly managed or undertreated in residential aged care, including the suboptimal use of analgesics.⁵

Cognitive or other communicative impairments of residents, inadequate training of aged care staff with day-to-day responsibilities for residents and workload that prevents adequate pain assessment are all barriers to effective treatment.⁶ It can also lead to inappropriate use of physical or chemical restraints,⁷ misuse of pain medications and reliance on antidepressants.⁸

Up to 80 percent of people in residential aged care have persistent pain.⁹ People living in residential aged care are at greater risk of other things that can cause pain such as falls, accidents and injuries, as well as a range of other medical conditions that can cause pain.¹⁰

Further, more than half of residents of aged care facilities have a diagnosis of dementia, with two in three requiring high-level care to manage behaviour.¹¹ This indicates there are a high number of people with chronic pain who have cognitive or communicative impairment and the inability to report pain.

The prevalence of acute and chronic pain among those with dementia should be recognised as a significant factor in severe behavioural and psychological symptoms of dementia (BPSD), which may be caused by the expression of emotion or unmet need that the person with dementia cannot otherwise express, e.g. pain, frustration, fear.¹²

Untreated or poorly managed pain can perpetuate the pain condition and reduce quality of life and has significant impacts on mental health, with 30-40% of people with chronic pain also living with depression.¹³

It is unsurprising that in 2016-17, the most common complaints provided to the Aged Care Complaints Commission about residential care related to medication administration and management and falls prevention and post-fall management.¹⁴

Evidence also shows people with dementia are being under-treated for pain compared with cognitively-intact people, despite similar levels of potentially painful conditions. In one study, pain was detected in just 31.5% of cognitively impaired residents compared to 61% of cognitively intact residents, despite both having similar incidence of potentially painful conditions.¹⁵

Recommendation:

That the Committee notes the prevalence of pain for residents of aged care and its relationship to incidents of mistreatment and severe behaviours.

2. Prioritise pain management in policy reform and practice

Painaustralia notes efforts are being made both by government and the sector to foster greater awareness and education of pain management, as well as specific measures to better support people living with BPSD through the proposed establishment of Specialist Dementia Care Units (SCDUs).

However, to improve quality of life and minimise incidents of mistreatment, the issue of pain management across the sector deserves greater attention in policy and practice. This includes:

- It is recommended that pain management be made an urgent priority for reform across Australian Government aged care policy reform agendas, including the Aged Care Roadmap, the Review of National Aged Care Quality Regulatory Processes, the Aged Care Workforce Strategy and the National Framework for Action on Dementia 2015-19.
- To improve pain management across residential aged care facilities, and to ensure best practice and quality pain management within the SDCUs once established, it is strongly recommended the Australian Government implements the recommendations of the National Pain Strategy (2010).¹⁶

The National Pain Strategy, launched seven years ago, provides a blueprint for the treatment and management of acute, chronic and cancer pain and is an important resource for specialists, health care administrators and state departments of health, who have made some investments in response to the Strategy.

The Strategy's objectives, developed by a broad coalition of stakeholders, remain relevant today, as well as the key priorities for reform and investment.

- It is recommended that national standards are developed to improve reporting of pain. This will improve practice to prevent escalation of severe behaviours, and improve referral pathways to SDCUs or other specialist services. Improved and standardised reporting will ensure:
 - residents able to report pain should be asked on a regular basis about their pain with genuine concern (any concerns patients may have about reporting pain should be dispelled);
 - residents unable to report pain must be observed through carefully structured procedures;
 - the possibility of onset of pain must be considered if there is a significant change in a resident's condition and, routinely, every three months;
 - complaints processes are strengthened to ensure a clear pathway that allows residents and their families to easily identify, articulate and progress a complaint in relation to under-reporting of pain and inadequate pain management; and
 - regular monitoring and reporting in all aged care facilities must ensure assessment of pain management practices and processes, as part of ongoing accreditation processes for facilities.
- Ensuring there is adequate funding for allied health care, including pain assessments and support of appropriate person-centred care plans. This should also include ensuring there is adequate funding for complex chronic pain cases that require referral to tertiary care. It is recommended that greater access to pain management services are made available to residents of aged care facilities through the Aged Care Funding Instrument.

Recommendations:

That pain management be made an urgent priority for reform across Australian Government aged care policy reform agendas.

That the Australian Government implements the recommendations of the National Pain Strategy.

That national standards are developed to improve the reporting of pain in residential aged care facilities.

That greater access to pain management services are made available to residents of aged care facilities through the Aged Care Funding Instrument.

3. National pain programs in residential aged care facilities for staff and residents

To increase understanding of pain in residential aged care, specific programs that broaden knowledge amongst residents, staff and their families are required.

There is currently no identified, national or uniform pain management training program for aged care practitioners in Australia. 41% of aged care practitioners reported having received no training on assessment of pain in people with dementia while 98% indicated additional training in dementia would be beneficial.¹⁷ It is therefore recommended that a national pain management training program for aged care practitioners is developed and implemented as a matter of urgent priority.

It is also recommended ongoing education for residential aged care staff should be tied to the Australian Aged Care Quality Agency accreditation processes to address a lack of knowledge of pain and its treatment.

It may also include the appointment of a nominated 'pain champion' within each facility to oversee pain education and training. The education and training should include:

- o best-practice management of acute and chronic pain in older people;
- o recognition of non-verbal BPSD which are often signs of pain in residents with dementia;
- o assessment of pain in residential aged care facilities, including self-report, observational and sensory testing,¹⁸ including the increasing role of technology in assessment;¹⁹
- o clear referral pathways for the treatment of chronic pain, which can be escalated depending on the situation.

A range of existing education and programs could be used such as the industry-led Pain Advocacy Nurse in Aged Care (PANACEA) Learning module²⁰ which fits within the Australian Pain Society Residential Aged Care Facilities Management Guidelines.²¹

These Guidelines provide a comprehensive and considered exploration of the ways in which to reduce pain and improve the quality of life of long-term aged care residents. The recommended strategies are based on the best available research evidence, but note there is also a great need for further research to improve this evidence base.

This includes recent advancements in technology that enable more advanced assessment strategies, testing and diagnosis including smart phone applications that allow dementia patients and those with limited communication to better express their pain that harness advanced facial recognition technology.²² It is recommended that funding be allocated to improve the evidence base of what constitutes best practice pain management in residential aged care facilities.

It is also recommended a national pain management program for people living in residential aged care is developed and implemented, that could also be undertaken by their family, friends or other representatives.

There is no specific national pain management program for residents of aged care facilities, yet the provision of an 'off the shelf' program would greatly assist aged care providers to run programs in their facilities for those experiencing chronic pain.

The provision of a national program that supports self-management of ongoing pain could prevent the escalation of pain conditions that could lead to severe behaviours which require best practice management, support and treatment strategies, as well as enhance understanding of chronic pain among residents and aged care practitioners, as well as families, friends or other representatives, and will help aged care residents exercise choice about their rights in care including best practice pain management, treatment and support strategies.

Pain management programs do not need to be delivered by health professionals, but they do need to be delivered by someone with appropriate training.

There are range of existing programs that could be drawn on to develop a national model including the Seniors ADAPT pain management program, which is a group-based, outpatient treatment program for people aged over 65. In a study involving 140 patients, Seniors ADAPT was found to be more effective than exercises and usual care in helping improve participants' levels of distressing pain, pain interference in activities, mood and unhelpful attitudes to pain. The principles and approaches of the program could be adapted for a national scheme. The Institute also offer a pain management education program for culturally and linguistically diverse (CALD) communities.²³

The industry-sponsored Pain Advocacy Nurse in Aged Care (PANACEA) program has been developed to assist nursing staff to identify and optimally manage pain in residents of aged care facilities, and has recently been incorporated into Catholic Healthcare facilities.

Initiatives supporting pain management for residents in aged care facilities would be informed by the Australian Pain Society's Pain in Residential Aged Care Facilities (RACF) Management Guidelines (2nd edition, 2018), which should be distributed across providers.

These two measures would greatly enhance understanding of pain in residential aged care for staff, residents and their families, friends and representatives.

Recommendations:

That a national pain management training program for aged care practitioners is developed and implemented.

That a national pain management program for people living in residential aged care and their representatives is developed and implemented.

4. Effective partnerships between aged care providers and pain specialists

Effective partnerships should be developed between residential aged care providers and pain clinics to ensure best practice pain management.

Research demonstrates a multidisciplinary approach is often more effective than overreliance on analgesic medications. Access to physical and psychological modalities of pain management, pain specialists and multidisciplinary pain clinics should be considered for residents of aged care living with chronic pain where possible.

An audit of current ability to access to multidisciplinary pain management and pain specialists for people living in residential aged care would assist to inform policy in this area. Resources are also required to strengthen effective partnerships and expand access to pain specialists within residential aged care facilities.

For residential aged care facilities located in rural or remote areas, the use of telehealth should be explored to link to pain specialists and clinics based in metropolitan areas. This could include both ongoing professional development of aged care practitioners and specific pain specialist services and

Recommendation:

Expanded access to multidisciplinary pain management and access to pain specialists within residential aged care settings is considered by the Department of Health.

That effective partnerships are developed and supported between residential aged care providers and pain clinics to ensure best practice pain management.

Response to the Inquiry's Terms of Reference

2 *The effectiveness of the Australian Aged Care Quality Agency, the Aged Care Complaints Commission and the Charter of Care Recipients Rights and Responsibilities in ensuring adequate consumer protection in residential aged care.*

1. Australian Aged Care Quality Agency

Given the high incidence of chronic pain amongst people living in residential aged care and its impact on severe behaviours, it is recommended the Australian Aged Care Quality Agency ensure that its accreditation process reflects best practice pain management and treatment as a key priority.

Painaustralia acknowledges the current Accreditation Standards include 'Pain management: All care recipients are as free as possible from pain' and provides specific reporting requirements on assessment, pain management, evaluation and review.

As mentioned above, ongoing and new education programs for residential aged care staff should be tied to the Australian Aged Care Quality Agency accreditation processes to address a lack of knowledge of pain and its treatment.

Given the specific and significant relationship between pain and risk of mistreatment, it is recommended that accreditation of best practice pain management is the subject of ongoing evaluation. This may include:

- o referral pathways to specialist services that are related to pain;
- o pain management and treatment within residential aged care settings and its impact on patient outcomes;
- o use of pharmacological and non-pharmacological pain management strategies in residential aged care;
- o availability of continual professional development for those working in residential aged care; and
- o ensuring accreditation is informed with the latest research and evidence base.

Recommendations:

That education for residential aged care staff is tied to the Australian Aged Care Quality Agency accreditation standards and processes.

That the Australian Aged Care Quality Agency work with the pain sector to ensure pain management accreditation processes and standards are the subject of ongoing evaluation.

2. The Aged Care Complaints Commission

Painaustralia notes that in 2016-17, the most common complaints provided to the Aged Care Complaints Commission about residential care related to medication administration and management and falls prevention and post-fall management.²⁴ This demonstrates the clear link between complaints and the high incidence of pain amongst residents of aged care facilities and the provision of best practice pain management and support.

2 *The adequacy of consumer protection arrangements for aged care residents who do not have family, friends or other representatives to help them exercise their choice and their rights in care.*

1. Pain management program for residents

As mentioned above, it is recommended a national pain management program for people living in residential aged care is developed and implemented to help them exercise their choice and their rights in care.

There is no specific national pain management program for residents of aged care facilities, yet the provision of an 'off the shelf' program would greatly assist aged care providers to run programs in their facilities for those experiencing chronic pain.

The provision of a national program that supports self-management of ongoing pain would enhance understanding of chronic pain among residents and aged care practitioners, and equip residents with information to exercise choice and their rights in care including best practice pain management, treatment and support strategies.

Initiatives supporting pain management for residents in aged care facilities would be informed by the Australian Pain Society's Pain in Residential Aged Care Facilities (RACF) Management Guidelines (2nd edition, 2018), which should be distributed across providers.

Recommendation:

That residents of aged care facilities are informed and empowered through the provision of national pain management education program.

Conclusion

Painaustralia welcomes this inquiry as an important step to improve the quality of care within residential aged care and minimise incidents of mistreatment, which will require a diverse range of considerations and policy priorities.

Improving understanding and implementing best practice pain management, treatment and support within residential aged care facilities must be a key priority, given its significant impact on quality of life for residents and the capacity of staff to deliver care that meets community expectations and the standards.

This will require effective partnerships and communication between the aged care sector, the pain services sector, regulators and governments and the community.

Painaustralia commends this submission to the Inquiry.

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