

# **pain**australia

**SUBMISSION TO AUSTRALIAN AGED CARE QUALITY AGENCY**  
**Draft Guidance Material for New Aged Care Quality Standards**

**MAY 2018**

# RECOMMENDATIONS

- That the Department of Health, aged care regulators and all providers are directly informed by the Australian Pain Society's Pain in Residential Aged Care Facilities (RACF) Management Guidelines in developing and implementing new standards on pain management, and resources are allocated to distribute the Guidelines across providers.
- The accreditation of best practice pain management is the subject of ongoing evaluation.
- Additional Federal Government support is required to underpin the standards on pain management including prioritisation of pain management in workforce strategies, investments in education and information for consumers, their families and representatives and effective complaint mechanisms.
- Ensuring patient comfort, quality of life, pain management and support and a reduction of pain should be the focus of the pain management standards.
- The standards should refer not only to 'effective treatment', but the prioritisation of pain management, prevention, treatment and support.
- The draft standards need to be strengthened to prioritise the delivery of best practice pain management by providers, which encompasses an interdisciplinary approach.
- The draft standards need to be strengthened to address the need to prevent 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 PAIN AUSTRALIA

Painaustralia is the national peak body working to improve the quality of life of people living with pain, their families and carers, and to minimise the social and economic burden of pain. Members include pain and other specialists, health practitioners, health groups, consumers and researchers. Painaustralia works with our network to inform practical and strategic solutions to address this complex and widespread issue.

## KEY POINTS

Painaustralia welcomes the inclusion of pain management in Part H in Draft Guidance - Standard 3: Personal care and clinical care.

Given up to 80 percent of people in residential aged care have persistent pain, and evidence suggests pain is often under-treated in older people, clear and reportable quality indicators that focus on pain management, reporting and education must be required to meet quality standards and be developed and applied as an urgent and critical priority to improve quality of care.

To date, pain management in residential aged care has been neglected and misunderstood and is the cause of a significant number of complaints to the Aged Care Complaints Commission. Despite access to pain management being recognised as a human right through the Montreal Declaration, many residential aged care facilities are falling short. This is despite people living in residential aged care being 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.

It is imperative that in finalising the standards relating to pain management, the department, regulators and all providers are directly informed by the Australian Pain Society's Pain in Residential Aged Care Facilities (RACF) Management Guidelines (2nd edition, 2018). The guidelines are a "one stop shop" of comprehensive information and resources for aged care workforces to identify, assess and manage pain by addressing various pain management strategies. It has been authored and reviewed by expert multidisciplinary stakeholders and includes revised and expanded content, including two new chapters Pain at the End of Life and Pain and Nutrition.

The Guidelines are currently not included in the list of resources identified in the draft standards and must be included. To accompany the development of the new standards, resources should also be allocated to distribute the guidelines across providers, together with appropriate resourcing for a national pain management program for the aged care workforce. More details can be found at: <https://www.apsoc.org.au/publications>

Given the specific and significant relationship between pain and quality of care, it is recommended that accreditation of best practice pain management is the subject of ongoing evaluation. This may include, but not be limited to:

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

Additional Federal Government support to underpin this standard are required including prioritisation of pain management in workforce strategies, investments in education and information for consumers, their families and representatives and effective complaint mechanisms.

In relation to the draft standards Part H, we make the following specific comments:

- **Part H aims to support ‘consumers to live without pain’ yet the eradication of all pain is not possible, even with pharmacological interventions.** Ensuring patient comfort, quality of life, pain management and support and a reduction of pain should be the focus of the standards.
- **The standards should refer not only to ‘effective treatment’, but the prioritisation of pain management, prevention, treatment and support.** This encompasses the understanding that if pain is managed better in the first place, quality of care and quality of life can be improved significantly. The reflective questions should encompass how providers are establishing a clinical pain team that oversees pain management practice, as well as how staff are being actively engaged and educated in pain assessment, management, treatment and support, including effective and safe use of medications.
- **The standards fail to ask providers to prioritise best practice pain management, which encompasses an interdisciplinary approach.** Expert consensus and a growing body of research in Australia and worldwide says that best-practice pain management that most effectively improves function and mood requires coordinated interdisciplinary assessment and management involving assessing, at a minimum, physical, psychological, and environmental risk factors in each patient. Where available, the approach embraces a combination of medical, physical and psychological therapies and can reduce reliance on pain medications. The reflective questions should ask providers to demonstrate how they are delivering and prioritising interdisciplinary approaches.
- **The standards fail to address the need to prevent 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.** Pain assessment protocols should reflect a greater understanding that if consumers 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. The reflective questions should require providers to demonstrate how consumers with cognitive impairment are not just assessed but managed and supported. Consumers unable to report pain must be observed through carefully structured procedures.

- While we welcome the active involvement of residents in their own care in the standards, **there is currently very limited understanding of self-management strategies amongst consumers and aged care workers.** Whole-of-community approaches to pain management that enhances understandings of pain and the treatment options will bring about greater health outcomes and quality of life and that should also include families and representatives of consumers. The reflective questions should ask providers to quantify how they are developing pain management programs for consumers, that includes self-management strategies and how they can be involved in decisions about their pain management. This should include the provision of information, such as a fact sheet or information sessions that includes:
  - ◇ explanation of chronic pain and the importance of pain management, regardless of age;
  - ◇ information about how to develop a care plan and a plan for pain management at end-of-life;
  - ◇ information about multidisciplinary pain management, the most effective way to manage pain at any age;
  - ◇ information about self-management (such as mindfulness, meditation and gentle daily exercise), a key part of effective pain care;
  - ◇ information about how to access allied health support (which may mean accessing health care externally);
  - ◇ help to identify when chronic pain needs further intervention; and
  - ◇ information to help families identify untreated pain in loved ones with dementia (given at least 50% of aged care residents have dementia).
  
- The standards fail to demonstrate **how complaints processes can be strengthened** to ensure a clear pathway that allows consumers and their families to easily identify, articulate and progress a complaint in relation to under-reporting of pain and inadequate pain management. This should be included in the reflective questions.
  
- Recent advancements in technology are enabling more advanced assessment strategies, testing and diagnosis including smart phone applications that allow people living with dementia or cognitive impairment to better express their pain that harness advanced facial recognition technology, and their role should be noted in the standards.

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