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PainChek
Intelligent Pain Assessment

Dementia Care: Best practice in pain management

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Pain is a significant issue for people who are living with dementia and for those who provide care and support

There is a strong need to consider the possibility of pain as a contributor to behavioural changes in aged care residents living with dementia.

25%

more neuropsychiatric behaviours

33%

higher severity of behaviours

31%

more distress to caregivers



What is pain behaviour?

- Shouting
- Swearing
- Pacing
- Falling
- Bodily tension
- Sighing
- Silence
- Withdrawal



Factors that influence our pain behaviour

Personality
Previous experience
Learned behaviours
Emotion
Social situation
Cognition



Become a 'Pain Detective'!



✓ Find out the person's usual pain behaviour and include it in care plans

✓ Consider cognitive disability and impact on pain experience and expression:

- ✓ Dysphasia – difficulty verbally expressing pain
- ✓ Hypoalgesia – loss of pain perception
- ✓ Malnutrition/Dehydration – UTI; Constipation
- ✓ Executive dysfunction – poor oral hygiene

✓ Consider emotional and social context and impact on pain experience and expression

QCS Pain Management Policy Update 2023



Pain is whatever the experiencing person says it is, existing whenever the experiencing person says it does.

- Margo McCaffery 1968



Pain assessment for all



Use of pain assessment tools



Cognitive assessment and nonverbal communication

Pain assessment

A formal pain assessment should take place for ALL service users and the assessment should be ongoing

At the pre-admission stage/planning a package of care

On admission/starting a package of care

If the condition/behavior changes

At regular intervals as part of the plan of care, for example at medication rounds or during every visit

After significant events, for example after a fall



Pain assessment tool

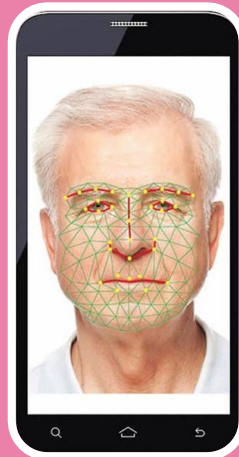
Abbey Pain Scale

Pictorial Rating Scale
(Wong-Baker Faces)

The Pain Assessment In
Advanced Dementia (PAINAD)

Numerical rating scale

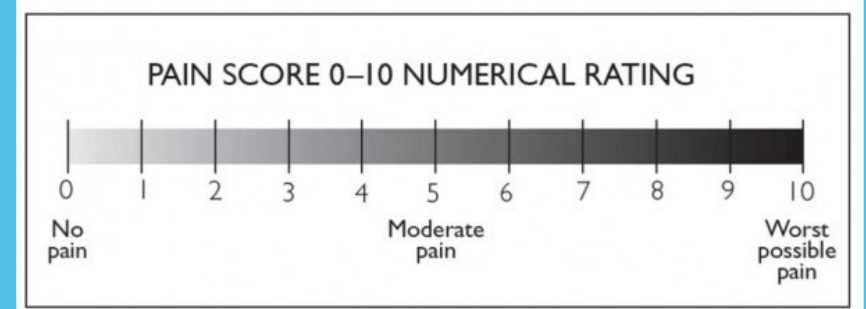
The only Digital Clinically
Validated tool, PainChek



Q1. Vocalisation
eg. whimpering, groaning, crying
Absent 0 Mild 1 Moderate 2 Severe 3 **Q1**

Q2. Facial expression
eg: looking tense, frowning grimacing, looking frightened
Absent 0 Mild 1 Moderate 2 Severe 3 **Q2**

Wong-Baker FACES Pain Rating Scale



Cognitive impairment & nonverbal communication

Cognitive impairment (nonverbal communication)



Facial expressions(frowning, grimacing)

Vocalisation (crying, groaning)

Change in body language
(rocking, guarding)

Behavioural change
(refusing to eat, alteration in usual patterns, out of character behavior)

Physiological change
(blood pressure, heart rate)

Physical change
(skin tears, pressure areas)

Loss of sleep

Sweating, nausea and vomiting,
restlessness, pallor





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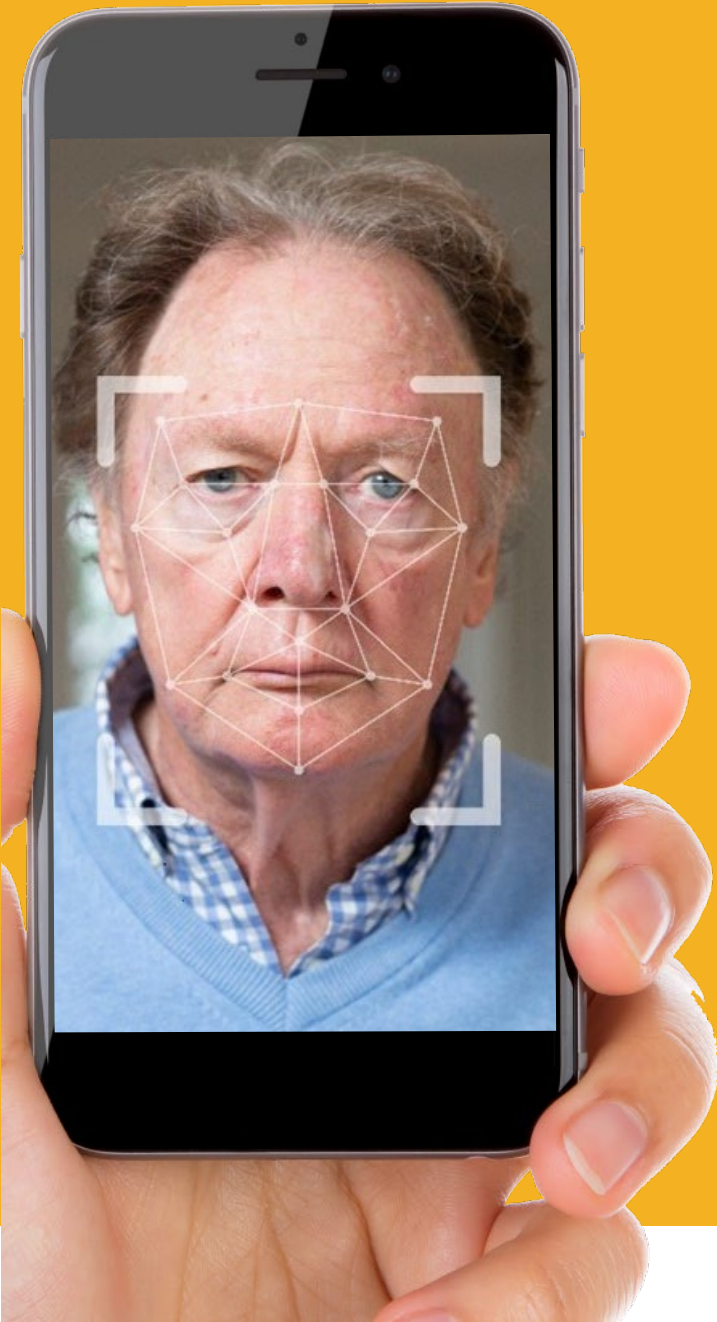
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Intelligent Pain Assessment

**DEMENTIA CARE:
BEST PRACTICE IN PAIN MANAGEMENT**

Tandeep Gill

Our purpose is to give
voice to people
who
cannot reliably
verbalise
their pain



THE PAINCHEK® SYSTEM



What is PainChek?

Fast & easy to use **Mobile App**

Documented at the **Point of Care**

Fully integrated into **Digital Clinical Systems**

Uses **AI** to detect microfacial features

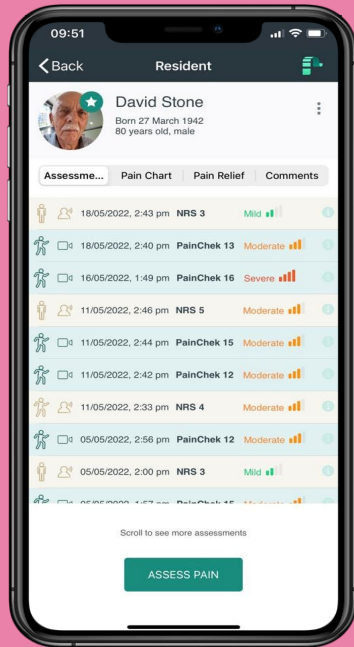
Pain assessment **Analytics**

A medical device in your pocket



PAINCHEK® SYSTEM

Application



Data Analytics



Education





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PainChek

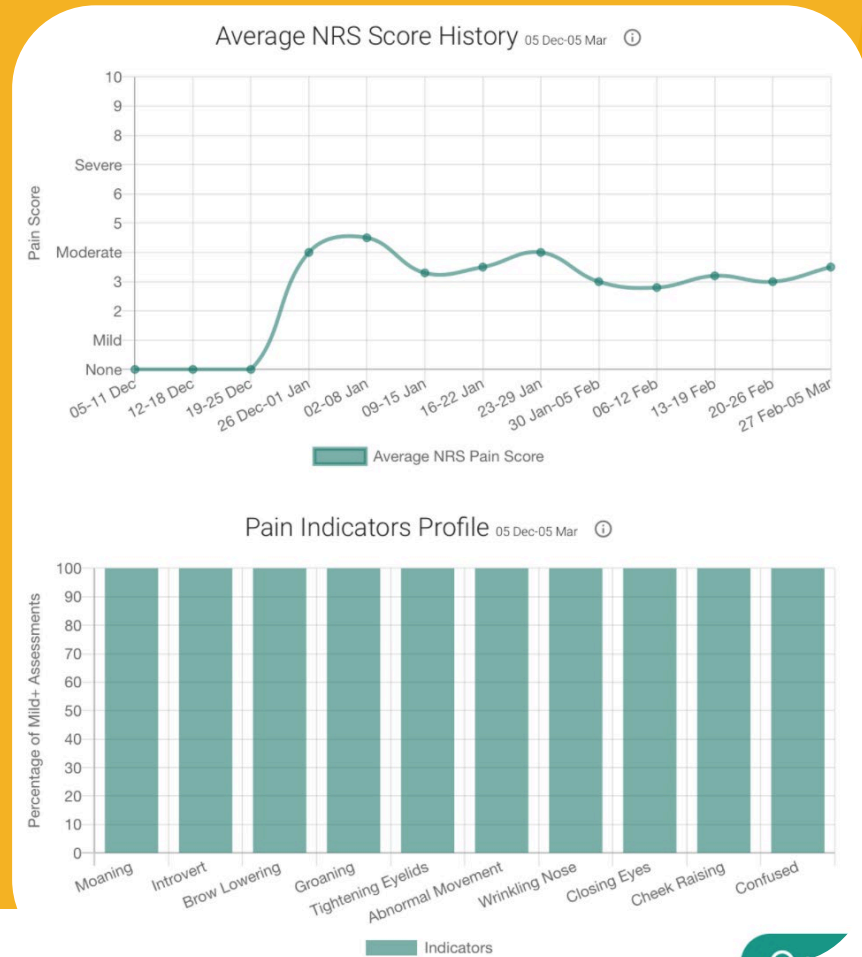
Intelligent Pain Assessment

HARBOUR HEALTHCARE – QCS WEBINAR June 2023

Resident Level Detail - Example (E)

Positive impact of resident outcomes through increased number of pain assessments

With this resident, moderate pain was identified and through continued monitoring has reduced and stabilised his/her pain level to mild. In this kind of scenario, there is an opportunity to use this kind of data to have an informed discussions with GPs to influence changes in prescribing habits.



Through the PainChek data analytics, the care team have clear visibility of resident specific 'top ten' pain indicators, out of the 42 that are assessed in the PainChek solution. By having an increased awareness of a residents' top pain indicators, the team will be able to recognize early symptoms of pain that become triggers for assessments, leading to 'data led' interventions.

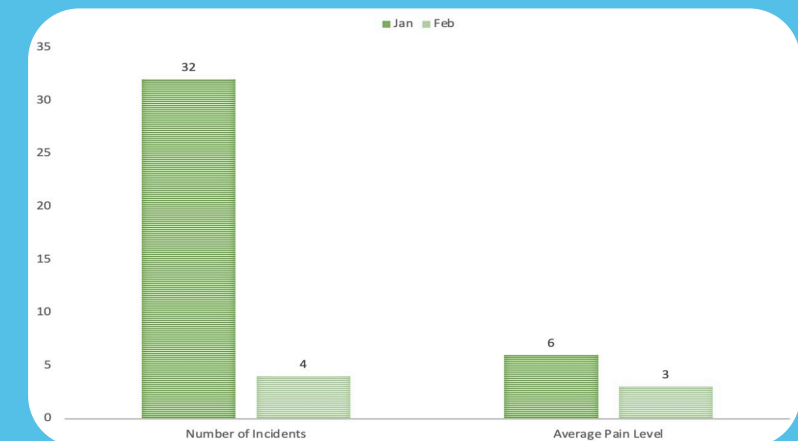
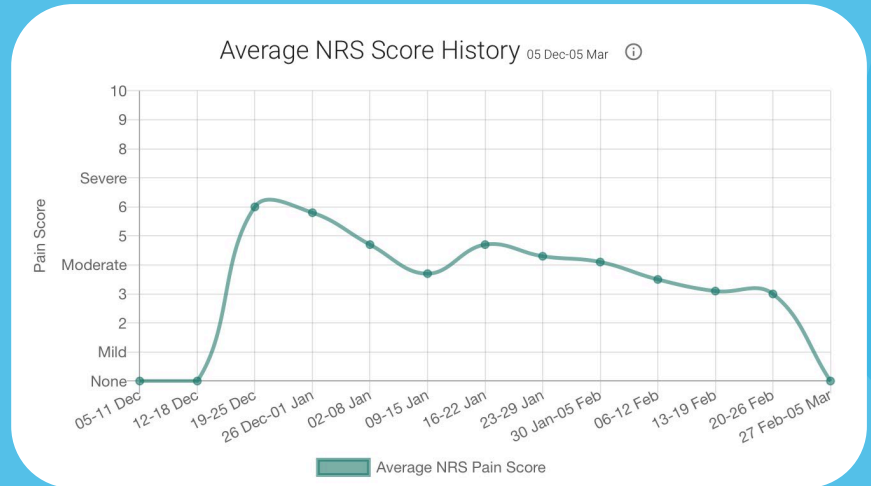
Resident Level Detail - Example (H)

Prior to PainChek adoption, this resident was exhibiting symptoms of pain and had a high number of recorded incidents

Since implementing PainChek in January 2023 this resident's pain has moved from moderate to mild and is being consistently assessed and managed effectively. This aligns with the new CQC Quality Statement **'Delivering evidence-based care and treatment'**

Since his/her pain has been managed effectively through regular assessments, we can see there is a direct correlation between his pain levels and his behaviour.

In January 2023, this resident had 34 recorded incidents and this correlates with his pain level being 'moderate'. By February, the care team had reduced his pain level to 'mild' which significantly reduced the number of incidents to 4.



Resident Outcomes

Since implementing PainChek, the team at Harbour Healthcare are more aware that undetected pain may be a reason for a resident's behaviour and now actively assess, manage and monitor pain more effectively.

“

A resident living on one of our dementia communities was generally unsettled, he was prescribed PRN analgesia and PRN Diazepam. Prior to the training of PainChek he was having the Diazepam daily due to his presentation and behaviours. The SCA after attending the training went back and looked at his medication for a week, the resident received regular analgesia and, in that week, only had x 1 dose of Diazepam. WOW! Imagine the impact that had on the resident and his wellbeing, his fellow residents, and the team!

A staff member identified a resident (Mrs A) who could not reliably let staff know she had pain but was thought to have some level of pain. Mrs A was prescribed PRN analgesia, and it was administered infrequently. Regular analgesia was administered as prescribed for a period of a week. The outcome was tremendous – the lady rarely attended activities but started to do so on a regular basis including participating in a game of bingo independently! Her family are over the moon as their mother is a different woman!
PainChek made a difference in Mrs A's quality of life!

”



Think pain! Five Key Things to Remember From Today...



1. All people you care for should have a pain assessment

2. You should use a pain assessment tool at the point of care

3. Pain assessment tools including nonverbal communication are VITAL in Dementia Care

4. Use of data is not just helpful, it is essential to determine effective pain management plans and monitor to optimize those plans

5. Good pain assessment and timely management really can change people's lives!



Q & A





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THANK YOU