

RNAO Best Practices: Evidence Booster

Optimizing resident outcomes through effective pain management

Assessment and Management of Pain (2013) and Pain: Prevention, assessment and management, Fourth edition (2025)



RNAO's best practice guideline (BPG) – *Assessment and Management of Pain* (2013) – provides evidence-based guidance for prevention, assessment and management of all types of pain across the lifespan. The guideline is designed to help nurses and the interprofessional teams across all health care continuum care for persons at risk of or concurrently experiencing pain.

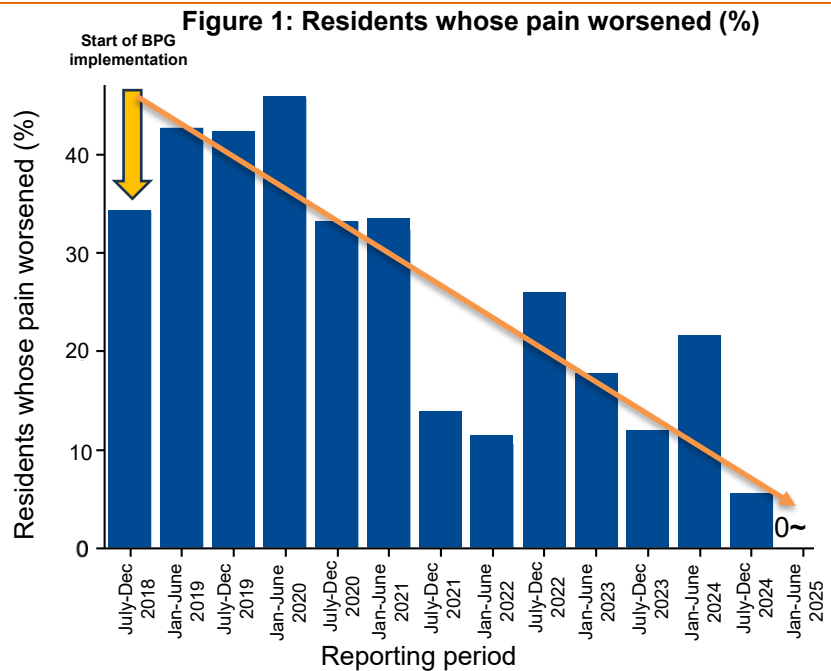


Located in the heart of Geraldton, Ontario, the John Owen Evans Residence is a warm and welcoming long-term care (LTC) home, proudly dedicated to providing compassionate, person-centred care for 26 residents. Their committed team fosters a supportive and respectful environment where every resident feels valued, safe, and cared for every day. Since 2018, they have been recognized as a Best Practice Spotlight Organization® (BPSO®) since 2018—a reflection of their commitment to continuous quality improvement and excellence in care. With 10 active BPSO Champions among their 34 LTC team members, they lead the way in implementing evidence-based practices that enhance resident outcomes and overall quality of life, making their home a place of excellence and innovation.

Aim: To examine the clinical outcomes associated with the implementation of RNAO's *Assessment and Management of Pain* (2013) BPG at John Owen Evans Residence.

Measures: The Nursing Quality Indicators for Reporting and Evaluation® (NQuIRE®) data system was used to determine: (a) the percentage of residents whose pain worsened; and (b) the percentage of residents who screened positive for pain, with a documented care plan at John Owen Evans Residence.

Clinical improvement: John Owen Evans Residence demonstrated a decrease in the percentage of residents whose pain worsened during the assessment period (Figure 1) and maintained consistency in the percentage of residents who screened positive for pain, with a documented care plan for acute or chronic pain management.



Impact: From June 2018 to June 2025, there was a 34.2 per cent (from 34.2 per cent to 0 per cent) decrease in the percentage of residents whose pain worsened. During the same period, the home maintained and sustained 100 per cent of residents who screened positive for pain, with a documented care plan for acute or chronic pain management.

Practice changes

In 2018, John Owen Evans Residence adopted and implemented the *Assessment and Management of Pain* (2013) BPG (Pain BPG) to strengthen pain management practices. Policies were revised to ensure consistent, evidence-based care. Residents receiving pain medication are assessed using Pain Assessment in Advanced Dementia (PAINAD) or numerical pain scales. The LTC coordinator maintains a quarterly list of residents with cognitive impairment (Cognitive Performance Scale > 3), and care plans are reviewed quarterly to reflect residents' current needs. Clinical Pathways was also recently introduced, with ongoing work to revisit the Pain and Falls BPGs. Recent updates include integrating the Pasero Opioid-Induced Sedation Scale (POSS) and expanding pain assessments within PointClickCare (PCC).

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Figure 2: The dedicated team behind this outstanding work



L to R: Janet, Patrick, Liane, Monique, Sue, Kayli, Corrin, Stephanie, Elsie

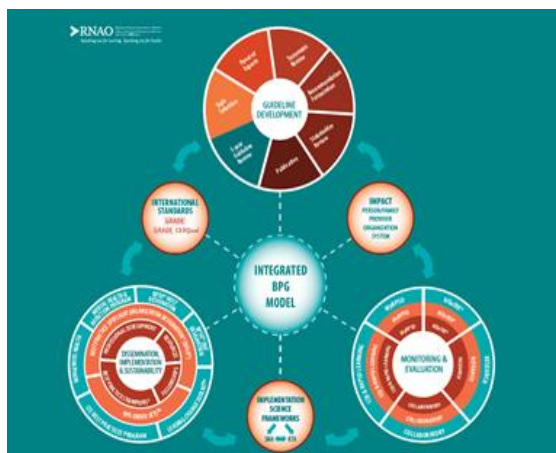


L to R: Ulrike, Ryan, Emma, Elsie, Stephanie, Kayli, Jayne

Practice changes

- **Assessment and management:** The approach to pain assessment and management has been strengthened through the implementation of Clinical Pathways. The integration of POSS and enhanced PAINAD assessments supports more accurate and meaningful scoring. Pain data is reviewed six weeks post-admission, monthly, annually, and during dedicated pain meetings to guide care planning.
- **Policies:** Policies are regularly reviewed and updated to reflect new enhancements, ensuring consistent, evidence-based practices across the home. These updates inform care planning and promote improved resident outcomes.
- **Audits:** When the Pain BPG was first implemented, the home conducted quarterly audits in PCC, comparing resident's pain scores to identify potential worsening trends. These audits were completed by the LTC Coordinator/IPAC Lead and submitted to NQUIRE for monitoring and evaluation.

Conclusion: John Owen Evans Residence demonstrated that the implementation of RNAO's Pain BPG (2013) a decrease in the percentage of residents whose pain worsened during the assessment period and maintained consistency in the percentage of residents who screened positive for pain, with a documented care plan for acute or chronic pain management.



RNAO launched the BPG Program in 1999¹ with funding from the Government of Ontario, Canada. The evidence-based BPGs developed to date are transforming nursing care and interprofessional work environments in all sectors in health systems worldwide. BPSOs are health service and academic organizations that implement multiple BPGs through a formal agreement and systematic process, as well as evaluate their impact on health and organizational outcomes².

NQUIRE^{2,3}, a unique nursing data system housed in the International Affairs and Best Practice Guideline Centre, allows BPSOs worldwide the ability to measure the impact of BPG implementation. The NQUIRE data system collects, compares and reports data on human resource structure, guideline-based nursing-sensitive process, and outcome indicators. Contact us by email at NQUIRE@RNAO.ca for more details. To learn more about RNAO's IABPG Centre, please visit RNAO.ca/bpg. This work is funded by the Government of Ontario. All work produced by the RNAO is editorially independent from its funding source.

References

- 1 Grinspun, D. (2018). Transforming nursing through knowledge: The conceptual and programmatic underpinnings of RNAO's BPG program. In D. Grinspun & I. Bajnok (eds.), *Transforming nursing through knowledge: Best practices for guideline development, implementation science and evaluation* (pp. 3-25). Sigma Theta Tau International.
- 2 Naik, S., Voong S., Bamford, M., Smith, K., Joyce, A., & Grinspun D. (2020). Assessment of the Nursing Quality Indicators for Reporting and Evaluation (NQUIRE) database using a data quality index. *Journal of the American Medical Informatics Association*, 27(5), pp. 776-782.
- 3 VanDeVelde-Coke, S., Doran, D., Grinspun, D., Hayes, L., Sutherland Boal, A., Velji, K., White, P., Bajnok, I., & Hannah, K. (2012). Measuring outcomes of nursing care, improving the health of Canadians: NNQR (C), C-HOBIC and NQUIRE. *Nursing Leadership*, 25(2): 26-37.

