Ontario Innovator Network For Pain Management

Workbook 2026

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Activity	Summary
Workshop 1 – Getting Started **Date: September 2, 2026**	The focus of the Workshop 1 is to launch a QI team, collect data, measure, and monitor progress, and establish a SMART goal. The workshop will also discuss the self-assessments that need to be completed and submitted. **Activity:** • Appendix A: Pain Management Self-Assessment • Appendix B: Medication Safety Indicator Worksheet • Appendix C: Selecting Improvement Team Worksheet • Appendix D: SMART Goal Worksheet • Appendix I: Resident and Family letter template for adaptation by interested homes
Workshop 2 – Understanding Current Conditions **Date: October 7, 2026**	Workshop 2 focuses on providing tools to support the following objectives: ○ A data collection template for residents taking pain medications ○ Understanding and describing the processes within the home that 1) that contributes to poor pain management 2) identifies applicable residents to target for improvement strategies and implement those strategies effectively **Activity:** • Appendix B: Medication Safety Indicator Worksheet • Appendix F: Process Map Elements • Appendix E: Data Collection Template • Incident Analysis for LTC Workshop
Workshop 3 – Sharing and Spreading the Learning **Date: November 4, 2026**	In Workshop 3, participants from homes will share updates and any results to date and spread the learnings. **Activity:** • Appendix B: Medication Safety Indicator Worksheet • Incident Analysis for LTC Workshop if not previously attended
Workshop 4 – Identifying Contributing Factors **Date: December 2, 2026**	Workshop 4 focuses on identifying all contributing factors to suboptimal pain management within the homes. **Activity:** • Appendix B: Medication Safety Indicator Worksheet • Fishbone Diagram • 5 Whys • Introduce to Failure Mode and Effects Analysis (FMEA)
Workshop 5 – Testing Changes for Improvement **Date: January 6, 2027**	In Workshop 5, participants learn how to properly implement tests of change and assess whether those changes are working. The session also includes examples of practical solutions for implementation. **Activity:** • Appendix B: Medication Safety Indicator Worksheet • Appendix G: Intervention Prioritization and Plan-Do-Study-Act (PDSA) • Incident Analysis for LTC Workshop if not previously attended
Workshop 6 – Sustaining Success **Date: February 3, 2027**	Workshop 6 will focus on providing tools and approaches to help homes maintain momentum (i.e. Run Charts) and share their successes. **Activity:** • Appendix B: Medication Safety Indicator Worksheet • Ongoing PDSA cycles, measurement and monitoring
Workshop 7 – Celebration of Achievements so far on the QI Journey **Date: March 3, 2027**	In Workshop 7, homes will celebrate their achievements so far on the QI journey. **Activity:** • Appendix B: Medication Safety Indicator Worksheet

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Appendix A: Pain Management Self-Assessment

The ISMP Canada Medication Safety Self-Assessment® for Long-Term Care (MSSA-LTC) supports homes with evaluating the safety of their medication management systems.

In this section, you will reflect on questions adapted from selected MSSA-LTC items to optimize pain management for residents in your home. Responses to these targeted self-reflection questions will inform project goals during your home's participation in the Ontario Innovator Network for Pain Management.

This self-assessment is to be completed and submitted through the portal by **October 7, 2026**.

Targeted Self-Reflection Questions Related to Pain Management

With your Quality Improvement team (please see Appendix C), reflect on the following questions. Enter your responses below.

Resident and Family Engagement

1. Does your home engage residents/substitute Decision Maker (SDM) and family/caregiver in developing individualized plans of care to optimize pain management?

   Yes / No **(circle one)**

   If yes, please indicate which of the following are part of your process (select all that apply).

   ☐ Residents/Substitute Decision Maker (SDM) and family/caregiver are offered an opportunity to ask questions and learn about pain medications (i.e., purpose for use, expected outcomes, important side effects, intended duration).

   ☐ Residents/Substitute Decision Maker (SDM) and family/caregiver input is obtained in the development and evaluation of the individualized plan of care to optimize pain management.

   ☐ We obtain informed consent from the Residents/Substitute Decision Maker (SDM) and family/caregiver to start/taper/deprescribe/change pain medications.

   ☐ Other (please specify):

Medication Therapy Monitoring and Best Possible Medication History (BPMH)

2. Does your home have a formalized and documented approach to support the optimal use of medications for pain management?

   Yes/No **(circle one)**

   If yes, please indicate which of the following are part of your process (select all that apply).

- ☐ The known indication(s) for medication use (i.e., acute pain, chronic pain) is always documented on the Best Possible Medication History (BPMH) and in the order visible on the eMAR or MAR
- ☐ We have a process to monitor residents receiving pain medications for possible side effects (e.g., sedation)
- ☐ When pain medications (e.g., acetaminophen, NSAIDs, opioids, etc.) are used on an as-needed basis (PRN), there is a process in place to document their use and track how often they are used and their effectiveness.
- ☐ At the quarterly medication review, there is a process to reassess the resident's pain medications use, including the indication, effectiveness, duration of use, and/or opportunities for dose adjustment or deprescribing
- ☐ Other (please specify):

Quality Improvement

3. Does your home track, review and discuss the results of the CIHI Pain indicator(s) (i.e., Experiencing Pain in Long-Term Care (PAI0X), Experiencing Worsened Pain in Long-Term Care (PAN01). Details available from: https://www.cihi.ca/en/indicators/experiencing-pain-in-long-term-care)?

   Yes/No **(circle one)**

   If yes, please provide your most recent results and the frequency of review of results, including the Percentage of Residents with Pain (PAI0X) and the Percentage of Residents Whose Pain Worsened (PAN01).

4. Does your home also track, review and discuss the total use of pain medications (e.g., total number of residents taking pain medications for any reason?)

   Yes/No **(circle one)**

Incident Analysis (Report, Learn & Act After a Critical Incident)

5. Please briefly describe your process, and who is involved, for analyzing critical incidents that may be related to a resident's pain management use (e.g. fall with injury, missed dose, incorrect dose, or other potential medication-related harm to a resident, requiring a hospital transfer, missing or unaccounted for controlled substances, etc.)

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Measurement and Evaluation

How do you know things are changing if you are not measuring how you are doing?

Measurement allows us to know to what degree we are meeting our targets for safety and quality, helps to identify elements of care we do well, and highlights areas of care where more work needs to be done. Indicators are the items or elements of a process that we measure, and by keeping track of certain indicators related to safety and pain, you can evaluate your progress.

You'll be asked to complete the Indicator Worksheet monthly and submit it to ISMP Canada through the online portal by the dates listed below. See **Appendix B** below.

Data period	**Submit by**
Jun, Jul, Aug, Sep 2026 This data will help inform your baseline measure by looking back over the last three months	Nov 5th 2026
Oct, Nov, Dec 2026	Dec 31st 2026
Jan, Feb 2027	Mar 31st 2027

Data required for completion of the worksheet includes the **name of your home**, the **number of beds**, and **items on the table below**:

Indicator	Rationale	Possible data sources
Medication incidents classified as near-miss, no harm, harm, death (see definitions below)	This indicator is an oversight and surveillance metric of the medication use process, measuring the total number of medication incidents, and the degree of harm. This measure would be used for surveillance of the medication use process, to identify trends and outliers, and to provide direction for improvement processes.	Nursing Leadership, Incident Management Software, Pharmacy Service Provider, Medication Management Program, Medical Director
Percentage of Residents with Pain (unadjusted)	This indicator measures the percent of residents living with pain. This measure gives a picture of how many of the residents in your home have pain of some type and represents a portion of the target population for this initiative.	CIHI Data interRAI Long-Term Care Facilities (LTCF)
Percentage of Residents Whose Pain Worsened (unadjusted)	This indicator measures the percent of residents who are experiencing worsened pain compared to last assessment period. This measure gives a picture of how many of the residents in your home have worse pain that may indicate an advancing or changed clinical condition of some type and represents a portion of the target population for this initiative.	CIHI Data interRAI Long-Term Care Facilities (LTCF)

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Definitions of harm

Adapted from Incident Analysis Collaborating Parties. Canadian Incident Analysis Framework. Edmonton, AB: 2012 and National Coordinating Council for Medication Error Reporting and Prevention.

Near Miss:

A patient safety incident that did not reach the patient, also referred to as a "good catch" or "close call".

Example: A resident received another person's medications in a cup, but the resident recognized that the pill colours and shapes were unfamiliar, and alerted a staff member who confirmed that these medications were intended for another resident

No Harm:

A patient safety incident that reached a patient, but no discernible harm resulted.

Example: A resident received a 500 mg tablet of acetaminophen, rather than the intended 325 mg tablet. No harm was noted.

Harmful Incident:

A patient safety incident that resulted in harm to the patient. Harm can be broadly defined as physiologic (e.g., significantly decreased blood pressure), psychologic (e.g., decompensation of dementia), emotional (e.g., causing distrust in staff or medications), or financial (e.g., incurring an unnecessary cost).

Example: A resident was prescribed an expensive immunization not covered by insurance. Unfortunately, a month later, it was discovered that the vaccine was administered to the wrong resident. In this case, no harm was experienced by the resident receiving the unintended dose, but harm was experienced by the resident for whom the vaccine was intended: physiologic in the sense that the resident was left unprotected against a disease, financial in the sense that a second dose must now be purchased, and emotional in the loss of trust in the healthcare system.

Death:

A patient safety incident that contributes to the death of the resident

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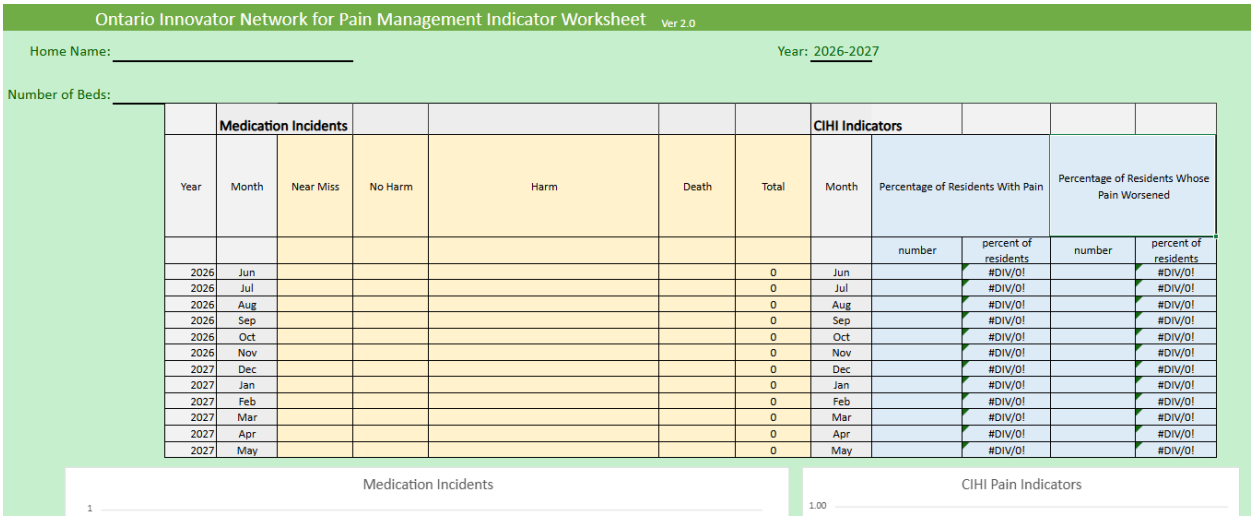
Appendix B: Hard Copy of Medication Safety Indicator Worksheet

(See Innovator Home Calendar for dates of submission)

1. Use the Ontario Innovator Network for Pain Management Indicator Excel Worksheet available from here.
   Instructions are available under the "Instructions" tab at the bottom of the worksheet.
2. On the "Indicator Worksheet" insert the name of your Home and the current number of residents.
3. Each month, insert the number of events corresponding to each category of incident harm, and for each other indicator.
4. The chart and graph will automatically update as additional data for the monthly indicators are entered.
5. Save the worksheet, including your Home name in the file name.
6. Submit the worksheet to the online portal as directed in the Innovator Home Calendar.



Ontario Innovator Network for Pain Management Indicator Worksheet Ver 2.0

Home Name: _____ Year: 2026-2027

Number of Beds: _____

	Medication Incidents						CIHI Indicators				
Year	Month	Near Miss	No Harm	Harm	Death	Total	Month	Percentage of Residents With Pain		Percentage of Residents Whose Pain Worsened	
								number	percent of residents	number	percent of residents
2026	Jun					0	Jun		#DIV/0!		#DIV/0!
2026	Jul					0	Jul		#DIV/0!		#DIV/0!
2026	Aug					0	Aug		#DIV/0!		#DIV/0!
2026	Sep					0	Sep		#DIV/0!		#DIV/0!
2026	Oct					0	Oct		#DIV/0!		#DIV/0!
2026	Nov					0	Nov		#DIV/0!		#DIV/0!
2027	Dec					0	Dec		#DIV/0!		#DIV/0!
2027	Jan					0	Jan		#DIV/0!		#DIV/0!
2027	Feb					0	Feb		#DIV/0!		#DIV/0!
2027	Mar					0	Mar		#DIV/0!		#DIV/0!
2027	Apr					0	Apr		#DIV/0!		#DIV/0!
2027	May					0	May		#DIV/0!		#DIV/0!

Medication Incidents

1

CIHI Pain Indicators

1.00

<u>Do not submit any personal or identifying information to ISMP Canada on this or any other worksheets.</u>

Please do not submit worksheets to ISMP Canada via email. All submissions must be made through the online portal

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Appendix C: Selecting Improvement Team Worksheet

Pain QI Team Selection Worksheet

This worksheet is a tool for Long-term Care homes to select the Quality Improvement team for the Pain Management Project.

Roles to consider for team

Role	Names	Agreed to Participate
Manager/DOC		☐
Medical Director		☐
Resident/Family Representative		☐
Prescriber		☐
Pharmacist		☐
Nursing (RN/RPN)		☐
Allied Health/ Programming Staff		☐
Personal Support Worker		☐
QI Specialist/Educator/RAI Coordinator		☐
Other		☐

- **Name of Sponsor (Senior Leader that ensures the team has the resources to succeed and removes barriers):**
- **Name of Project Lead (leads team meetings, ensures meetings are organized and project is on track):**
  - **Meeting Schedule & Frequency**
    - Best day of week / time for Pain team to meet / participate in medication and/or care plan review: _____
    - Meeting frequency (at least monthly): _____

Pain Team Selection Worksheet is to be completed and submitted through the portal by **October 7, 2026**.

Please do not submit worksheets to ISMP Canada via email. All submissions must be made through the online portal

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Appendix D: SMART Goal Worksheet

SMART Goal Worksheet

The Quality Improvement method is a systematic approach to solving problems. It involves taking a team through the stages of:

- Writing a SMART (Specific, Measurable, Achievable, Relevant, Timebound) Goal
- Analyzing data and process to identify the key contributing factors
- Brainstorming and prioritizing potential solutions and testing solutions to determine if they will help the team achieve the goal
- Taking steps to sustain the results and then spread the learning to other units/locations

This worksheet is a guide to the first step in the QI method – writing a SMART goal. The teams determine what is the "big needle" or **Outcome measure** that will be impacted by the process changes (associated measures are "**process measures**") that are made by the team, and the "**counterbalancing measure**" is to ensure that the improvement is real and not at the cost of something that is important to residents.

1. **Outcome Measures** tracked monthly and submitted quarterly to ISMP Canada (**From Columns M and P on the Ontario Innovator Network for Pain Management Indicator Worksheet):**
    - % of residents experiencing Pain in Long-Term Care
    - % of residents experiencing Worsened Pain in Long-Term Care
2. Here are some examples of **Process Measures (select one or more and adapt for your home if applicable)** that you could measure and change during the initiative (*CAUTION – Each selected measure will need its own measurement plan, process map and interventions*):
    - % of residents with an identified source or cause of their pain (e.g., an old fracture, knee pain, or left shoulder arthritis)
    - % of residents with pain identified during assessment who have an individualized pain management plan documented in their plan of care
    - % of PRN pain medication administrations followed by a documented effectiveness assessment within the required timeframe
    - Time from prescriber order to administration of the first dose
    - % of shift-to-shift handoffs that include pain status for residents with active pain management plans

3. Audit compliance rate for pain rounds or huddle checks, if the home conducts them. How much IMPROVEMENT(%) in the process measure would you like to see by March 31, 2027? (*Typically, teams aim for a 15% - 25% improvement.*)
    - _____
4. Use at least one **Counterbalancing Measure** to show that improvement in the Process and Outcome measures didn't cause a deterioration in another measure, for example:
    - Rate of falls among residents who are on new or increased analgesic regimens
    - PRN pain medication administration frequency
    - % decline in participation in therapy or activities among residents on new pain regimens
    - Other
5. Write your SMART Goal in the following format:
    - Increase/Decrease the (PROCESS MEASURE) by (IMPROVEMENT %) by TARGET DATE, while maintaining the (COUNTERBALANCING MEASURE).
    - Write here –

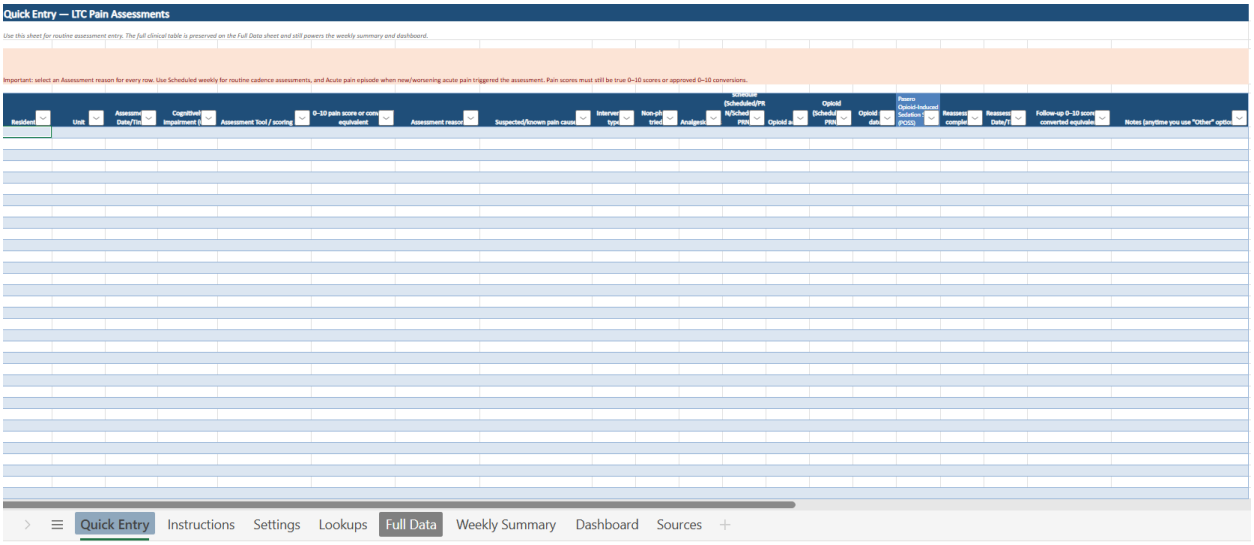
6. Track the Process and Counterbalancing measure(s) monthly, or on the Data Collection Template, if the Home decides to use it.

SMART Goal Worksheet is to be completed and submitted through the portal by **October 7, 2026**.

Appendix E: Data Collection Plan

This Data Collection Plan template enables the Quality Improvement team to collect data for Outcome, Process and Counterbalancing measures.

Homes may use this tool if desired and adjust it to meet their needs.



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Appendix F: Process Map Elements

After you have determined the Quality Improvement Process measure (Appendix D) and you have collected baseline data (Appendix E), you will map with the current state of the process related to the measure that you are trying to improve, for example:

- Admission, assessment and medication review process
- PRN assessment, ordering and monitoring process
- Building and implementing individualized plan of care for resident pain management

SMART Goal: (From Appendix D): _____

Trigger: (What starts the current process?) For example:

- Resident gets admitted with pain
- Resident complains of pain
- Resident shows non-verbal indicator of pain (i.e. grimacing, crying, resistive to care, etc.)
- Resident is on an order of PRN medication

Result/End Point: (What is the end point of the current process?); for example:

- Decision gets made to continue/taper/discontinue PRN medication
- Individualized plan of care gets implemented

Customer: (Who is the result important for?) – Resident, other residents

Work Token: (What is flowing through the current process?) For example:

- Medication Order
- Plan of Care
- Assessment Form

Process Steps:

Step	Description	Who is Leading This Work	How long Does this Step Take? (can be validated through direct observations)
1			
2			
3			
4			
5			
6			
7			
8			

Process Map elements worksheet is to be completed and submitted through the portal by **November 4, 2026**.

Please do not submit worksheets to ISMP Canada via email. All submissions must be made through the online portal

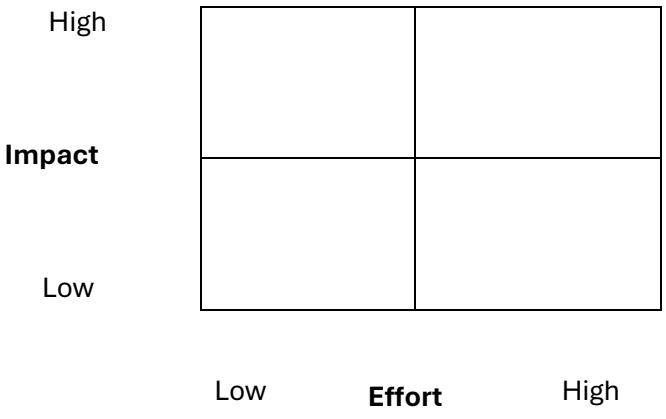
Appendix G: Intervention Prioritization and Plan-Do-Study-Act (PDSA) Template

After you have mapped the current state of the process that you are trying to improve, this template will enable your team to identify the critical opportunities for improvement (key contributing factors), brainstorm some possible interventions, prioritize those interventions and then create a plan to test each of the prioritized interventions.

Intervention Prioritization and Plan-Do-Study-Act (PDSA) worksheet is to be completed and submitted through the portal by **December 2, 2026**.

1. SMART Goal: _____
2. What is preventing you from doing this (Look at your Process Map Worksheets and identify which steps have gaps)?
   a.
   b.
   c.
   d.
3. Identified Critical Opportunity(ies)/ Key Contributing Factors:
   a.
   b.
   c.
4. Brainstorm Interventions for each Critical Opportunity/Key Contributing Factor:
   a. d.
   b. e.
   c. f.
5. Intervention Prioritization Matrix (Also known as Impact-Effort Matrix):

- Place a dot in the appropriate quadrant for each intervention.



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Fill out this worksheet for each prioritized (selected) intervention.

SMART Goal:

PDSA Cycle No: . **Start Date:** **End Date:**

Selected Intervention (Change) for testing:

Describe the Test of Change (ToC)	Who (responsible)	When (completion date)	Where (location)

Plan

List the tasks needed to set-up the ToC	Who (responsible)	When (completion date)	Where (location)

Predict what will happen when the ToC is carried out	Measures to determine if predictions succeed

Do – Describe what actually happened during the ToC. Capture data/measurements, document problems and unexpected observations.

- Enter text here

Study – What were the results of the ToC. Analyze data/measurements, compare to predictions & summarize learnings.

- Enter text here

Act – Describe what modifications to the plan will be made for the next cycle from what you learned. Are you going to adopt, adapt or abandon?

- Enter text here

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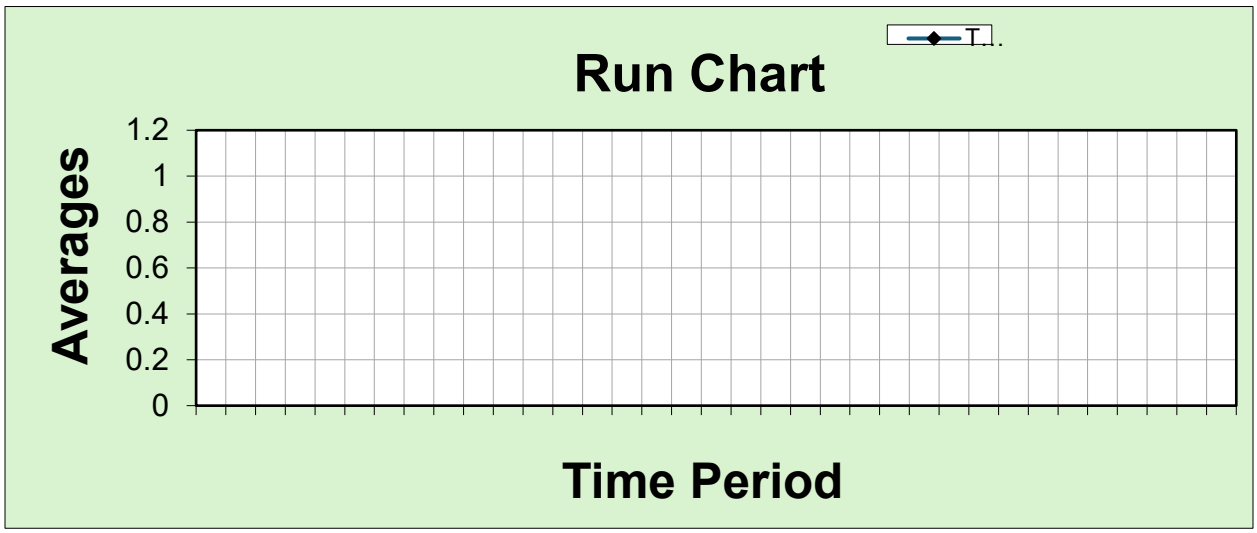
Appendix H: Run Chart Template

Run charts are a graphical representation of your data (y-axis) over time (x-axis) and are used to depict whether there is an improvement and as a tool to sustain the improvements.

Homes may use this tool if desired and adjust it to meet their needs.



Appendix I: Resident and Family letter template for adaptation by interested homes

It is important for Pain Management project information to be shared with the applicable residents, family members, and/or alternate decision makers early in the Quality Improvement process. A draft letter is enclosed below for adaptation and distribution locally.

Dear Resident, Family Member and/or Alternative Decision Maker,

Many long-term care homes in Ontario are working to optimize pain management for residents. Pain can be due to a range of factors, such as an injury, a health condition, or end-of-life care. Effective pain management can help improve comfort, quality of life, and participation in daily activities.

As part of this work, the nurse, physicians, pharmacists, and other members of the care team will review each resident's pain management plan and medications to ensure they are appropriate for their individual needs.

Our goal is to provide safe and effective pain management that supports each resident's comfort and quality of life.

Depending on the type and severity of pain and how long it is expected to last, the prescriber may recommend an over-the-counter medication, such as acetaminophen (e.g., Tylenol), or prescribe other medications to manage pain. All medications can have side effects. The care team will monitor for these effects and make changes when needed. Residents and caregivers are encouraged to report any concerns or changes they notice.

There are also non-medication approaches that may help manage pain. These can include physiotherapy, recreational activities, relaxation techniques, and other supportive approaches. Some residents may also prefer traditional or complementary approaches. The care team will work with each resident and their family or caregivers to develop a holistic and individualized pain management plan that best meets the resident's needs and preferences.

When it is time to review a resident's medications or pain management plan, we will contact the appropriate family members and/or caregivers. Their input and feedback are valuable and will help inform the care planning process. Any changes to medications will be discussed with the resident and/or their family or caregivers beforehand, and the resident will be monitored closely following any changes.

We also would like to share that the home is participating in the Ontario Innovator Network for Pain Management program. We will be receiving free tools, education, and coaching support from representatives of the Institute for Safe Medication Practices Canada (ISMP Canada). As a Network participant, we will also engage in online webinars for sharing and learning with other homes across the province. If you are interested in participating in this initiative, please contact: <insert contact name/information>

This project is being led by ISMP Canada as part of the *Strengthening Medication Safety in Long-Term Care* initiative, which is funded by the Ontario Ministry of Long-Term Care.

[*insert name of the person at the home distributing this information*]