

PREVENTION VS REACTION:

Why Senior Care Communities Must Rethink Their Approach to Tech

A Resource for US & Canadian Organizations, by PainChek

www.painchek.com



Foreword

The senior care sector is at a crossroads. By 2030, one in six people globally will be aged 60 or over, creating unprecedented demand for healthcare services. At the same time, workforce sustainability is under severe strain: healthcare turnover rates in the US have reached 22.7%, with nursing positions seeing the sector's highest turnover at 27.1%. This workforce crisis is driven by a combination of funding pressures, workforce burnout, and increasing complexity of care needs.

These challenges are compounded by fragmentation across healthcare systems, with limited coordination between acute, post-acute, and long-term care settings, which often results in fragmented care and poorer outcomes.

Against this backdrop, senior care communities must rethink their approach, particularly to using technology. Traditional reactive strategies, responding to incidents after they occur, are no longer sufficient. Every fall, hospital admission, or adverse medication interaction represents a missed opportunity for prevention. A proactive, technology-driven model can help identify risks earlier, reduce avoidable harm, and improve quality of life for residents.

There is a growing consensus that prevention vs reaction is a strategic imperative for future-proofing care, easing pressure on overstretched systems, and delivering better outcomes for care recipients. The Centers for Medicare & Medicaid Services' (CMS) Health Tech Ecosystem initiative supports this shift through personalized, technology-driven services like PainChek®. Strengthening primary and community care is essential to supporting those living with complex, chronic conditions outside of hospitals - whether at home or in senior care communities.

One of the biggest challenges is effective communication, particularly for those living with dementia and learning disabilities. When pain cannot be verbalized, early warning signs are often missed, leading to avoidable hospital admissions, or untreated pain when behaviors are misinterpreted. Traditional paper-based pain assessments are time-consuming, burdensome, and often fail to capture non-verbal indicators of pain such as behavioral changes. This is where technology can bridge the gap.

By identifying and addressing pain early, we can reduce suffering, prevent hospital visits, detect infections sooner, reduce malnutrition, lower distress, and optimize medication use. Digital tools such as PainChek® expand access, improve interoperability, and support clinical decisions. They empower care staff to act quickly and confidently, even amid workforce shortages and funding pressures. Best practices driven by digital tools are emerging, and embracing this technology is vital for improving outcomes and building a resilient, responsive healthcare system.

This resource aims to demonstrate the importance of pain assessment technology in preventing incidents within senior living and improving quality of life for residents. We hope you find the read valuable.

Philip Daffas, CEO of PainChek®



The hidden impact of pain in senior care communities

Pain is a silent epidemic. When not identified promptly, it can go untreated or is managed inappropriately. This leads to unnecessary prescribing, an increased risk of complications such as infections, falls, malnutrition, and polypharmacy, which drive avoidable ambulance callouts and hospital admissions.

Why early identification matters

Identifying pain early improves prognosis and prevents complications from becoming more serious or chronic, as pain is an early indicator of a person's deterioration. It also reduces hospital admissions, which are distressing for seniors, especially those living with dementia, who stay twice as long as other care recipients. Being proactive at identifying pain is one of the first steps in shifting from a reactive to a preventive approach to care.

The problem with traditional methods

Traditional pain assessment techniques are often underutilized and subjective in nature. They also lack sustainability and scalability as quality and compliance teams have no oversight of the 'pain burden' and the impact of any improvement measures across the communities they are responsible for. With the care workforce overstretched, regular assessments are often missed or simply not documented, which hinders the ability to monitor pain.

Carol Silver-Elliott, President and CEO, Jewish Home Family, said of PainChek®:

“As an organization that is committed to, and focused on, the care of older adults, PainChek® will play a meaningful role in enhancing the work that we do. It will have a positive impact on quality of life for our elders while helping our staff to better understand and effectively treat the residents.”



The digital pain assessment solution

Digital tools like PainChek® enable faster decisions and earlier interventions, helping senior care communities prevent harm before it happens. Through PainChek®, organizations receive a comprehensive monthly report with various pain trend analysis, as well as access to an analytics portal which provides live data across single facilities or entire groups.

PainChek® empowers carers at the point of care, enabling them to effectively assess pain, spreading the responsibility across an entire team and not just nurses. In addition, it can be fully integrated into existing digital solutions, so pain assessment becomes part of each residents' holistic care record. Not only this, but PainChek®'s training and education modules help to give care staff the confidence they need to navigate pain and dementia in their organization.

Spotlight on: St. Michael's Health Group

PainChek® is improving pain management at St. Michael's Health Group in Edmonton, Canada, particularly for residents living with dementia. With approximately 70% of residents unable to reliably verbalize their pain, unmet pain needs can often be misinterpreted as behavioral symptoms, leading to inappropriate or delayed care. Through use of PainChek®:



The organization has seen more accurate identification of pain, enabling timely and appropriate interventions for residents



One resident with over a year of severe behavioral symptoms, initially attributed to dementia, was identified as being in significant pain. PainChek® supported a revised care plan that reduced pain levels significantly within two weeks





Avoidance of falls

While technologies like personal alarms and monitoring systems are used to detect falls in senior care communities, identification typically occurs only after a fall has happened, making intervention too late. These systems are also often limited to residents' rooms and rarely extend to communal areas, outdoor spaces, or off-site activities. By contrast, identifying and managing pain that may contribute to falls enables proactive care, helping to prevent incidents before they occur.

Reductions in falls through the use of PainChek®

Dovehaven Care Homes

Dovehaven Care Homes is a leading senior care group that specializes in residential and nursing care. Dovehaven has implemented PainChek® across all of its 23 facilities. A study of 59 residents was carried out, including those living with painful conditions involving the legs and feet, to evaluate the impact of PainChek® assessments on the number of falls. Within a six-month period, the group saw a 45% reduction in falls, demonstrating the positive impact of effective pain assessment and management.

“As a CEO in healthcare, what really stood out to me about PainChek® was the fact it's a technology that gets to the root cause of an issue rather than simply addressing the symptom, as many other technologies tend to do. For me, PainChek® felt like a truly sustainable solution - enabling people to lead more fulfilling lives in the long-term. We're also seeing a strong correlation between the use of PainChek® and positive clinical outcomes, including a noticeable reduction in falls.” - Jenny Davies, CEO, Dovehaven Care Homes

Orchard Care Homes

Orchard Care Homes is a dementia care provider with 23 care facilities across the UK. Following the introduction of PainChek®, Orchard saw a 20% reduction in falls.

As a result, the group amended its falls policy and post falls protocol to include PainChek®. In addition, across a period of 12 months, Orchard achieved a 91% reduction in serious injury, including fractures, as a result of implementing digital pain assessment.

Independent University Evaluation

The Scottish Care Inspectorate, the improvement body for care services in Scotland, piloted PainChek® from July 2024 to April 2025 to enhance dementia care and assess staff perceptions of its value. Prior to its use, in many cases, pain went unnoticed.

In an independent evaluation conducted by Edinburgh Napier University in collaboration with the Scottish Care Inspectorate, four services that completed the full nine-month data collection period saw a 42% reduction in falls, supporting hospital avoidance.



The link between pain and distress

Pain can be deeply distressing, especially for individuals who cannot reliably communicate their experience, such as those living with cognitive impairments.

Benzodiazepines are often prescribed for people living with dementia to tackle distress, but research shows that distress is often related to unrecognized pain. Effective pain management can reduce distress, and in turn, reliance on benzodiazepines and antipsychotics.

This is important as benzodiazepines, which are prescribed to approximately 10% of US senior care community residents, act as a sedative and are associated with increased cognitive decline for those living with dementia. This reduces the potential for them to participate in meaningful activities and therefore reduces their quality of life.

It can also lead to hospital admissions, with residents experiencing distress sometimes admitted to secure mental health facilities because of their behaviors. To address this and other issues, Orchard Care Homes established a psychosocial intervention program called 'Reconnect.'

A study from *Frontiers in Psychiatry* evaluated the Reconnect program for people living with dementia who had not responded to previous care. Interventions focused on meaningful activity, pain management (via PainChek®), and constipation relief, resulting in major improvements, including a 91.7% drop in safeguarding events.




Spotlight on: Dovehaven Care Homes

Through implementation of PainChek®, Dovehaven has seen a 41% reduction in instances of distress and a 58% reduction in resident-to-resident altercations across its communities.

Jo Hadfield-Cubbin, Head of Clinical Governance at Dovehaven, said: "Altercations in the home require a significant amount of resource in response to investigate the cause, amend care plans accordingly, and report safeguarding referrals as required. While this process is incredibly important, it is incredibly resource intensive, taking away time that could be better spent with residents providing meaningful activity."

Independent University Evaluation of PainChek®

Key distress-related outcomes

-  42% initial reduction in stress and distress thought to be associated with pain
-  Up to a 27% reduction in dependency scores in residents, reducing the need for higher acuity care
-  47% increase in BMI scores, supporting less malnutrition



Reducing polypharmacy risks

Residents' medications should be kept under regular review to ensure that each prescription remains clinically appropriate, effective, and safe.

Tandeep Gill, Pharmacist at PainChek® said:

“Understanding and addressing the growing challenge of polypharmacy in older adults is vital to reducing medication errors, often caused by handling multiple medications, and improving quality of care.

To reduce these risks, senior care communities must focus on medication optimization alongside health professionals. A critical step is improving pain assessment and management, which helps avoid unnecessary prescriptions and supports more informed clinical decisions and care planning.”

Adverse drug interactions

Senior care residents in the US take an average of 7-8 medicines a month, increasing the risk of adverse side effects and drug interactions. Over 30% of residents have regimens consisting of 9 or more medications (defined as polypharmacy).

Polypharmacy significantly raises the risk of medication errors such as incorrect dosing, as well as adverse drug reactions and non-adherence, leading to hospital admissions that could be prevented, especially in older adults with complex health issues.

Key adverse effects of polypharmacy include:

- Cognitive impairment
- Sedation
- Gastrointestinal problems
- Dizziness and loss of balance
- Falls
- Fractures
- Reduced quality of life

Medication risk reduction: Key outcomes through the use of PainChek®

A government-funded pilot across five care facilities demonstrates PainChek®'s transformative impact on medication usage. Outcomes include:

 25% reduction in analgesic use

 33% reduction in antipsychotic use

 27% reduction in the use of anxiolytics and hypnotics

Driving down malnutrition

In the US, between 20 and 50% of patients present with malnutrition before hospital admission.

Malnutrition can lead to hospital admission by severely weakening the body and causing complications such as infections, impaired healing, muscle loss (which increases fall risk), and organ dysfunction. These effects can worsen existing conditions or create new problems requiring urgent medical intervention, including severe dehydration, pneumonia from weakened chest muscles, and complications from poor wound healing.

Beyond the immediate health risks, malnutrition drives longer hospital stays, repeated admissions, and soaring care costs, placing a significant burden on both care recipients and the healthcare system.

Early screening and nutritional support are crucial for prevention, and this must include pain assessment. Pain can significantly impact and contribute to malnutrition for multiple reasons, including appetite loss, depression, and physical limitations such as loose teeth or poorly fitting dentures, which can reduce the variety of foods a person can eat and negatively affect their nutritional health.

An independent evaluation of PainChek® showed that early identification of pain was associated with a 47% increase in resident BMI and a subsequent reduction in malnutrition risk scores, commonly measured using the Malnutrition Universal Screening Tool (MUST).

By addressing pain as a hidden driver of malnutrition, care teams can improve nutritional health and enhance overall wellbeing, making pain assessment a cornerstone of preventative care.



Final thoughts

Effective pain assessment is central to preventing health complications and risks in senior care communities, such as infections, falls, malnutrition, and medication errors. For residents who cannot reliably self-report their pain, traditional methods often fall short. Digital solutions like PainChek® empower care staff with real-time insights, enabling proactive interventions that improve quality of life, enhance clinical outcomes, and reduce resource strain on organizations and the wider healthcare system.

By shifting from reactive responses to preventative strategies, senior care communities can reliably deliver safer, smarter, and more sustainable care.

See how PainChek® has helped healthcare organizations around the world via the case studies QR code below.



Get in touch

If you are interested in learning how PainChek® can help you shift your organization's approach from reaction to prevention, we'd love to hear from you.

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Case studies

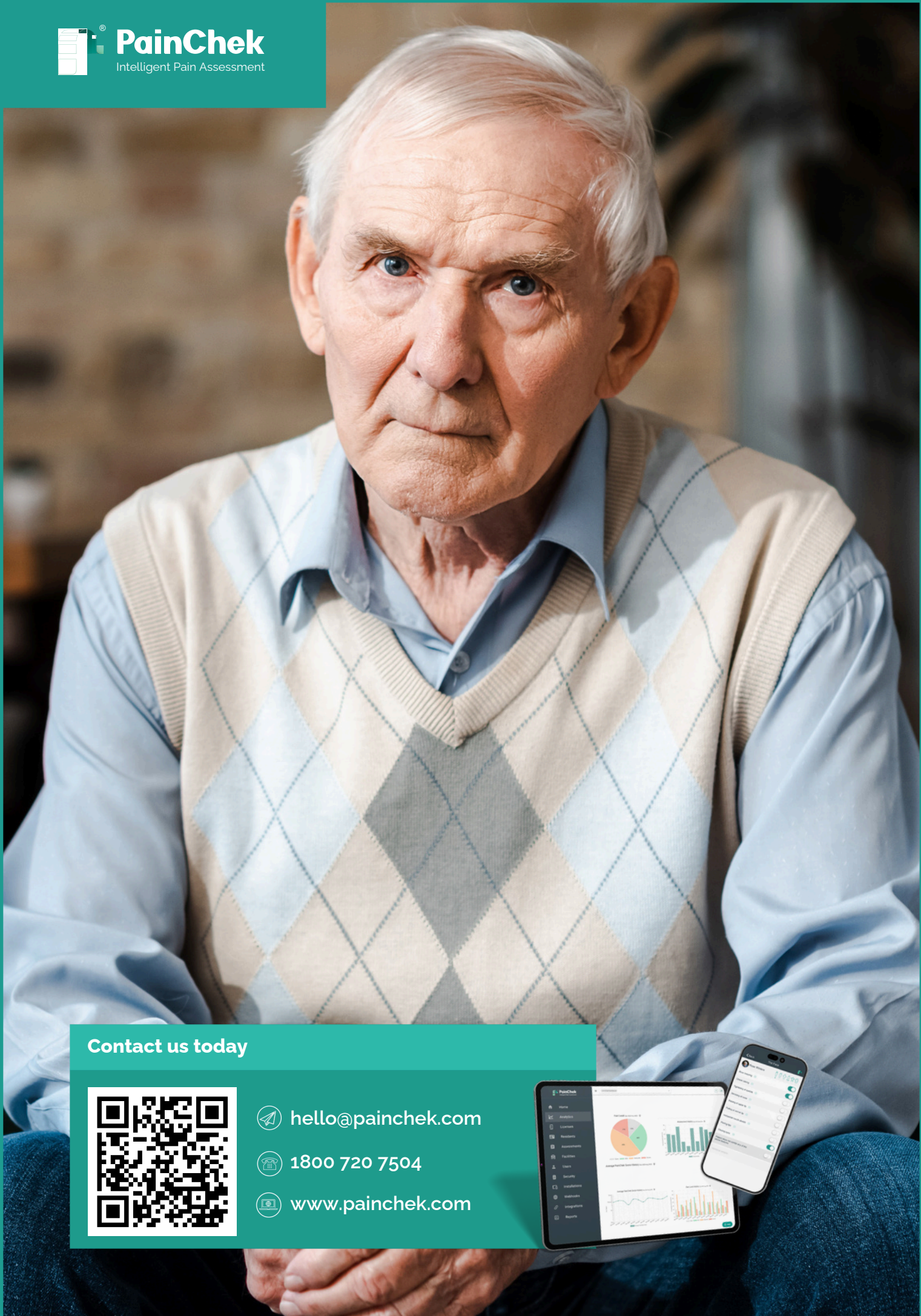


Contact us





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