

Nova Scotia Chronic Pain Services & Resources

An Inter-Professional Approach

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Health


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The Plan....

- Overview NSCPS
- NSCPCCN-Mentorship Network
- Northern Shared
 - An Inter-professional Experience and Focus on SM
- Cases and Resources for Community based Providers
- Questions

NSCPS

Update & Evaluation Findings

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Disclosure:

- Educational funding for Team Effectiveness Program Training-Pfizer

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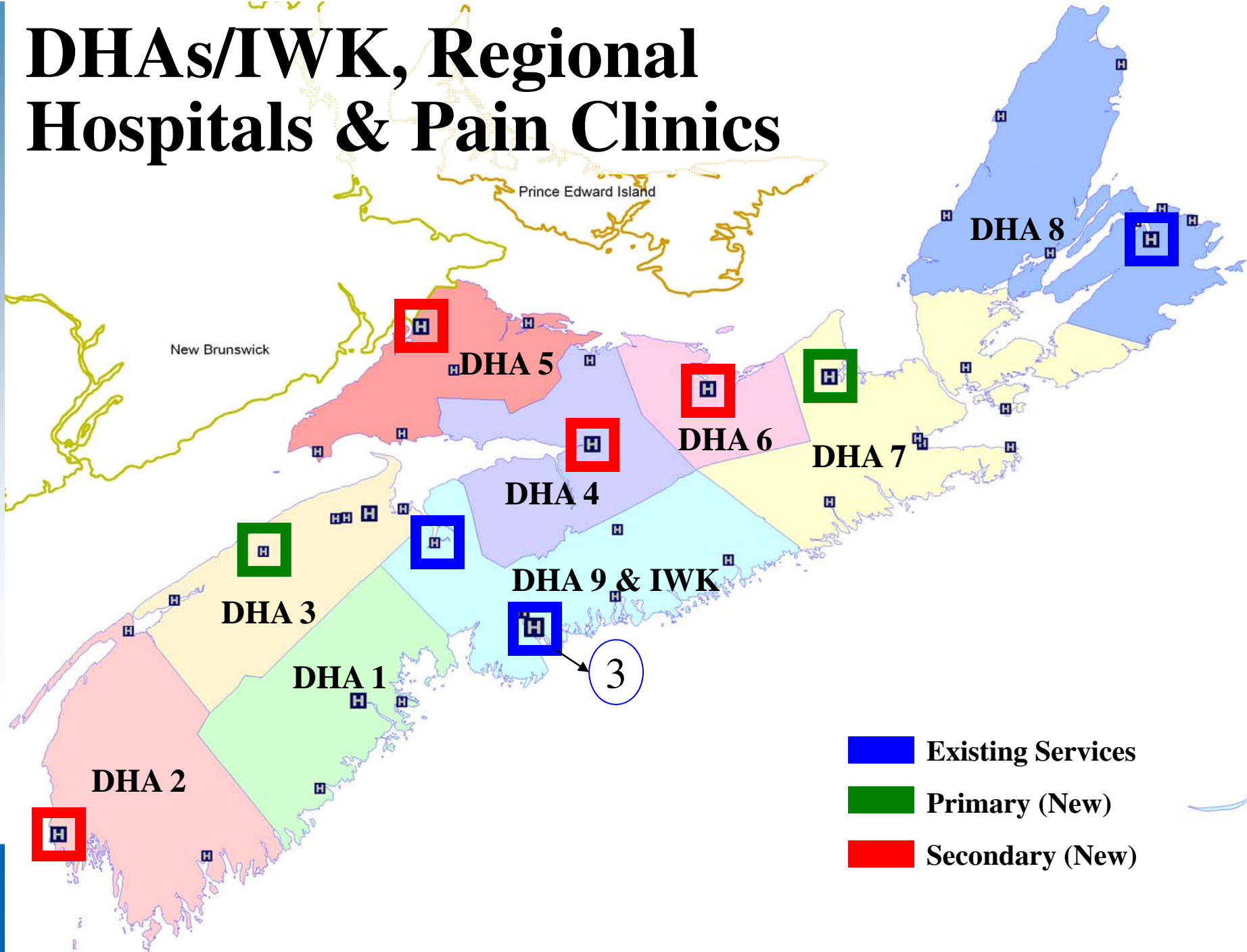
Situation in NS (pre- 2008):

- Many complaints to DoH- patients and professionals
 - 5 yr waitlist at the Pain Management Unit
CDHA
- Fall of 2005, the Acute & Tertiary Care Branch commissioned a report, *Review of Pain Management Services in Nova Scotia*.
- Working Group created (2006) developed an Action Plan for an integrated approach to delivery of chronic pain services

Chronic Pain Model for NS:

- Annual funding \$1 million provided for the the Chronic Pain Initiative
- Implementation highlights the following action items:
 - Establish new multi-disciplinary chronic pain clinics
 - Enhance existing chronic pain clinics in CDHA and CBDHA
 - Improve access to self management
 - Enhance education on chronic pain management for Primary Care Providers

DHAs/IWK, Regional Hospitals & Pain Clinics

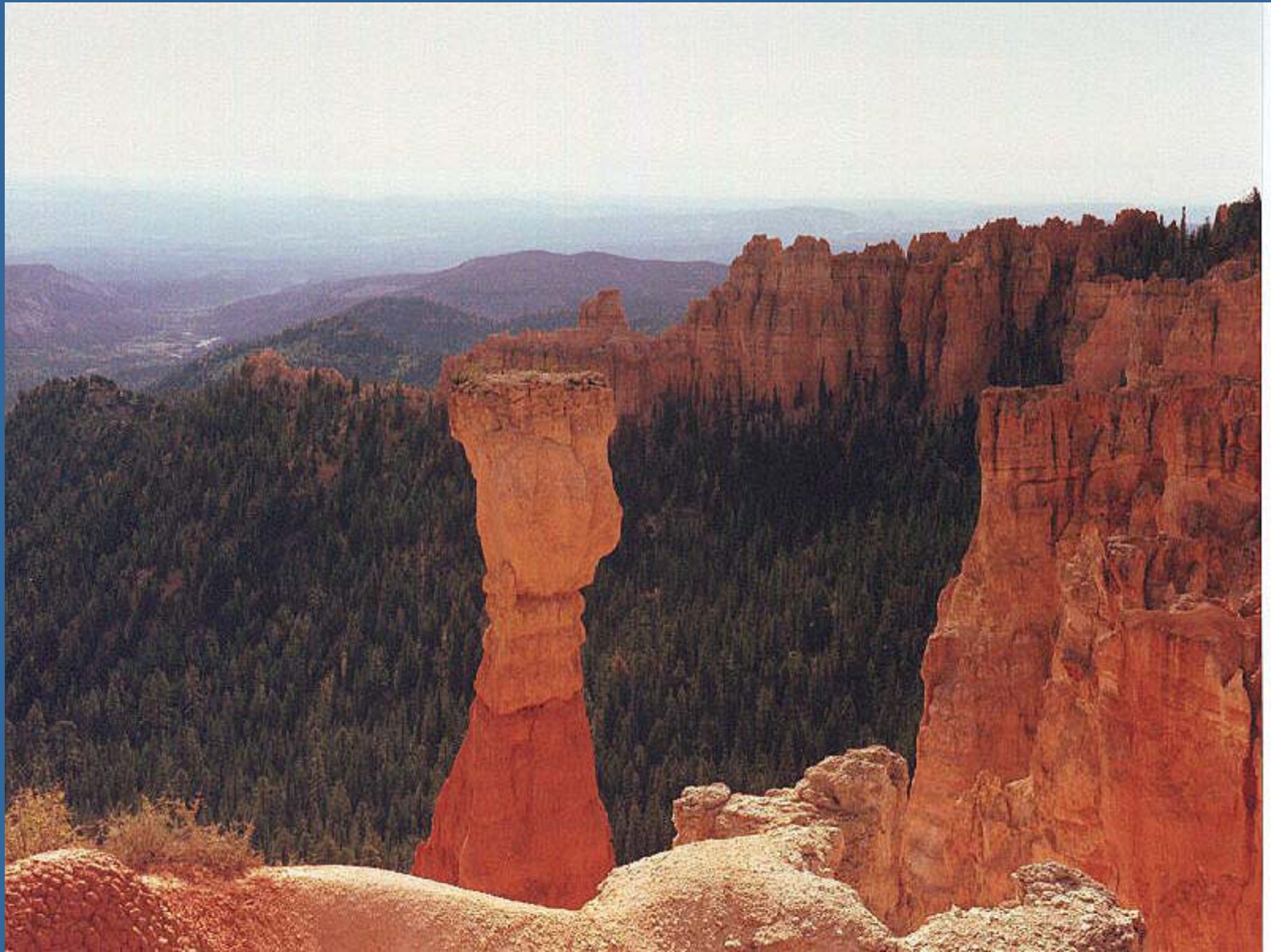


Other successes:

- Wait list validation and redistribution projects
- Coordinated referral process to ensure patients receive services closest to home as appropriate
- Standardized documents to support a consistent provincial approach to the delivery of chronic pain services
- The provincial coordinator working group to facilitate a collaborative and communicative relationship among all clinics
- Provincial Advisory Committee in place to guide future clinic and evaluation processes
- Provides funding for the NSCPCCN (mentorship project) support system for community primary care providers

Key Evaluation findings/Next steps:

- Interdisciplinary approach offers patients & professionals a positive model to provide CP services.
- SM offered during clinic hours decreases overall assessment time
- Limited knowledge and support for CP Management among community PCP providers
- Elevated rates of mental health issues among evaluation cohort
- Next steps- evaluate use of standardized care plans and discharge facilitation-including transition back to community based care



Nova Scotia Chronic Pain Services

Stakeholders:
DHAs
Physicians
HC Providers
Patients/Clients
Researchers

DOH and PICCPS

NSCPS
Waitlist Project
Coordinator

Capital Health
Cape Breton
IWK

Primary

Secondary

Tertiary

Inter-professional Continuing Education

Quality Monitoring and Strategic Planning

Priorities:

- Coordinated provincial referral process
- Consistent NSCPS Triage process
- Improve consistent use of NSCPS Referral Forms
- Improve communication within NSCPS & referring PCP
- Identify barriers for discharge back to PCP

Consistency Through:

- Standardized NSCPS forms for use in all provincial chronic pain clinics
 - NSCPS Referral form
 - Standardized assessment forms:
 - » Medical
 - » Psycho-social
 - » Functional

Referral and Waitlist Process:

- Community referrals or re-directed from PMU
- Placed on waitlist by date or based on triage criteria
- If alternative level of care required -2nd opinion (waitlisted from date of referral)
- Facilitation/Communication within & among clinics -NSCPS Clinic Coordinators

Triage: A Framework for Decision-making

- **Criteria:** A standardized assessment of acuity using criteria adopted by Provincial Implementation Committee
- **Assignment of priority level:** Unclear or questionable referrals often require team discussion
- **Change of priority level:** Re-assessment of triage level or 2nd opinion to another site may be necessary

Triage Criteria:

- Urgent: Pain related to a diagnosis of cancer or other terminal illness (for palliative intervention)
- Fast track: CRPS, PHN or post surgical neuroma < 6 months, Acute disc herniation confirmed on imaging < 6
- Regular: Primary, Secondary, Tertiary Assessment

Overarching Goals of Triage:

- Consistent, timely assessment of patients based on consistent criteria
- Right resources, Right time, Right place
- Initial interdisciplinary CP assessment as close to home as possible
- Communication & Cooperation within provincial system based on shared understanding of triage criteria

Impact of NSCPS Process:

- Current PMU waitlist
 - April 2008-1116
 - April 2010-450
 - Three CDHA sites ~1200
- Wait-times PMU – regular tertiary assessment (Aug.08)
- Urgent/Fast tracks seen within two-weeks and dx blocks within two months

Summary:

- Coordinated process needed to support provincial approach to CPS
- Communication links essential
- Ongoing quality monitoring and evaluation key to improving processes
- Significant accomplishments through teamwork and dedicated professionals across province
- Shared success and challenges-locally & nationally



THE IMPACT OF NEW TRIAGE CRITERIA AND THE ADDITION OF PRIMARY CARE SERVICES TO THE MANAGEMENT OF CHRONIC PAIN WAIT TIMES IN NOVA SCOTIA

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Introduction

In response to growing wait times and concerns regarding equitable access to chronic pain services across Nova Scotia, the provincial government provided funding to establish interdisciplinary chronic pain clinics across the province (2006)(1). Three key principles of this plan included; consistent triage, close to home access to interdisciplinary chronic pain services and inclusion of Primary Care Practitioners (PCP) across the network. Traditionally chronic pain services have been provided by specialists within hospital based settings. The network of chronic pain clinics provides a framework through which referrals may be re-directed to appropriate primary and secondary and tertiary clinics as deemed appropriate. To ensure fairness upfront patients on the Capital Health Pain Management Unit (CH-PMU) waitlist was re-allocated geographically and by triage criteria to the new community based clinics. Those from within the Capital Health District remained at the CH-PMU. In addition of three PCPs were added to the CH-PMU. This provides capacity and opportunity to triage and stream Capital Health patients to initial chronic pain services within the CH-PMU tertiary CP

Methods

Initially the provincial network utilized the criteria developed for the Nova Scotia Chronic Pain Redistribution Project (2005). Developed from a survey of Canadian Pain Centres- Figure 1

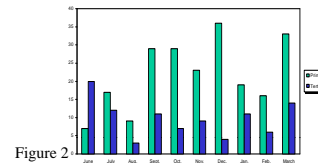
Triage Level	Description	Check for appropriate key
Urgent	Pain related to diagnosis of cancer or other serious illness	
Fast-track	Urgent, severe or post-surgical resolution of chronic pain Pain due to trauma sustained on ongoing 4-6 months	Figure 1
Standard	Patient with disabling pain, unresponsive to standard management and not responding to 4-6 months of treatment Pain due to trauma sustained on ongoing 4-6 months	Continuity working How long they've waited?

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Results

Additional resources for chronic pain services at the CH-PMU-including 2 Primary Care Practitioners (1/2 day each) and a full time Nurse Practitioner has begun to positively impact the CH-PMU waitlist and timely assessments for patients triaged as fast-tracks. The addition of the PCP to the CH-PMU and the reversing trend of tertiary and primary referral patterns is illustrated in Figure 2



The impact on the overall CH-PMU waitlist since the elimination of the two fast-track criteria seen a decrease the tertiary waitlist (Fig.3.) The decrease in regular referral wait-time on the tertiary waitlist has been reduced by ~15 months. Subsequently, the reduction in patients triaged to fast-track assessments (Fig.4) has indicated a decline over the last six months.

CH-PMU Tertiary Waitlist (June 2008-March 2008)

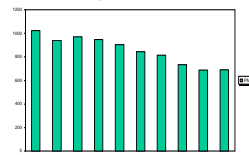


Figure 3

Fast-Track Referrals (June 08-March 2008)

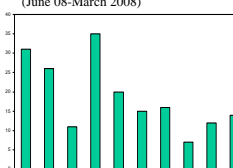


Figure 4

Prior to the addition of PCP within the CH-PMU the regular referral waitlist was ~ 39 months. Five months later the Primary waitlist was ~ 27 months and the regular tertiary waitlist remained ~ 39 months. During this period 381 patients were referred. The number of new assessments increased from 34 to 43 per month.

Fast-track wait-times during the same period decreased from twelve weeks to six weeks and the number of fast-track referrals decreased from an average of 37 a month to 19 per month.

Discussion

This data provides a five month snapshot of the impact of adding primary care resources into a traditional tertiary care pain management clinic. Preliminary results show a positive impact on wait times both regular and fast-track referrals. The negative impact of chronic pain and wait times on individuals, families and society have been clearly identified (1,2) and illustrates why new and innovative models of service delivery are required.

-The resources provided through the Nova Scotia Chronic Pain Initiative has provided funding and strategic support in response to unacceptable wait times for interdisciplinary chronic pain services

-Individualized practice patterns and broad triage criteria resulted in inconsistent waitlist management.

- A framework through which best practices, fairness and equity are considerations was constructed to improve CH-PMU triage and waitlist process and expanded to the NSCPS Network.

Waitlist management requires the following:

- Timely Access:** Standardized triage criteria to assess priority. The underlying premise is that volume and resources do not determine priority level. These factors may affect subsequent actions, but is essential that all clients be assessed independent of other systems issues.
- Assignment of priority level.** Symptoms may span more than one priority level. In these cases, clinical judgment and teamwork is required to determine where best the needs of the patient may be delivered.
- Change of priority level.** Reassessment may be required if the patient has been on the waitlist for an extended period of time..
- Designation of triage responsibility:** Consistent professional provides opportunity for all patients referred to receive fair, equitable access to chronic pain services. The organisational ethics issues inherent in delivery of chronic pain services require a variety of perspectives be considered. The impact of the triage process on individual patients living with chronic pain conditions illustrates the importance of a transparent process based on available research.

References

- 1) Action Plan for the organization and Delivery of Chronic Pain Services in Nova Scotia: Nova Scotia Chronic Pain Working Group, 2006
- 2) Peng P., Choiniere, M., Dominique, D., et al. CJA. 2007; 54(12):977-984
- 3) Lynch ME., Campbell FA., Clark, AJ.et al. Pain Res Manage. 2007;12(4):245-248



Thank-You

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