



What Have We Learned And Where Are We Going?

Canadian Pain Society Conference
2008

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Acknowledgements

- Clients we serve
- Chronic Pain Management Team
- Nursing Centre staff and volunteers

Objectives

- Provide current information re community based chronic pain program
- Explore community development strategies
- Explore interdisciplinary roles
- Highlight self management (in particular stress management)



Community Development: The Foundation For A Community Based Pain Service

Brenda Bouttell, RN, BScN

Comox Valley Nursing Centre, VIHA

Sharing Our Story

- Find inspiration
- Offer practical strategies and ideas
- Enhance care to people living with chronic pain
- Acknowledge and appreciate our relationships and work

Nursing Centre

- 1994 Demonstration project
- Explore and promote primary healthcare
- 1997 Integrated into Community Health Council
- 2001 Vancouver Island Health Authority
- 2006 Chronic Pain Stakeholders Meeting
- 2007 VIHA Regional Pain Services

“People Living with Chronic Pain”

Principles Of Empowerment

- Health belongs to the individual
- Individual has decision making ability
- Self empowerment
- Professional surrenders sense of control
- Mutual respect and trust

Nursing Centre Resources

- Daily drop in service
- Individual health consultations
- Chronic Pain Management Team
- Chronic Pain Support Group
- Chronic Pain Society
- Good Vibrations Relaxation Therapy

Nursing Centre Resources

- Adapted swim and exercise program
- “Active Eight” exercise program
- Chronic Pain Education series
- Library resources
- Internet access

What We Have Learned?

Importance of:

- Being heard, believed and respected
- Empowering clients → self-care skills
- Advocacy when overwhelmed
- Access to integrated/coordinated services
- A plan that works and is evaluated
- Financial support/assistance
- Social connections

What We Have Learned

- Our way of being impacts the quality of care we can provide
- Team approach
- Leadership
- Education
- Start “where your boots are”
- Vision and passion

Challenges

- Resources
- Waitlists
- Staff changes
- Attitudes
- Poverty
- Lack of knowledge

Where Are We Going?

- Nurturing strong community links
- Enhancing partnership with CDM/PHC
- Clarity of GP role as Pain Consultant
- Nurse practitioner role
- Supporting other communities
- Building team with VIHA pain services

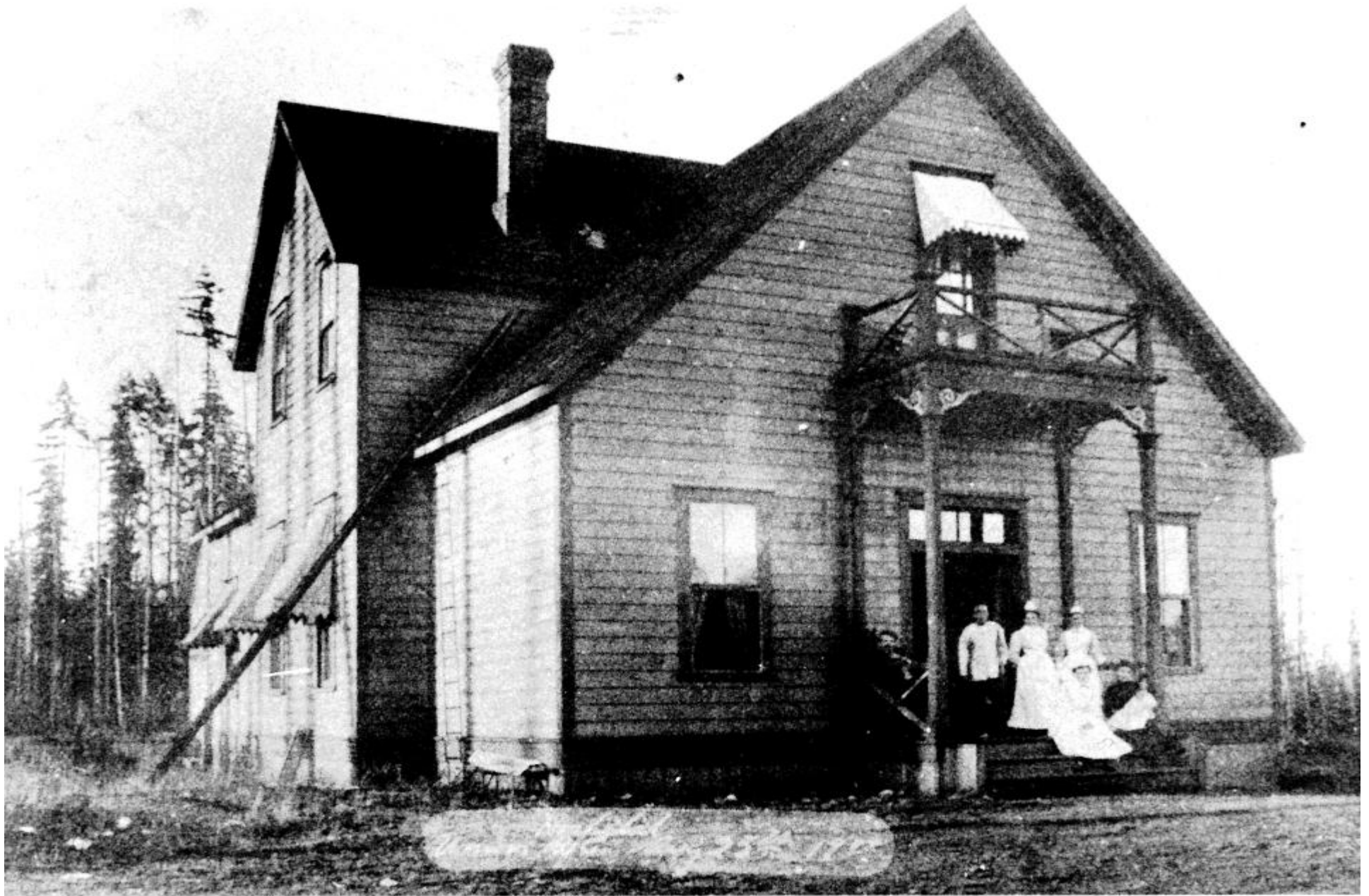


**A Community Pharmacist Within
A Health Authority: A Unique
Opportunity for Community
Outreach**

Canadian Pain Society Conference

2008

Dave Corman, BSc Pharm,
Cumberland Pharmacy, VIHA



Courtesy of Cumberland Museum



Cumberland, B.C. General Hospital

Courtesy of Cumberland Museum

Protest Against Hospital Closure



Courtesy of Cumberland Museum

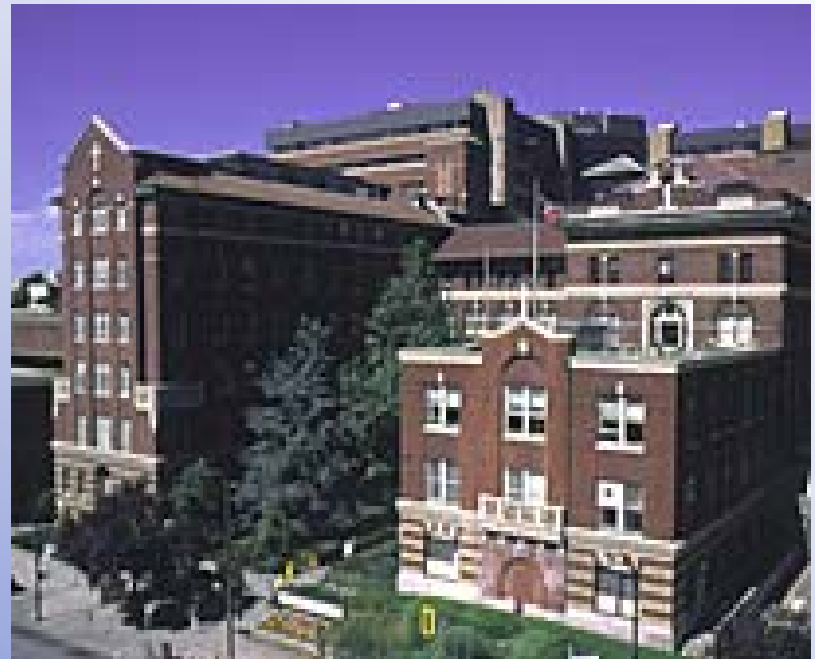


Cumberland Pharmacy



Development of the Team

- Nov '98
Dr. Jacqueline
Fraser, St. Paul's
Hospital Pain
Clinic



Development of the Team

- Jan '99 team development “Coordinated care for people experiencing chronic pain development committee” Pilot Project
- May '99 team visit to St. Paul's Hospital and Pain Symposium
- Fall 2000 Chronic Pain Educational Series

Pain Team Development

- 1999 monthly meetings, team building
- Develop criteria
- Develop tracking form - Physician letter, evaluation, client reviews
- Collecting information- resource books etc

Pain Team Development

- Difficult patient – team meeting
- 2000 Evaluation of project, what has worked, what has been difficult, where do we go
- Review clients



Challenges

Where Are We Going?

- Embrace a common vision
- Knowledge skills and abilities
- Support practice changes
- Do, then measure
- Adapt to change and change to adapt



Good Vibrations

Therapeutic Relaxation Program for Persons with Chronic Pain and/or Illness

Diane Davies, MA, RCC, CHTP
pacific therapy & consulting

Good Vibrations

A Mind-Body-Spirit program that works as part of our community based pain service

Good Vibrations

1. Components of the program
2. What makes it work
3. “Stress Talk” that both persons with chronic pain and illness, and their team can experience
4. Considerations regarding volunteer partnerships with private sector

Components of the Program

- Check-in
- Therapeutic Relaxation
- Ending
- Use of 4 basic relaxation techniques
- Use of volunteers

What Makes It Work

- Skilled facilitation
- Communication ease with Nursing Centre
- Allowing only those volunteers who feel positively about the participants, to be involved

What Makes It Work

- Staying true to purpose: to provide the best relaxation experience possible for participants
- Flexibility: drop in when able, continuous program skip check in if it is “too much”

What Makes It Work

Four Rules:

1. Sign in
2. Confidentiality
3. Only do what is comfortable
4. No cleaning up

What Makes It Work

- Structure and Routine
- Kindly enforce boundaries in “Check In”
- Acceptance of “What Is”: only feelings which are leading to increased stress or anger are modulated by the facilitator

What Makes It Work

- Each person is given “Special Treatment” every week
- Control: where you relax, what you need for comfort, if you wish leg stroking, etc...

Stress Talk

“Stress Talk” occurs for both patients and workers. Noticing it, and recognizing it as “Thought Distortion”, due to stress greatly reduces the possibility of ending up in the Hopeless/Helpless place, where nothing is possible, and pain reigns supreme.

Stress Talk

- All or nothing/black and white thinking
- Negative filter or rose colored glasses
- Discounting the positive
- “Should-ing”
- Mind reading

Stress Talk

- Fortune telling/Crystal Ball Gazing
- Catastrophizing/
Minimization
- Personification of Emotion
- Automatic “yes” or “no” in response to a request

Concept Of Hope

- “Hope is denying the statistics”
- “Hope is being treated, not as another case of a particular disease, but as a person”
- “Hope is expecting nothing and hoping for everything”

Hope Foundation of Alberta

