

STRATEGIC PROFILE

PAIN MANAGEMENT PROGRAM

2012 - 2016

CARING FOR THE BODY, MIND & SPIRIT SINCE 1869

Renowned for compassionate care, St. Joseph's is one of the best academic health care organizations in Canada dedicated to helping people live to their fullest by minimizing the effects of injury, disease and disability through excellence in care, teaching and research.



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STRATEGIC PROFILE

PAIN MANAGEMENT PROGRAM

2012 – 2016

MISSION

- To provide exemplary clinical care in prevention and treatment of debilitating pain states
- To continually improve pain management through research and education

VISION

The Pain Management Program at St. Joseph's Health Care, affiliated with Western University identifies the treatment and study of pain as a priority that bridges academic disciplines integrating the fields of acute and chronic pain, will encourage the development of new paradigms for prevention and treatment of chronic pain. Individuals with persistent non-malignant pain will be provided with timely access to care in an academic, research-focused environment with linkages to the community.

VALUES

We understand that each individual's experience of pain is unique, affecting their relationships and work life in a complex manner.

- We believe in a wide interdisciplinary perspective on the understanding and treatment of pain.
- We value evidence-based practice.
- We support the ongoing search for and dissemination of knowledge in pain management.
- We promote self-management strategies.

ACTION PLAN

Development & Support of Research

- Top 3 research opportunities: Neuropathic Pain, Functional Imaging MRI and PET scan, Interventional Imaging
- Seek research opportunities within these areas
- Enhance utilization of EMR data-integration with Acute Pain Service database.
- Promote utilization of Neuropathic Pain Database by other researchers.
- Collaborate with primary care and Genomics on research projects.
- Increase research on psychology of pain, and its treatment.

Recruitment

- Recruit a physiatrist with an interest in education and clinical research in interventional pain management.
- Add a physiotherapist to the treatment team to assist patients with return to function after interventions.

STRATEGIC FOCUS

The St. Joseph's Health Care strategic directions are:

- Compassionate, evidence-based care
- Alignment of research with clinical care
- Community-integrated care

Our two areas of focus will be:

1. Neuropathic Pain
2. Interventional Treatments for Back Pain

GOALS 2012 – 2016

- ✓ To develop patient care pathways for chronic pain e.g. peripheral neuropathic pain, post-herpetic neuralgia, complex regional pain syndrome, failed back surgery, fibromyalgia, and post-surgical pain syndromes
- ✓ To shift pain clinic role to a consultant's service where our recommendations would be made to the referring doctor utilizing the care plan framework.
- ✓ To gain accreditation as a Royal College Pain Medicine Residency Training Program.
- ✓ To be known nationally as a centre that provides excellent undergraduate and postgraduate teaching in Pain Medicine.
- ✓ To increase research output in our focus areas.

Database

- Create a patient registry and database for multi-centered clinical trials.

Fundraising

- Explore funding opportunities for psychology research.
- Explore opportunities for funding patient education programs by the Foundation

Communication

- Attractive functional website by December 2012.
- Increase clinical rounds presentation to other medical and allied disciplines, 6-8/year, advertise these on our website.
- Improve communication with primary care re: intake assessments and discharge planning.

Education & Knowledge Translation

- Hold a Journal Club 3 times/year
- Offer two positions in Pain Medicine Residency/year
- Work with Program Directors in Family Medicine, Internal Medicine, and Psychiatry to further develop rotations in SJHC or in community-affiliated pain clinics.
- Provide case-based pain problems to the medical undergraduates in the CNS and MSK block, via the course coordinators.
- Increase teaching hours in the undergrad curriculum to 36 hours in Year 4 by 2014.
- Provide Patient Education days three times/year.
- Hold multidisciplinary CME conference bi-annually.

INTRODUCTION/BACKGROUND

The Canadian Pain Summit, a meeting to urge the federal government to develop a National Strategy on cancer and non-cancer pain management for Canadians was held in Ottawa on April 24, 2012. These are some of the resolutions made at that time:

- Access to the treatment of pain without discrimination is a fundamental human right
- Pain is a biological, psychosocial and spiritual problem, requiring inter-professional care.
- Pain treatment must be patient and family centered
- People in pain must be part of the solution www.canadianpainsummit2012.ca

The Canadian Health Service Research Foundation published results of a National Health Leadership Survey on Ambulatory and Community Care in January 2012. An overview of themes that emerged is provided below:

- Interprofessional Teams Working to full scope of practice
- Patient- centered care involves listening to patients and engaging the appropriate support services
- Information should be provided to patients to enable them to take an active role in their self-management
- Accessible, coordinated care with utilization of patient navigators for complex patients
- Continuum of primary and secondary preventive care throughout life
- Leverage technology to enhance linkages between acute and community care providers
- Align financial incentives to reward team-based care

The Southwest LHIN website indicates that we have a higher percentage of seniors than other Ontario LHINs. Provision of Emergency Services is one of the top problems. Improvement of chronic pain management services has resulted in fewer visits to the Emergency Department in other jurisdictions such as Alberta.

The Department of Anesthesia and Perioperative Medicine within the Schulich School of Medicine has expressed the intent to be an internationally acclaimed department in anesthesia, pain, and critical care.

A new Comprehensive Pain Program is being developed by senior leadership to strengthen linkages between the Acute Pain Services at all three sites, Chronic Pain Clinic at St Joseph's Hospital and the Pain and Symptom Management services at LHSC and LRCC.

STRATEGIC PLANNING PROCESS

Two Strategic Planning sessions for the SJHC Pain Clinic were held on two evenings one week apart, April 26, 2012 and May 2, 2012.

Session 1 invitees were: Dr. Kevin Armstrong, Wendy Arnott (Facilitator), Dr. Asha Bhardwarj, Dr. Geoff Bellingham, Dr. Collin Clarke, Dr. Barry Death, Sherry Frizzell, Dr. Heather Getty, Dr. Eldon Loh, Cathy Lowery RN, Dr. Tom Miller, Dr. Pat Morley-Forster, Dr. Dwight Moulin, Mary Mueller, Dr. Kate Ower, Cathy Rohfritsch RN, Dr. Jim Watson

Session 2 invitees were: Julie Anderson, Dr. Kevin Armstrong, Wendy Arnott (Facilitator), Dr. Geoff Bellingham, Margo Bettger, Dr. Asha Bhardwarj, Phyllis Brady, Cindy Carnegie, Dr. Collin Clarke, Dr. Barry Death, Heather Fisher, Dr. Tom Freeman, Sherry Frizzell, Dr. Heather Getty, Dr. Kevin Gurr, Dr. Irene Hramiak, Dr. Vranda Kamath, Debbie Laman, Dr. Eldon Loh, Cathy Lowery RN, Dr. Rob McFadden, Dr. Tom Miller, Dr. Pat Morley-Forster, Dr. Dwight Moulin, Mary Mueller, Dr. Kate Ower, Dr. Ketan Patel, Karen Perkin, Dr. Janet Pope, Dr. Ganesh Ram, Dr. Maggie Rebel, Cathy Rohfritsch RN, Dr. Jim Roth, Dr. Jeff Spence, Robin Walker, Dr. Jim Watson

The Following is a summary of the comments drawn from the working groups on Strengths, Opportunities, Aspirations, and Results in the areas of Clinical Service, Education, and Research & Innovation.

CLINICAL SERVICE

STRENGTHS:

- Diverse knowledge base including psychology, neurology, anesthesia, physiatry, pharmacy, experienced nurses
- Diverse work & educational experiences.
- Relatively easy access to other specialists, disciplines, learning opportunities
- We learn from research, visiting speakers, and dissemination of knowledge via residents. This encourages us to use evidence-based practice.

ASPIRATIONS:

- To be known nationally as a centre of excellence for neuropathic pain and interventional treatments for back pain.
- To receive institutional support for interventional and neuromodulation procedures
- To give patients the tools to deal with their pain on a daily basis

OPPORTUNITIES:

- ✓ The new clinic will have new facilities and equipment with work stations for all personnel.
- ✓ All agree that we need to improve the patient care transition to the family doctor. This give us an opportunity to develop patient care pathways for chronic pain syndromes such as for peripheral neuropathic pain, post-herpetic neuralgia, complex regional pain syndrome, failed back surgery, fibromyalgia and specific post-surgical pain syndromes.
- ✓ We have the team expertise and motivation, plus institutional resources and support, to provide Chronic Pain Patient Education Days.
- ✓ The retirement of Dr. Death will provide an opportunity to recruit a new Physiatrist.

RESULTS:

- Shift to emphasizing the Pain Clinic as a consultants' service where our recommendations would be made to the family doctor
- Increased rate of discharge back to family doctors with plan of care
- Shorter wait lists for both consultations and procedures
- Provision of Patient Education Days three times per year
- Attractive functional website by December, 2012
- Ability to enter BPI and Pain Interference Scale into EMR by March, 2013
- Increased patient self-management (to be assessed at each visit)
- Increased patient satisfaction
- Recruitment of new physiatrist

INNOVATION:

- ❖ Incorporate multi-specialist visits for certain patients
 - ❖ Increased collaboration of specialists through sharing of clinic space, formal team rounds and informal discussions (e.g. Post a "Case of the Week" in Clinic)
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EDUCATION

STRENGTHS:

- Teaching is a focus of the SJHC organization
- We have excellent practitioners in all health disciplines
- We have access to skilled ultrasound teaching on patients and simulation models
- There are frequent opportunities for one-on-one or small group teaching
- The interventions that we offer are up- to- date.
- Research projects inform our clinical decision-making ,to some extent

ASPIRATIONS:

- To be known nationally as a centre that provides excellent undergraduate and postgraduate teaching in Pain Medicine

OPPORTUNITIES:

- ✓ The new Pain Medicine Subspecialty will increase our visibility ,and our teaching expertise
- ✓ There are increasing requests for clinical teaching from other disciplines
- ✓ Increasing number of residency programs are adding Pain Management to their half-day teaching session (e.g. Psychiatry)
- ✓ There are increasing requests for CME for Community Health professionals in the Community
- ✓ Increased requests for teaching in undergraduate programs a multiple levels.

RESULTS:

- Approval as a Royal College Pain Medicine Residency Training Program
- Increased teaching hours in the undergraduate curriculum to 36 hours in Year 4 by 2014.
- Patient Education Days three times per year by 2013
- More appropriate referrals from referring physicians with provision of necessary information, and results of past medication trials
- Able to discharge patients more readily to community

INNOVATION:

- ❖ Provide cases of Pain Problems for discussion to the undergraduates in the CNS or MSK block, through the course co-ordinators
 - ❖ Hold a Journal Club several times per year to bring together basic scientists and clinicians
 - ❖ Work with the Program Directors in Family Medicine, Internal Medicine, Psychiatry to encourage mandatory rotations in the SJHC or community-affiliated Pain Clinics
 - ❖ Create a regular funding stream for patient education, undergrad education, resident education and CME for practising physicians. Obtain Industry support for this as per America model within university and hospital guidelines.
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RESEARCH AND INNOVATION

STRENGTHS:

- Access to innovative research programs such as Genomics and Imaging
- Use of specialized equipment such as Quantitative Sensory testing and 3-D Imaging for interventional procedure guidance
- The Neuropathic Pain Database provides access to cohorts of patient groups for clinical trials
- History of past success with CIHR Grants

ASPIRATIONS:

- To increase the research profile and productivity of the Pain Program within the Faculty of Medicine at Schulich as well as nationally and internationally.

OPPORTUNITIES:

- ✓ Top three opportunities for research are
- ✓ Neuropathic Pain
- ✓ Functional Imaging MRI and PET
- ✓ Interventional Imaging
- ✓ Increased utilization of EMR data-integration with Acute Pain Service Database
- ✓ Increased utilization of Neuropathic Pain Database
- ✓ To collaborate with primary care and Genomics on research projects
- ✓ To increase research on psychology of pain etiology and its treatment
- ✓ To identify good research trainees and mentor them

RESULTS:

- Strong Annual Report for 2012, 2013 publications, grants, posters, presentations etc.
- We need resources of space, protected time, equipment
- Creation of a patient registry and database for multi-centred clinical trials
- Seek Industry support within university and hospital guidelines
- Explore funding opportunities for psychology research

GAPS IDENTIFIED

INTEGRATED COMMUNITY CARE

Care gaps identified were:

- ✓ Discharge from Pain clinic back to family doctor, either FHT, or single practitioners
- ✓ Patients end up on wait lists of both Community pain clinics and SJHC Clinic. We need to examine merging our triage systems.
- ✓ Patients with chronic pain that are hospitalized for surgery and have an acute pain problem fall between the cracks. Family doctors are uncomfortable dealing with their needs on discharge. Should we have a sub-acute pain clinic, or be accessible for consult, by family doctors?
- ✓ Specialty Programs e.g. Diabetes, HULC have specific pain syndromes. Could we co-ordinate visits better for these patients so they don't have to come to St Joseph's multiple times?
- ✓ How do we support Family Health teams, Community Pain Clinics and the Acute Pain service within current budget constraints?

How can we receive feedback on our performance?

- ✓ Offer presentations on services offered in Pain Clinic to SJHC, to Family Practice, London Academy of Medicine HULC, Urgent Care, PM and R, (e.g. how do they recognize and treat CRPS patients in Urgent Care?),

Feedback could be offered in the following ways:

- ✓ Invite other services to attend Pain Advisory Clinic meeting
- ✓ Ask other Clinical Services to complete brief performance surveys on our service.
- ✓ Residents should feedback to their own Department re teaching quality
- ✓ Categorize the types of patients on our wait lists- -what is our referral profile? How many are we rejecting? What type of patients do we best serve?
- ✓ Need structure in place to guide clinical pathways to ensure evidence-based practices are utilized first.
- ✓ Publish workbook of clinical care pathways.