

## Saskatchewan Pain Strategy Driver Diagram

Overview: A driver diagram can be used to plan improvement project activities. It is a way to visually represent all aspects of an improvement project so they can be discussed, and to determine if there are missing components to the plan. Each goal has drivers or “root causes” that must be met for progress toward the goal. Change ideas must be measurable to identify the impact on the main goal.

**Overall Goal: A foundation of knowledge, resources, and advocacy to support accessible, coordinated pain management services in Saskatchewan.**

Change ideas to be supported or further developed by the following working groups or initiatives:

	Provincial Pain Foundation
	Pain Education Working Group
	Regional Pain Management Departments
	Research/Knowledge Translation Working Group



Knowledgeable and engaged health care providers	Reduced misconceptions about pain	<ul style="list-style-type: none"> <li>Regular scheduling of pain content in webinars, rounds</li> </ul>	
		<ul style="list-style-type: none"> <li>Develop new research collaborations</li> </ul>	
	Comprehensive, mandatory entry-to-practice education about pain	<ul style="list-style-type: none"> <li>Curriculum review of health sciences training programs to implement IASP recommendations on pain content in health care curricula</li> <li>Develop or implement interprofessional education modules on pain (e.g. U of T Pain Week)</li> </ul>	
	Comprehensive continuing education for practicing providers	<ul style="list-style-type: none"> <li>Pain assessment and management at provider orientation</li> </ul>	
		<ul style="list-style-type: none"> <li>Annual conferences</li> <li>Monthly seminars, webinars, rounds, workshops</li> </ul>	
	Identify and support primary care providers with practice focus in pain	<ul style="list-style-type: none"> <li>Make lists of providers publicly available</li> <li>Support these providers to obtain training with course like the ALGO-MD course (discontinued June 2015 – SMA and CME searching for alternate)</li> </ul>	
<ul style="list-style-type: none"> <li>Multidisciplinary mentorship program (e.g. ECHO Ontario or NSCPCCN)</li> </ul>			
Knowledgeable and engaged public	Reduced stigma for people living with pain	<ul style="list-style-type: none"> <li>Public seminars, webinars, advertising, media support (control negative media,</li> </ul>	

		promote positive image of pain management)	
	Visibility of community based pain management programs and promotion of self-management through primary care counselling for exercise and pain self-management	<ul style="list-style-type: none"> <li>• Supports for primary care providers for exercise and pain self-management counselling</li> </ul>	
		<ul style="list-style-type: none"> <li>• Public education regarding community based and self-management opportunities available</li> <li>• Pain management web-pages for each health region</li> <li>• Replication and promotion of LiveWell with Chronic Pain self-management program across province</li> </ul>	
Access to specialty services for pain assessment and management	Identification and risk stratification of patients	<ul style="list-style-type: none"> <li>• Chronic pain pathway</li> </ul>	MOH
		<ul style="list-style-type: none"> <li>• Outcome monitoring by primary care providers (outcomes collected by primary care level but analysis and feedback done by regional pain mgt departments or by research group)</li> </ul>	
	Pain in facilities (hospital, long-term care)	<ul style="list-style-type: none"> <li>• Acute pain service in each region with multidisciplinary services for hospital or LTC based chronic pain consultations</li> </ul>	
	Pain in community	<ul style="list-style-type: none"> <li>• Regional or provincial CDM programs for chronic pain (e.g. similar to SK Bleeding Disorders Program) to support primary care management of chronic pain</li> </ul>	
		<ul style="list-style-type: none"> <li>• Transition program to facilitate monitoring of pain and pain management (e.g. opioids) after hospital discharge</li> </ul>	
		<ul style="list-style-type: none"> <li>• Integration of pain specialists into services for complex care (e.g. pain nurse specialist on Police and Crisis Team, pain training for NP at Lighthouse)</li> </ul>	
Ensure infrastructures in place to support practice and ensure quality of care	Policies and quality monitoring	<ul style="list-style-type: none"> <li>• Pain assessment and management policies for hospital based services</li> </ul>	
		<ul style="list-style-type: none"> <li>• Under-management of pain in safety alert system</li> <li>• Quality indicators and monitoring (e.g. monthly chart audits on pain documentation and pain scores)</li> </ul>	
	Rapid access to information	<ul style="list-style-type: none"> <li>• Patient and or provider “hotline” for consultation</li> <li>• Centralized triage service</li> </ul>	

		<ul style="list-style-type: none"> <li>Regional and provincial web-pages on pain management</li> </ul>	<div style="background-color: #d9e1f2; width: 20px; height: 15px;"></div> <div style="background-color: #c0c0c0; width: 20px; height: 15px;"></div>
	Formulary	<ul style="list-style-type: none"> <li>Review of provincial drug formulary to ensure that best practice meds are covered</li> </ul>	<div style="background-color: #f4b084; width: 20px; height: 15px;"></div>
	Monitoring	<ul style="list-style-type: none"> <li>Pain assessment in electronic medical/health records</li> </ul>	<div style="background-color: #c0c0c0; width: 20px; height: 15px;"></div> <div style="background-color: #f4b084; width: 20px; height: 15px;"></div>

**All change initiatives will be supported by the four aspects of knowledge translation (synthesis, dissemination, exchange and ethically sound application).**

Measureable outcomes for overall goal: (need to identify how we would measure achievement or progress in each of the change ideas)

Initial supports needed (2016):

- Identify members and leads for four working groups
- Financial support for meetings (? Meeting grants, research grants, MOH)
- Financial support for leads to focus on this work (MOH, UofS and UofR, regions)

Intermediate supports (2016-18):

- Pilot programs for Acute Pain Services, Chronic Disease Management programs – includes operating funding and evaluation (? Can evaluation be done in partnership with research and practice groups)
- Ongoing financial support for meetings and leads

Long-term supports (2018-ongoing):

- Sustained funding for programs and evaluation
- Further meetings will be supported with foundation funding or at conferences