

The Time is Now: A Commitment to Pain Relief in Saskatchewan

Introduction

- ◆ Pain continues to be the ‘silent epidemic’ with up to 75% of individuals receiving inadequate treatment for acute, chronic, post-operative, cancer, and end-of-life pain (Canadian Pain Society, 2010; Tunks, 2003).
- ◆ Pain is the most common reason for emergency room visits, the most common reason for visits to physician offices, and one of the top reasons for hospital admissions (Todd et al., 2007).
- ◆ Unrelieved acute pain complicates recovery and results in longer hospital stays, greater disability, and the potential for long-term pain (Canadian Pain Society, 2007; Pain Australia, 2013).
- ◆ Identified barriers to good pain management include: a lack of professional and public knowledge, inadequate undergraduate preparation, a lack of interprofessional collaboration, the ‘research-practice’ gap, and the failure of health care institutions to make pain relief a priority (Canadian Pain Society, 2007; Carr, Brockbank & Barrett, 2003).
- ◆ The magnitude of the pain problem is increasing with one in five Canadians suffering from chronic pain and an increase in prevalence at both ends of the spectrum (Moulin et al, 2002; Schopflocher et al., 2011). In residential care facilities up to 80% of residents report chronic pain (Takei et al., 2010). In children, the prevalence of recurring or persisting pain is 15 -30% (Stanford et al., 2008).
- ◆ Chronic pain sufferers report the lowest quality of life when compared to other chronic health conditions, including a higher incidence of anxiety, depression and suicide (Ratcliff et al, 2008; Schopflocher et al. 2011; Tang & Crane, 2006).
- ◆ The costs of undermanaged pain in Canada are enormous and more than the cost of heart disease, cancer, and diabetes combined (Phillips, & Schopflocher, 2008; Schopflocher et al., 2011).
- ◆ In Saskatchewan, 18.2%of women and 11.8% of men over 25 years of age struggle with chronic pain (Reitsma et al., 2012).

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- ◆ Results from the Saskatchewan Health Quality Council *Acute Patient Experience Survey* indicate that pain management was rated number four of the top ten factors in the overall hospital experience and pain was reported to be well controlled only 55% of the time.
- ◆ The Saskatchewan Registered Nurses Association (SRNA) Pain Management Professional Practice Group (PPG) facilitates networking among health care professionals across the province. Over the past two years, PPG members have participated in the National Pain Summit and the annual Canadian Pain Society conferences. The lack of Saskatchewan presence in the national pain scene has been striking.
- ◆ The SRNA Pain Management PPG has identified that Saskatchewan has an absence of dedicated pain services across the continuum of care, a lack of support for individuals experiencing pain, and a lack of dedicated pain content in undergraduate health science curricula.

Opportunity for Change

- ◆ In April 2012, the Canadian Pain Summit was held in Ottawa in April, 2012. Over 200 delegates from across the country widely endorsed the need for a Canadian Pain Strategy. A blueprint for change was launched.
- ◆ The National Pain Strategy Update was held in Winnipeg in May 2013. The message from the federal government at this time was an expectation towards increased provincial responsibility in dealing with the 'pain problem'.

Action

We urge the health region chief executive officers and provincial leaders to recommend pain as a pathway. Pain pathways will enable individuals to access **appropriate** pain services at the **appropriate** point of care. Utilization of primary health teams will serve to situate chronic pain with other chronic diseases. Pain pathway deployment processes will build a strong network of professionals with the knowledge and skills to safely help people with pain. **Appropriate** resources, at the **appropriate** time, for **appropriate** cost.

It is time to MAKE A DIFFERENCE for the people living with pain in our province. The Time is NOW for commitment to pain in Saskatchewan.

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