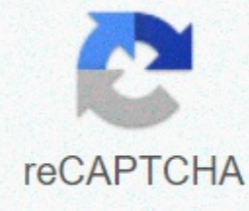




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## Office of strategy management nova scotia

On January 29, 2020, Halifax, NS Canadian Institutes of Health Research (CIHR) in collaboration with study Nova Scotian, With nova Scotia Health Authority, IWK Health Centre, Nova Scotia Health and Wellbeing Department and Child Pain Management Solutions, the Best Brain Exchange (BBE) provided researchers, implementation experts, policy makers, health professionals and other key stakeholders (including patient partners) with the opportunity to support the development of a comprehensive pain management strategy for Nova Scotia Province. This provincial initiative is in line with and complements the current federal focus on pain, as demonstrated by the recent establishment of the Canadian Pain Task Force and the release of their first report (June 2019). BBE allows participants to address the following specific objectives: Identify best practices by studying research evidence and learning from other jurisdictions that have successfully developed and implemented evidence-based provincial pain strategies. This will enable us to identify key factors that will enable Nova Scotia's provincial pain strategy to achieve the following goals: strengthen the ability of community-based primary care providers to treat pain, increase access to care and resources, and reduce the burden on higher education institutions. Better capacity and allocating resources to community-based pain self-management in complex cases on the waiting list/cases where self-management is effective. Enhancing cooperation and coordination between multidisciplinary care providers (MDs/Allied Health) and clinical specialties (e.g. perioperative, ED, family doctors, pain specialist clinics, anesthesia, oncology, palliatives) across the province. Integration of the role of development factors (e.g. pain management needs throughout the life cycle, from childhood to the elderly), culture and gender and gender in the provision of pain management services. Assess obstacles and facilitators for the development and implementation of the provincial pain strategy, including costs and benefits (e.g. equal access to services, operational standards, use of the service, patient outcomes, service integration, costs, human resources in the health sector, IT infrastructure). Identify potential innovation opportunities to better support evidence-based provincial pain management solutions, such as technology inclusion. Background and political context The Canadian government has identified pain as a federal priority, and there has been a commitment to formally understand and address the needs of people suffering from chronic pain when setting up the Canadian Pain Task Force (CPTF). Provincially, Nova Scotia is a leader in pain research and clinical services and prioritizes stakeholder engagement in the provincial pain strategy to start. One in five Canadians suffers from chronic pain and The population of Nova Scotia, this means about 185,000 Nova Scots living with chronic pain. More Nova Scots experience activity-limiting pain than the Canadian average (15.5% vs 13.4%) (StatsCan, 2019). The single biggest cause of years of disability (YLD) in Canada is chronic lower back pain, where headaches are in second place (University of Washington Institute for Health Metrics and Evaluation Population), and this hasn't changed in the last decade. In 2010, the Ministry of Health established the Nova Scotia Chronic Pain Services Advisory Council (NSCPAC). NSCPAC existed until 2012-2013, when it slowly disintegrated. The Nova Scotia Health Authority (NSHA) was established on April 1, 2015 to consolidate nova Scotia's Nine District Health Departments into one health authority. Once the transition is complete and the need to focus on the provincial approach to chronic pain services, the Provincial Pain Network (PPN) was established in January 2017. In September 2017, the first strategic planning session was held to create a vision for the future and identify some preliminary ideas for achieving the vision. It was concluded that further research and full development of the strategy through the Action Plan remained necessary. In 2017, the NS Department of Health and Welfare (DHW) released a framework for opioid use and overdose that identified the need to improve access to pain management services and subsidies related to opioid abuse. These results show that pain management and low-risk treatments for pain are priorities for nova Scots and their government. In January 2018, a director was hired to lead the coordination and implementation of PPN and to promote the provincial strategy. In 2018, a regional government report (with recommendations) and the subsequent action plan for 2019 were developed, both of which highlighted the need for a comprehensive strategy. When you look at the position of leader again (and it hasn't been repu been repu off at the moment), this event provides an opportunity to convene nova Scotia stakeholders, as this mission would typically do, to re-set provincial priorities, strategies and momentum. In addition, in 2018, doctors at Nova Scotia [ PDF (181 KB) - External Link ] concluded that the demand for chronic pain services is increasing due to an ageing population and recommended that the framework for palliative care (including pain management) improve accessibility and holistics. In 2019, Solutions for Kids in Pain (SKIP) was established with federal funding from the Centre of Excellence Networks (NCE) Knowledge Mobilisation Initiative, based at Dalhousie University and with more than 100 partners. SKIP's mission is to improve pain management in children by mobilising evidence-based solutions and cooperation. Pain management is an urgent provincial policy issue as it covers policy priorities such as access to care, primary health care, mental health and opioid use and abuse. To best meet Nova Scotia's current and emerging pain needs, DHW supports NSHA's identified need for a holistic, integrated, person-centered approach that aligns service functions/core services with those of the population seeking pain management. A comprehensive provincial pain management strategy will help ensure that the complex components of the health system work together to provide the most efficient and temporal pain management services for those in need. To base recent reports and take advantage of this political opportunity (both provincially with local health officials and government departments and the federal, Health Canada/Canadian Pain Task Force, The Canadian Foundation for Healthcare Improvement), now is the time to develop and implement a comprehensive pain strategy for the NS. The BBE policy issue is the need to improve the coordinated and integrated access to pain management by Nova Scotians through an evidence-based provincial pain management strategy. Nova Scotia's provincial pain strategy represents the multidimensional

dimension of pain (physical and psychosocial) and cuts throughout the life cycle, in childhood for the elderly. Aiming to provide high-quality, accessible chronic pain services to all Nova Scots, the Provincial Pain Network is partnering with pain clinics, partners and Nova Scotians to create highly connected/efficient services that support providing quality care regardless of the environment. Although the official network has not met since the director's resignation, in the meantime the services will continue to be provided with the assistance of provincial coordinators. Currently, pain care services in Nova Scotia consist of a number of health promotions, prevention and general and specialized treatment programmes. These programs include ambulatory community-based programs, home-based or school-based interventions, and patient services. However, variations in the system across the province, the continuum of care and the provision of services or practices in some areas that are not evidence-based cause different problems for patient care and system effectiveness. Evidence is needed on how to better integrate these groups/services/programmes into the healthcare system as a whole and into the patient care pathway. Because of these challenges, the majority of Nova Scots have difficulties and long waits as they try to access treatment. Waiting times for community-based care and self-government are unreasonable and access can require extensive travel for people with few resources. Obstacles to access to patient care, hours and weekend and challenges that try to navigate the system in the system all Nova Scotians mention problems. It would be very valuable to consult directly with policymakers involved in the development, evaluation or implementation of pain management frameworks and strategies in other jurisdictions, in the reorganisation of the NS system, in order to improve the results of pain management services. The need for evidence the results of the BBE study will help to establish a provincial pain management strategy for Nova Scotia. In the BBE, the topics discussed in supporting the development of a county-wide pain management strategy included, inter alia: Scope of the strategy The provincial pain management strategy model for the provision of the service, related costs and benefits Interdisciplinary pain management team models Clinical specialties cross-coordination and cooperation methods Community-based primary care clinician capacity building methods Fair and easily accessible methods of provincial pain Technological innovations in support of the provincial strategy Expected results Recent research and cooperation methods Community-based primary health care methods Fair and easily accessible methods for provincial pain management Technological innovations in support of the provincial strategy Expected results Recent research and cooperation methods BBE implementation evidence provided best pain management practices for stakeholders in the province of Nova Scotia, as the capacity of primary care providers and programmes is capacity building and increased coordination and cooperation with interdisciplinary care providers and clinical specialties. The presentation summaries of BBE were facilitated by Maria Hudspith, Executive Director of Pain BC. Here is a summary of the evidence presented by each presenter: Chronic pain, health-related social determinants and cross-sectoral actions! Owen Williamson, Doцент, Department of Epidemiology and Preventive Medicine, Monash University (Australia) & Associate Professor, Department of Anesthesia, McMaster University One in five Canadians live with chronic pain. Chronic pain is more common in vulnerable populations; young people, the elderly, women, indigenous peoples, veterans and those suffering from mental health and substance abuse disorders. It particularly affects the population, which has fallen below social injustice and discrimination. Chronic pain should be a priority for public health policy. Chronic pain is a serious problem; socially complex, multi-cause with many interdesced dependencies, without a clear solution and under the responsibility of one organisation or government department. Understanding and addressing the interaction between chronic pain and social factors affecting health requires taking into account non-health such as education, income, social status, physical environment and social support networks. Addressing these factors may be more important than shaping existing health services to mitigate injustices in chronic pain treatment. The Commission, which examines the social determinant of the health sector of the World Health Organisation (WHO), concluded that: That governments need to re-focus their public health policies to ensure that all government sectors take action to address the causes of public health. This principle applies in particular where the factors causing and maintaining chronic pain are not controlled by the health system. Working in different government sectors can be difficult because ownership, finance, reporting arrangements, departmental or agency culture and language are challenges. The WHO's Health in All Policies approach can facilitate interregional participation and cooperation in the development of policies to address the chronic pain epidemic. Providing a comprehensive and population health-level strategy for pain Linda Porter, Director, Bureau of Pain Policy and Planning, National Institutes of Health (USA) The U.S. National Pain Strategy recognizes the individual and population-level burden of pain and aims to provide a comprehensive and population-level health-level strategy for pain prevention, treatment, education, and research. This strategy is a comprehensive plan with specific and achievable goals that are meant to serve as the first steps towards cultural change in how the nation discovers and manages pain. Reducing pain-induced stress in the United States cannot be achieved without expanded and continuous investments in biopsychosocial mechanisms that produce and maintain chronic pain, as well as the development of safe and effective pain treatments. While the NPS focuses on a major public health problem in pain, it also provides a significant contribution to addressing issues related to prescription drug overserting and opioid abuse, overdose and death. Reducing the burden of pain by achieving NPS targets reduces opioid oversercitation. The general theme of the NPS is the need for a health system that provides comprehensive pain management based on the biopsychosocial nature of pain. The system would create a framework in which interdisciplinary and integrated treatment would provide alternatives to monomodal opioid procedures. This session provided information on the lessons learned from the development of the strategy and on the challenges and pitfalls of implementing such a broad initiative. Alberta's pain strategy John Pereira, CEO, Alberta Pain Association Alberta's pain strategy was a collaboration of more than 300 health professionals from across the province. The proposal discussed guiding principles, promoters of change and priorities. Towards a comprehensive provincial pain management strategy for Nova Scotia Carol Bennett, CEO, Pain Australia Solutions is urgently needed to address global pain crises around the world. Inches In this global crisis, the United States, Australia and several European countries have developed national pain strategies and Canada has also begun to develop its own national security and security strategies. There are many common descriptions, prevalence figures and associated costs. The objectives are also relatively similar for all national security policy objectives. In Australia, a country of 25 million people, the impact of pain is staggering. A new study by Deloitte Access Economics commissioned by PrintTralia showed that 3.24 million Australians today live with chronic pain. The figure is projected to grow to 5.23 million by 2050 as Australia's population ages and the prevalence of chronic diseases continues to grow. Dealing with pain is in the interests of all Australians, who not only are the pain worsening the health, social and economic outcomes of individuals, but it is also a significant burden on the economy and a major pressure on the health system. The total cost associated with chronic pain was estimated at \$73.2 billion in 2018, equivalent to \$22,588 per person with chronic pain. Meattralia developed a national pain strategy in 2011 and was recently commissioned by the Australian government to prepare a plan to implement the strategy, the National Strategic Action Plan for Pain Management. This new national action plan is currently facing all Australian health ministers who can support and ideally make investments. The Australian Government has already funded a number of initiatives. It is clear that it is valuable to share cooperation to combat pain and opioid use. With such measures, we can improve the prevention, treatment and treatment of acute, cancer and chronic pain. This presentation outlined a path towards a national approach to pain management, its challenges and successes to date. Recommended figures for the Australian Public Service Commission (2007). Solving the bad problems: the public policy perspective. Deloitte Access Economics (2019). Price of pain in Australia: Printingtralia [ PDF (3.87 MB) - external link ]. Goldberg, D. S., & McGee, S. J. (2011). Pain is a global public health priority. BMC public health, 11(1), 770. Inter-agency pain research coordination committee (2011). National pain strategy. 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