

# Implementation of ESHB 2876 Pain Management Rules

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- You have reached the cached page for <http://hrsa.dshs.wa.gov/pharmacy/ChronicPainAgreement.doc>
- Below is a snapshot of the Web page as it appeared on **10/23/2010** (the last time our crawler visited it). This is the version of the page that was used for ranking your search results. The page may have changed since we last cached it. To see what might have changed (without the highlights), [go to the current page](#).
- You searched for: **Pain Contracts Used in WA State** We have highlighted matching words that appear in the page below.

# Chronic Pain Agreement

- I, \_\_\_\_\_ (*patient receiving chronic **pain** medications*), have agreed to use **pain** medications as part of my treatment for chronic **pain**. I understand that these medications may not eliminate my **pain** but may reduce it and improve what I am able to do each day. I understand that the **Pain** Management Clinic will address my chronic **pain** and will not address other chronic medical conditions. I understand the following guidelines for continuing chronic **pain** treatment under the care of:  
(*physician prescribing chronic **pain** medications*) \_\_\_\_\_.

1. I understand that I have the following responsibilities:
  - a. I will take medications at the dose and frequency prescribed.
  - b. I will not increase or change how I take my medications without the approval of this physician.
  - c. I will not ask for refills earlier than agreed. I will arrange for refills at the prescribed interval **ONLY during regular office hours**. This includes after-hours, on holidays, or on weekends.
  - d. I will obtain all **pain** medications only at one pharmacy. I will inform my physician if I change pharmacies.

Pharmacy: \_\_\_\_\_ Phone Number: \_\_\_\_\_

- e. I will authorize my physician to provide a copy of this **agreement** to my pharmacy.
- f. I will not request any **pain** medications or controlled substances from other providers and will inform this physician of all other medications I am taking. I understand that other physicians should not change doses of my **pain** medications and I will notify the **Pain** Management Clinic of any changes to my **pain** medications made by another provider.

- g. I will inform my other health care providers that I am taking these **pain** medications and of the existence of this **agreement**. In event of an emergency, I will provide this same information to emergency department providers.
- h. I will allow my physician to discuss all diagnostic and treatment details with pharmacists, physicians, or other health care providers who provide my health care for purposes of maintaining accountability.
- i. I will inform my physician of any new medications or medical conditions.
- j. I will protect my prescriptions and medications. I understand that lost or misplaced prescriptions will not be replaced.
- k. I will keep medications only for my own use and will not share them others. I will keep all medications away from children.

1. In addition, your **pain** management you will need to demonstrate compliance:

- Weight management with a daily log of (leg measures or weight) and food intake
- Water pill use as noted by medication refills and weight (leg measures or weight)
- Showing up for appointments (if X are missed it is unsafe for us to prescribe continued narcotics)
- Wound care by self noted by appropriate dressings and cleaning per the case manager's notes

Should any of the above not show good faith efforts, your providers feel that we can no longer prescribe **pain** medications as we think it unsafe and a barrier to good self care.

I agree to use only the following providers. I will notify my physician of any changes in my health care and / or changes in my providers.

- Provider: \_\_\_\_\_
  - Clinic: \_\_\_\_\_
  - Phone Number: \_\_\_\_\_
- Provider: \_\_\_\_\_
  - Clinic: \_\_\_\_\_
  - Phone Number: \_\_\_\_\_
- Provider: \_\_\_\_\_
  - Clinic: \_\_\_\_\_
  - Phone Number: \_\_\_\_\_

# Alternate Plan if the Honeymoon ends?

- What happens if the relationship ends?
  - Have three providers that you can transition the care plan to.
  - Talk through this plan.
  - Expect for the “Perfect Storm.”
  - Arrogance is never your friend and is definitely not your friend when you are in partnership with complex patients.
  - Have an exit strategy that you both can live with.
  - Have a plan and a letter to terminate your professional relationship.
  - Be consistent.



# Nursing Care Quality Assurance Commission

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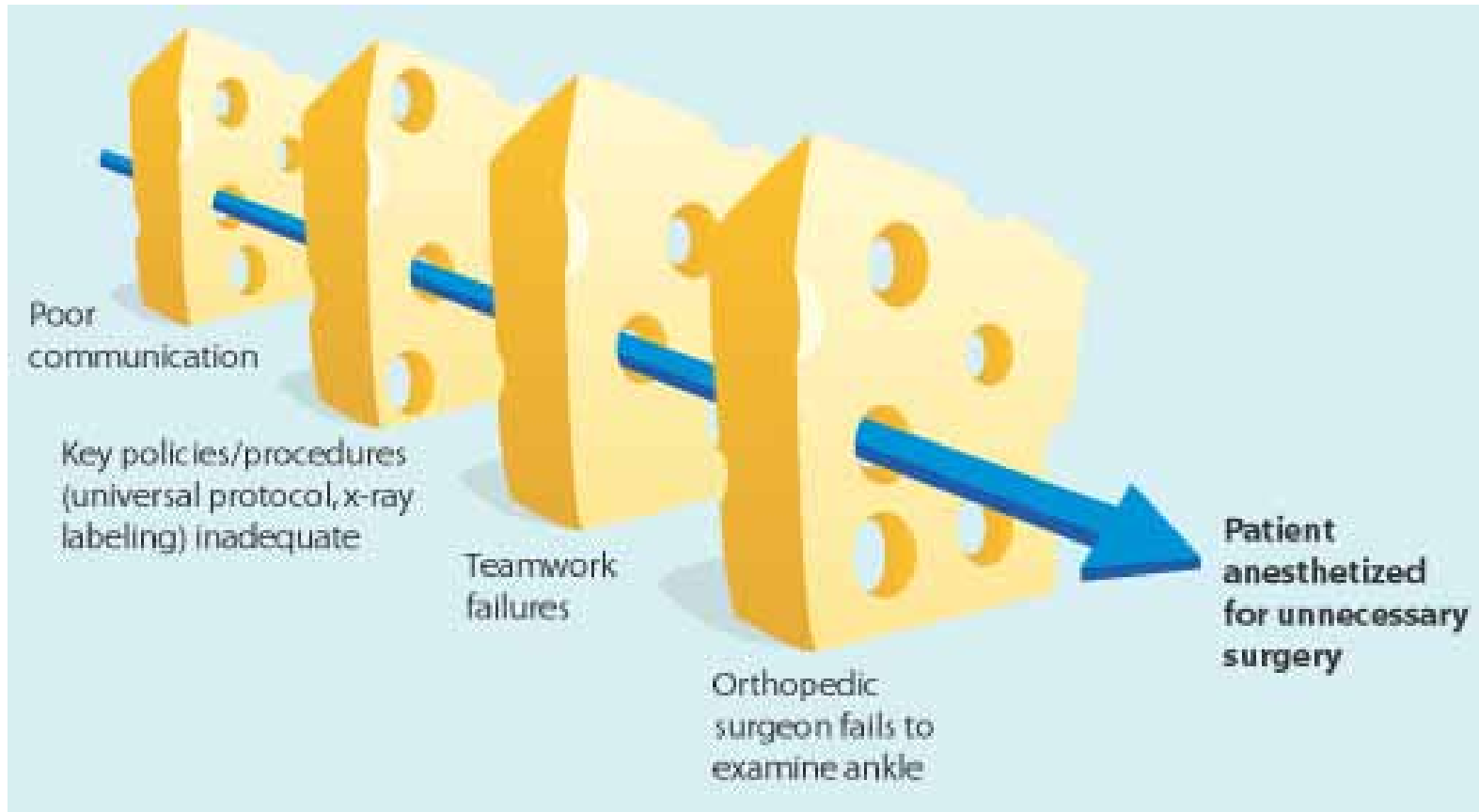
Oroville Family Medical Clinic

# Pain Risk Screening Tool

- <http://healthskills.wordpress.com/2010/01/12/two-tools-for-screening-risk-start-back-tool-and-orebro-musculoskeletal-pain-screening-questionnaire/>
- <http://www.ncbi.nlm.nih.gov/pubmed/12873264>
- [http://www.medscape.com/viewarticle/565076\\_6](http://www.medscape.com/viewarticle/565076_6)
- <http://www.prweb.com/releases/2010/06/prweb4168834.htm>

Human error: models and management BMJ. 2000 March 18; 320(7237): 768–770.

James Reason, *professor of psychology*. Department of Psychology, University of Manchester, Manchester M13 9PL [reason@psy.man.ac.uk](mailto:reason@psy.man.ac.uk)



# Diagnosing “Vulnerable System Syndrome”

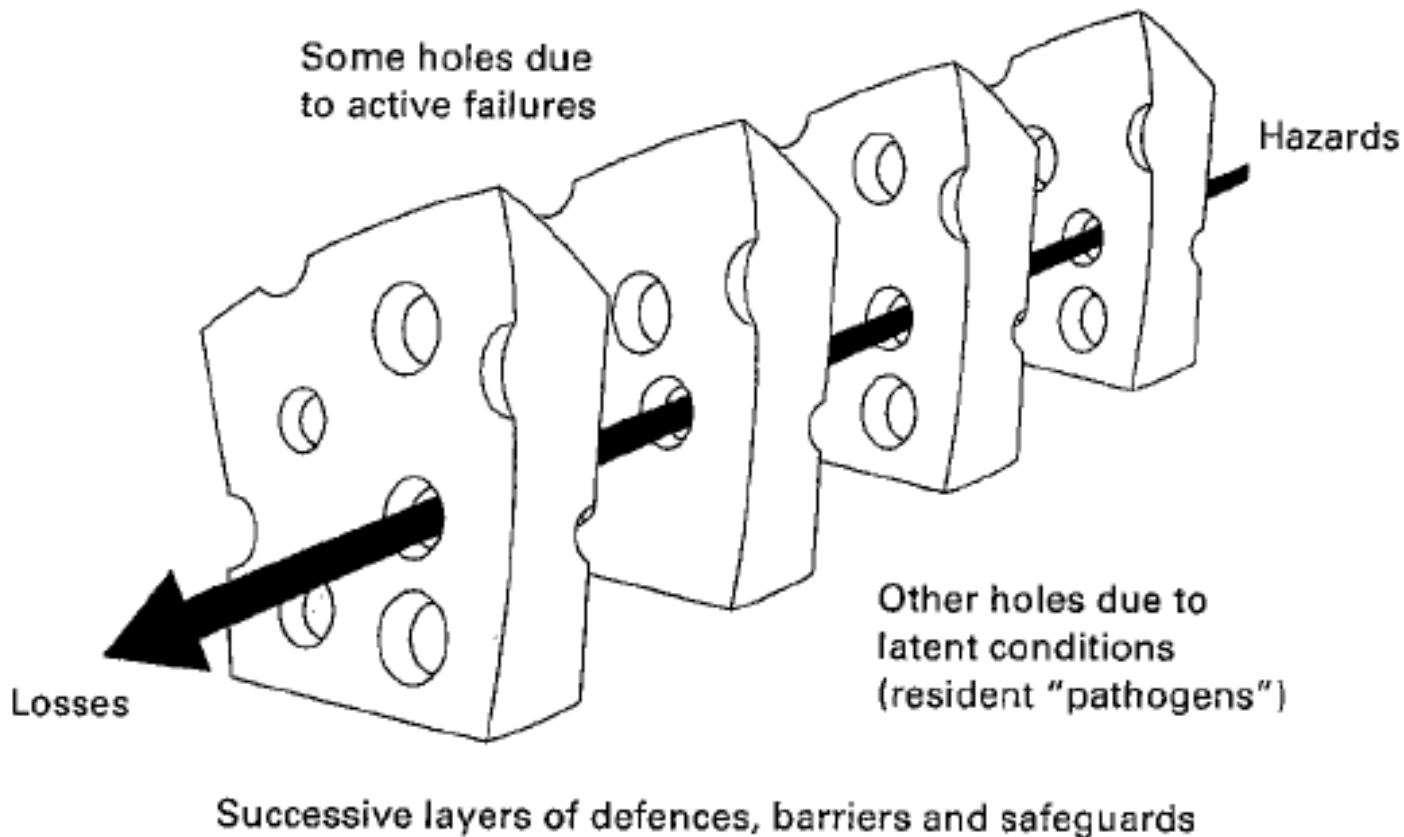


Figure 1 The “Swiss cheese” model of accident causation.

Reason JT, et al. Diagnosing “vulnerable system syndrome”: an essential prerequisite to effective risk management. *Quality in Health Care*, 2001;10 (Suppl II). ii21-ii25.

# Leadership and management are the same dynamic. Myth 1

Healthcare Executive Nov/Dec 2010

- Reality is:
  - Management is about processes.
  - Leadership is about relationships.
  - Management is linear.
  - Leadership is nonlinear.
  - Management is details.
  - Leadership is creating a vision and inspiring people to rally around it.

# Pain Management Draft Pattern Rules

- Intent
- Exclusions
- Definitions
- Patient evaluations
- Treatment Plan
- Informed consent
- Written agreement for treatment
- Periodic Review

# Questions?

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