



Empowering Patients with Chronic Pain Management

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Background

Elderly chronic pain patients with high frailty scores tend to visit healthcare institutions frequently for pain treatment. A significant proportion of these patients have multiple comorbidities and mobility impairment with poor social background. Many have poor treatment compliance and are unable to manage pain on their own, resulting in frequent clinic/emergency department (ED) visits and hospital admissions.

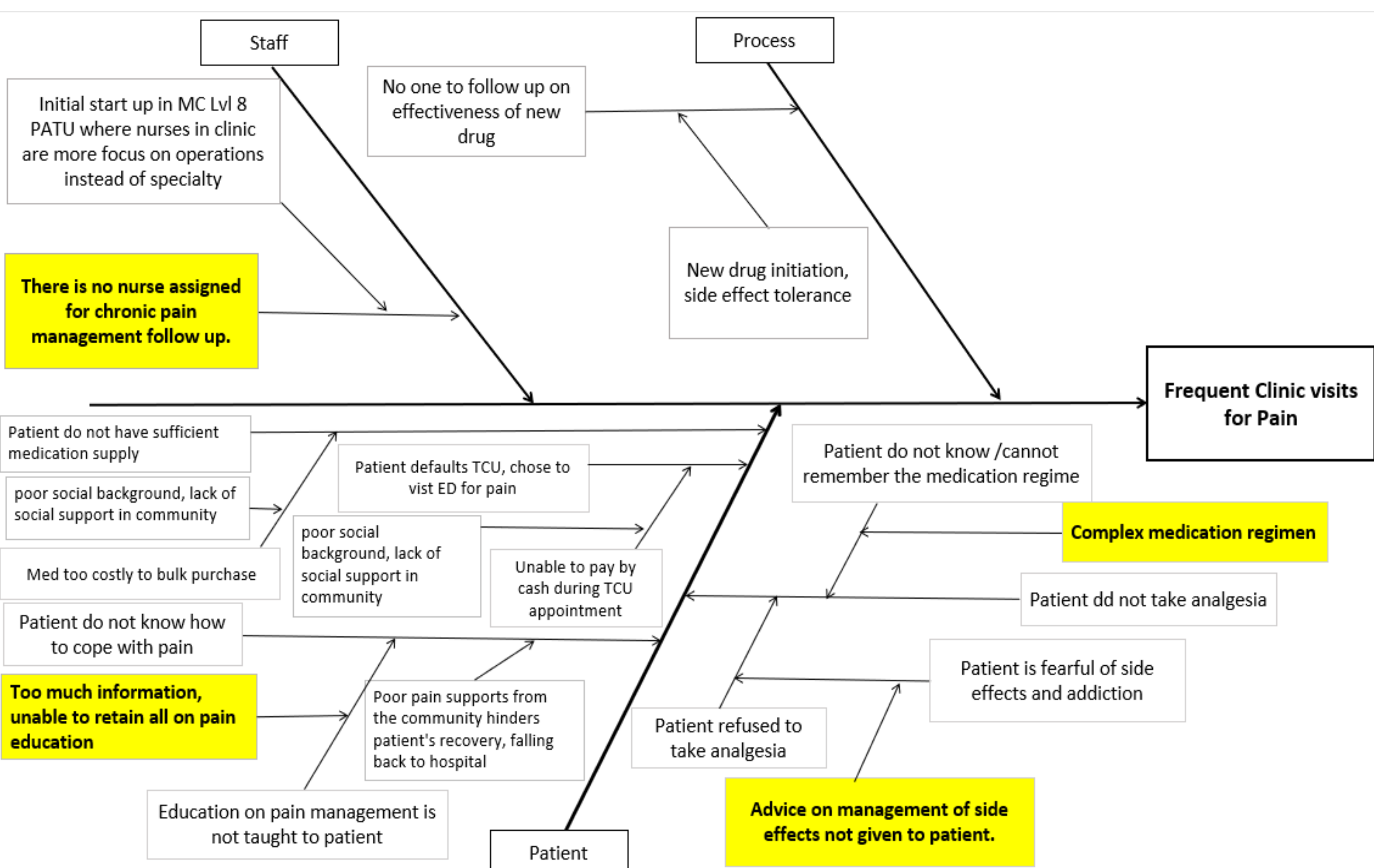
The average time interval between clinic visits (over 5 visits) for pain treatment among 31 elderly patients with chronic pain was **5.36 weeks**. The frequent visits are due to various reasons:

- ❖ Initiation of new drug and to follow up of side effects
- ❖ Managing acute flare of chronic pain closely during appointment visits to prevent ED admissions.
- ❖ Ensure patients are adhering to their medication regime

Such frequent clinic visit is not cost-effective. Patients are unsatisfied as they have to spend more time and money for each return visit, putting more stress on our healthcare system.

Methodology

A cause and effect diagram mapped out from staff and patients' feedback identified key causes such as no designated follow-up nurse, inappropriate medication management due to lack of knowledge and poor social coping mechanism.



Goals

To improve **Target Patient Group***'s ability to self-manage pain, thereby extending the interval duration between clinic visits by 100% over 6 months

* Elderly Patient > 65 years and above with multiple comorbidities and ≥ 2 following problems:

- (i) Having risk or history of admission or ED visits for pain
- (ii) Poor social support and understanding of treatment
- (iii) On medication such as opioids or multiple sedative drugs
- (iv) Mobility impairment

Actions/Interventions

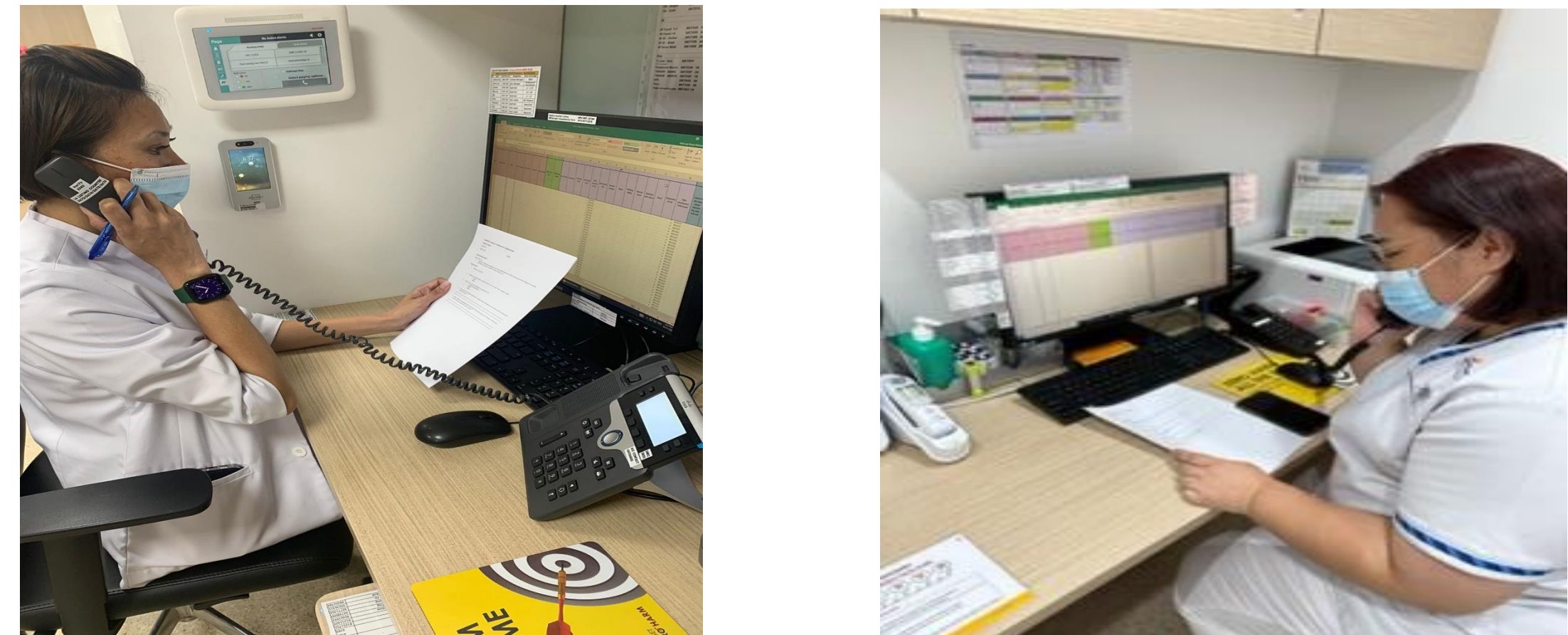


Figure 1: Photographs of nurses conducting telephonic reviews for patients with chronic pain

Guide patient in better self-management of chronic pain:

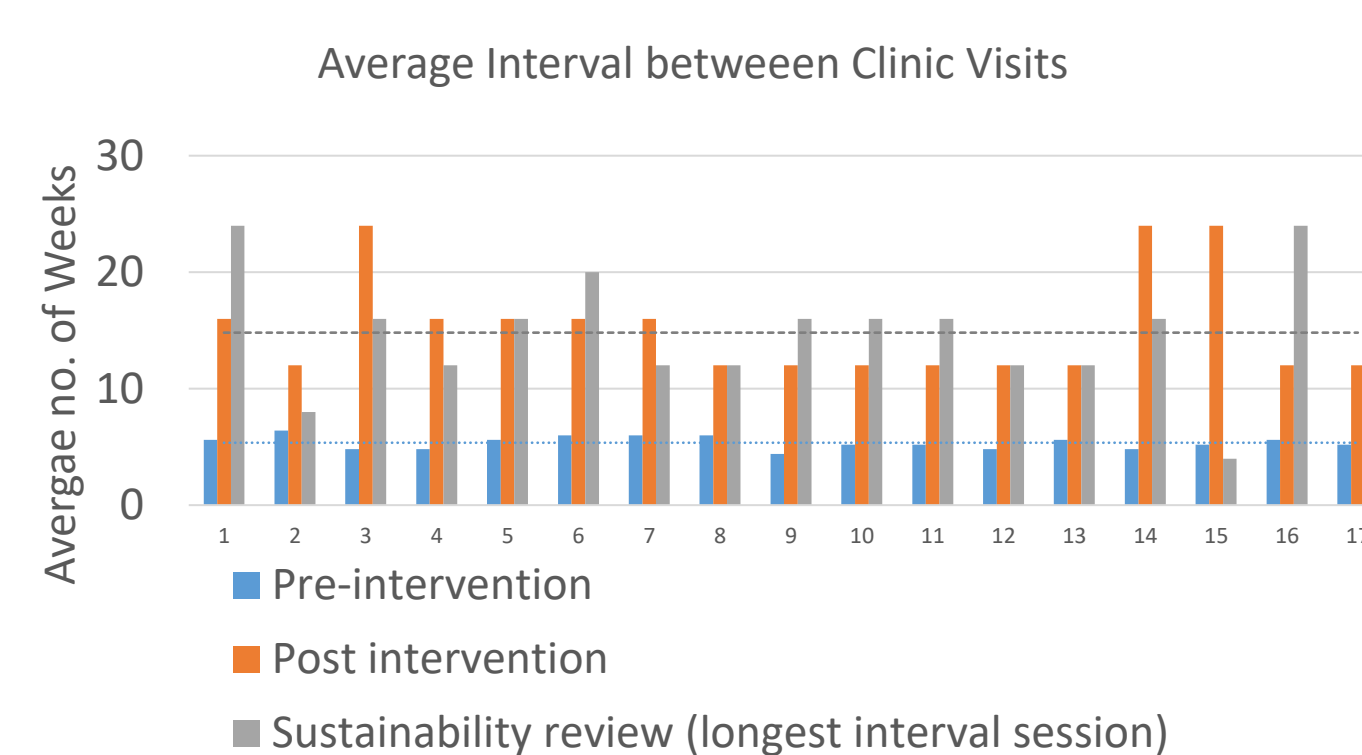
1. A nurse-led telephonic support to address any concern highlighted.
2. Referrals to appropriate institution such as community services or social services for suitable patients, assisting patients to integrate back into community.
3. Ensure that patient takes the correct regime of analgesia and manage the side effects well. Calls addressed non-adherence to pain medications through education.
4. Regular follow up on stable patients every 3 monthly via nurse-led telephone reviews to ensure patients are able to cope well with pain.

Results

51 nurse led phone interviews for total 17 patients over a period of 6 months results in:

1. Improved timeliness

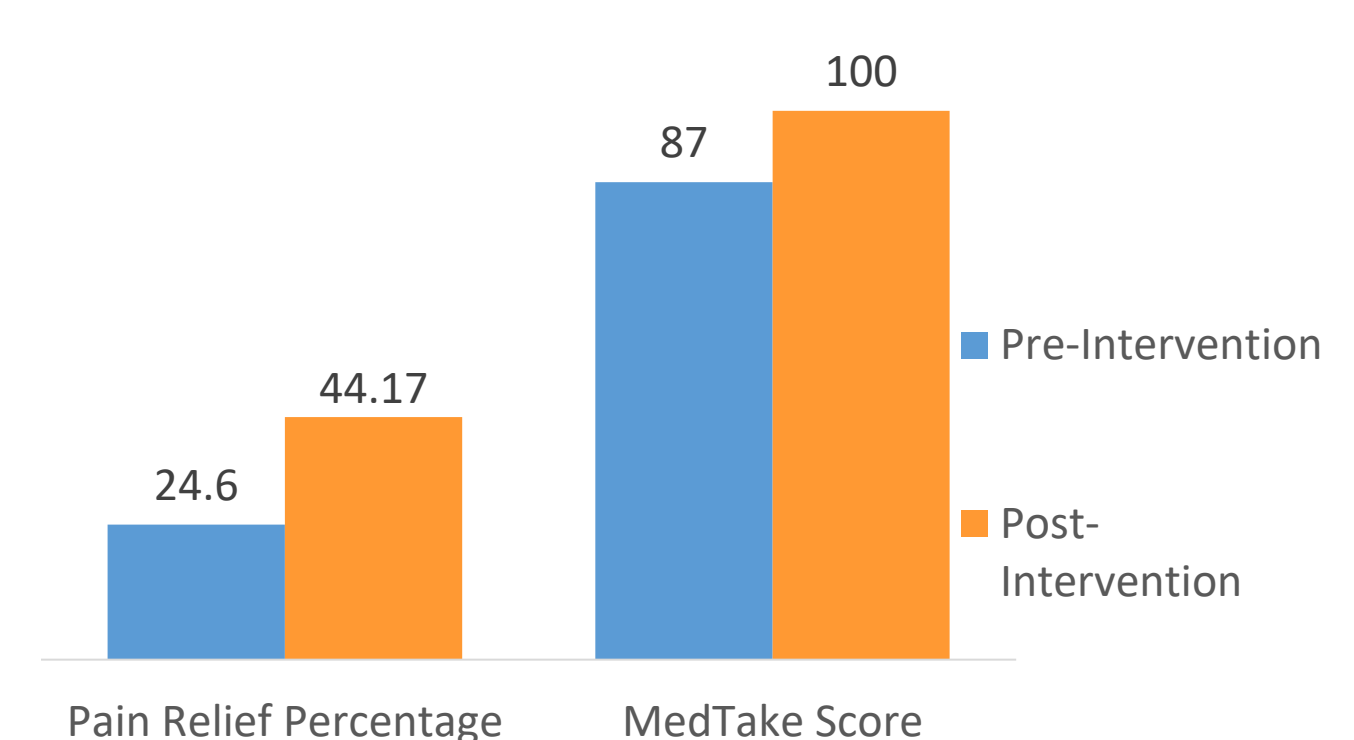
Increased average clinic visit interval:
5.36 to 15.29 weeks
(185% improvement)



Post 6 months sustainability review: **sustained improvement from 5.36 weeks**

2. Improved Pain Relief percentage and Medtake Score

- Guidance in pain self-management
- Better knowledge of pain medications and its side effects.
- No ED visits & admissions for pain



A gathered patient experience feedback – “howRwe questionnaires” reported all good and excellent experiences. Patients are very grateful of this initiative and reported feeling more empowered in managing their own pain.

Conclusion

	Clinic Visits	Consultation Time/ 15 minutes per session	Consultation cost / approx. \$41 per session
Pre-implementation	5	75 minutes	\$205
Post implementation	2	30 minutes	\$82

- Frequency of pain clinic visits reduced from **5 to 2 per 6-month period**
- Pain clinic slots freed for new consultations and other patients
- Patients spend less money and commute less with fewer clinic visits
- From the recruited 31 patients (pain team has continued to scale up the intervention with 14 more patients recruited in this project), there is a total of **1395 minutes consultation time saved and \$3,813 savings**.
- This service was rolled out to all high-needs patients at the Pain Management Clinic in SKH Medical Centre.