

Empowering Patients with Chronic Pain Management

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Problem Statement

Elderly chronic pain patients with high frailty scores → repeated healthcare visits.

- Multiple comorbidities
- Mobility impairment
- Poor social support

Poor treatment compliance and understanding → frequent clinic/ED visits & hospital admissions.

The average time interval between clinic visits (over 5 visits) for pain treatments among 17 elderly patients with chronic pain was **5.36 weeks**.

Repeated healthcare visits and high costs

Poor patient satisfaction

Stress on healthcare systems

Resulted in

Potential Solutions

Aim of project	Concepts to address root causes	Specific Solutions	Criteria			Total Score
			Cost Saving	Feasible	Sustainability	
Improve patient's ability to self-manage pain, thereby extending the inter duration between clinic visits	No nurses assigned for chronic pain management follow up	To assign nurse for chronic pain management	4	5	4	13
		To provide pamphlet for patients to read	2	3	4	9
Patient has too much information, unable to retain all pain education	Complex medication regime. Advise on management of side effects not given to	To call and follow up with patient on patient's coping of pain and understanding of pain education between clinic visits	4	5	4	13
		Pharmacist to do follow up on call on patient with complex medication regime	3	2	2	7
Complex medication regime. Advise on management of side effects not given to	Complex medication regime. Advise on management of side effects not given to	To call and follow up with patient on medication regime and compliance	3	5	5	13
		Provide pamphlets to patient on medication side effects and regime	2	3	3	8

Solutions highlighted in yellow were implemented at the same time.

Initiation of nurse led telephonic support to ensure:

- Patient is coping with chronic pain.
- Adherence to pain medications.
- Appropriate institution referrals

Project Aim

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:

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

Lessons Learnt

Patients are unable to name the analgesia that they are taking during telephone reviews. It was described through shape and colour of pills.

Intervention: visual medication chart created for nurses to reference.



Some patients are only able to speak in dialect

Engage and speak with caregiver/next of kin.

Outcomes & Impacts

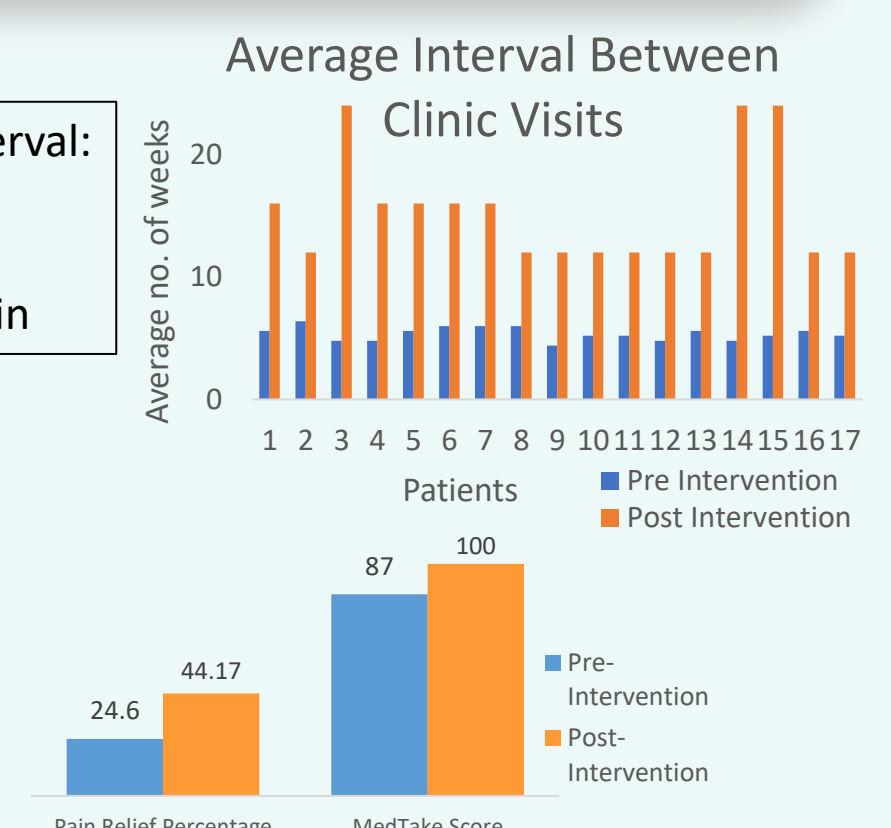
Improved Timeliness

- Increased average clinic visit interval: **5.36 to 15.29 weeks (185% improvement)**
- No ED visits & admissions for pain

Through 51 nurse led phone reviews over 6 months

Improved Pain Relief % and MedTake Score

- Guidance in pain self-management
- Better knowledge of pain medications management and its side effects.



Patient experience feedback – “howRwe questionnaires” reported all good and excellent experiences. Lifting a quote from patient:

“I don't need to come in to clinic frequently to manage my pain. Thankful for nurses to call and check in on pain and arrange for medication delivery.”

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

- Pain clinic slots freed for new consultations and other patients
- Patients spend less money and commute less with fewer clinic visits
- From the recruited 17 patients: **total of 765 minutes consultation time and \$2,091 savings.**
- Plan to roll out this service to all high-needs patients at the Pain Management Clinic in SingHealth clusters.