

IMPROVING EFFICIENCY OF REFERRAL TRIAGE FOR AMBULATORY PAIN MANAGEMENT SERVICE FOR IMPROVED PATIENT ACCESS AND FLOW

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Background

Global impacts of persistent pain and waiting for access to treatment

Current state issues in Australia

Eastern Health Ambulatory Pain Management Service

Our challenges



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A systematic review of the effect of waiting for treatment for chronic pain

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Research

Waiting in pain: a systematic investigation into the provision of persistent pain services in Australia

Abstract

Persistent (or chronic) pain will affect one in five Australians during their lifetime and is estimated to cost the Australian economy \$24 billion per annum. Chronic pain has significant effects on a person's physical and psychological wellbeing, with poor fitness, high rates of psychological distress (including anxiety), impaired work performance,¹ and high use of health care services.² Specialised assessment and treatment processes, including an interdisciplinary team approach and group pain management, are an established standard of care.

Systematic evidence exists for both the efficacy and effectiveness of cognitive behavioral therapy within a pain clinic environment,^{3,4} with consistent improvements in pain reports.

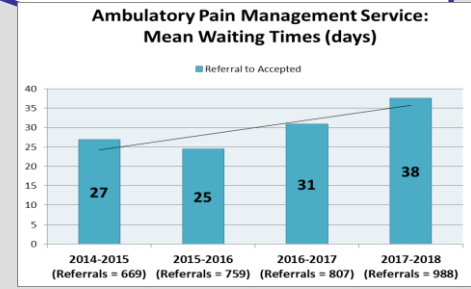
Objectives: To document and describe outpatient assessment pain management services in Australia.

Design, participants and setting: Systematic survey conducted between 1 December 2008 and 31 January 2010 of 57 services providing outpatient care to adult clients with persistent pain, since that specialised assessment services were first available.

Main outcome measures: Service structure, including funding processes; social case management programs; availability of specialist services; access to specialist services; consistent care; pain relief interventions; waiting times; and use of allied health-professional services.

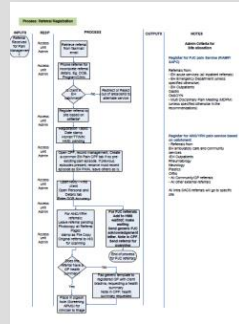
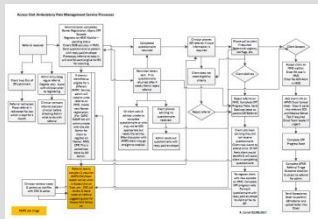
Results: Of 57 services identified, 57 participants in the study. The median waiting time from referral receipt to initial clinical assessment for a publicly funded specialist pain management service was 120 days (interquartile range 30-180 days). Mean pain management program costs were \$10,000 (interquartile range \$5,000-\$15,000). The level of service provision for children and rural patients is notably lower than that reported for other adult populations.

Conclusions: Outpatient pain management services are currently unable to meet service requirements adequately, and waiting times are often longer than those for other health services. Further research, funded nationally, is required to determine service provision in rural areas and for children.



Our Improvement Journey

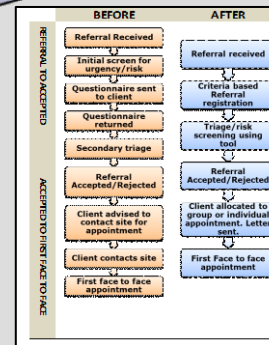
2. Process mapping, Waste determination



4. Workflows alignment with STAT principles

5. Continuous improvement: performance boards

3. Process Redesign



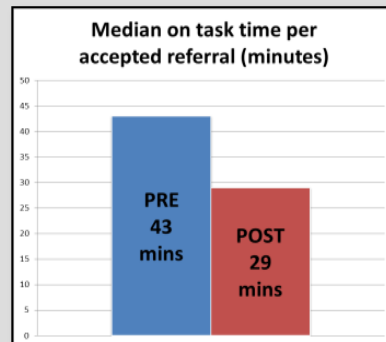
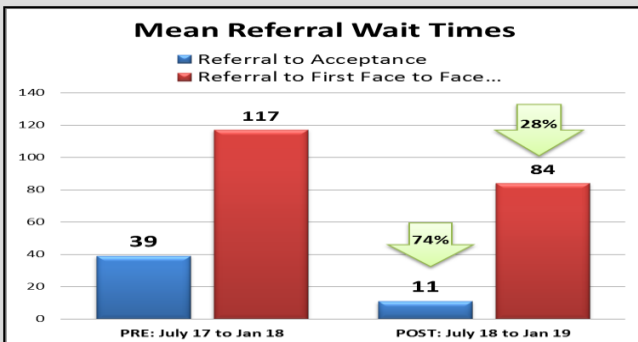
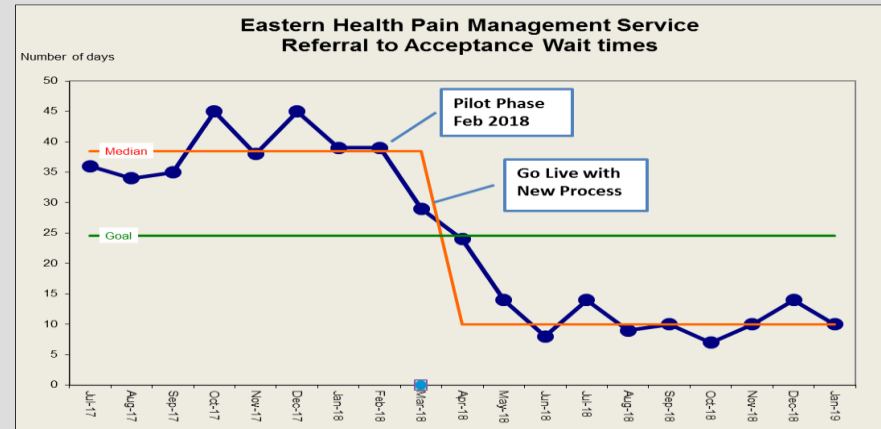
1. Stakeholder engagement:

Staff and consumer consultation, brain storming: development of risk screening/triage tool

Category	Item	Details
1.1	1.1.1	1.1.1.1
1.1	1.1.2	1.1.2.1
1.1	1.1.3	1.1.3.1
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1.1	1.1.5	1.1.5.1
1.1	1.1.6	1.1.6.1
1.1	1.1.7	1.1.7.1
1.1	1.1.8	1.1.8.1
1.1	1.1.9	1.1.9.1
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1.1	1.1.98	1.1.98.1
1.1	1.1.99	1.1.99.1
1.1	1.1.100	1.1.100.1

Results

- ✓ Run chart data from July 2017 to Jan 2019
- ✓ Primary outcome: Mean waiting times
 - **Referral to acceptance** reduced by 28 days (95%CI 23.8 to 32.2) ↓74%
 - **Referral to first face to face** reduced 33 days (95%CI 10.5 to 55.5) ↓28%



- ✓ Secondary outcomes: Referral processing time down 32.5%
- ✓ High staff satisfaction

“Having the referral screening tool means that we can be confident in our assessment of client risks and triage efficiently”

“Even as a new clinician, I felt confident in being able to follow the process for triaging a Pain referral”



“Pain referrals are not such a pain anymore!”