

**Project Title**

Completion of a One-Stop, Interdisciplinary Pain Management Clinic

**Organisation(s) Involved**

Tan Tock Seng Hospital

**Project Period**

Start date: 2019

**Project Category**

Care Redesign, Process Improvement, Quality Improvement

**Keywords**

Care Redesign, Process Improvement, Quality Improvement, Patient Centred Care, Chronic Pain Syndromes, Pain Management, Multidisciplinary Team, Outpatient Clinic, One-stop Pain Referral Centre, Centralize Pain Services, Reduce Referral Duplication, Multi-disciplinary Case Conferences, Continuous Education & Research, Production Preparation Process, Lean Methodology, Reduce Wait Time, Patient Experience, Patient Satisfaction, Tan Tock Seng Hospital, , Pain Management Clinic, Anaesthesiology, Geriatric Medicine, Rehabilitation Medicine, Specialised Allied Health Services

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# Asian Hospital Management Awards

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## PHYSICIAN LEADERSHIP PROGRAM (New!)

Physicians are at the heart of any hospital. They examine patients, diagnose and specify tests and procedures. The physician evaluates results and decide on what to do with outcomes and prescribe treatment. This award recognizes the central and major role of physicians. The award is for a project or program that improves the patient experience because of the increased, improved or innovative involvement of physicians. Were the physicians involved in the planning of the improvement? Did they participate in the brainstorming of the improvements? Did they agree to make changes that would help the hospital serve the patients better?

### Complete All Information Below:

#### Project Title (Maximum 256 Characters):

Completion of a One-Stop, Interdisciplinary Pain Management Clinic

#### Date Project Started (Maximum 128 Characters) (i.e. May 24, 2015):

2009

#### Department Name (Maximum 256 Characters):

Pain Management Clinic @ Tan Tock Seng Hospital

#### Names of Key Staff Involved in this Project (Maximum 512 Characters) (Separate names with

comma): Dr Vincent Yeo, Adj A/Prof Tjan Soon Yin, Dr Ian Leong Yi Onn, Dr Stephen Chan, Ms Yang Su-Yin, Ms Loy Fong Ling, Ms Ng Choy Kuan, Ms Tina Png, Ms Sherry Tham, NC Cheow Seow Lee

For full list, refer to Annex-1.

1. Please give some background to the project or program including how it originated. Give details of the extent to which the project improves the efficiency or effectiveness of overall service because of physician involvement. Outline any specific goals or targets you had in mind prior to the project being put together. **Maximum Number of WORDS – 350**

Multi-Disciplinary Pain Management is the traditional Gold Standard for the management of Chronic Pain Syndromes (Ref: 1. Pain Treatment Services, Guidelines. International Association for the Study of Pain, IASP. 2. Guidelines for Units Offering Training in Multidisciplinary Pain Medicine. FPMFANZCA\_PM2Jul05). The development of the Pain Management Clinic @ Clinic B1 has been guided by this concept with the co-location of the different traditional TTSH Pain Services to form a one-stop tertiary pain referral centre.

Multi-Disciplinary Pain Management Clinics would generally be able to provide the combined care from an Allied Health Therapist, Psychologist and Pain Physician. In Tan Tock Seng Hospital, there are 3 traditional departments (Anaesthesiology, Geriatric and Rehabilitation Medicine) providing Non-Cancer Chronic Pain Management Services. The Pain Physicians noted common problems of duplication, challenging coordination and inappropriate referrals due to confusion on which pain service was suitable for each individual patient.

The Pain Management Clinic/Collaboration (PMC) @TTSH, was conceptualised and tasked to:

1. Create a one-stop tertiary pain referral centre
2. Reduce duplication of pain referrals

With the completion and centralisation of pain services in Clinic B1c in 2015, PMC@TTSH is the first Inter-Departmental (Anaesthesiology, Geriatric Medicine, Rehabilitation Medicine and Specialised Allied Health Services) Pain Management Clinic in Singapore that is co-located in a one-stop, tertiary referral centre.

2. Please give details how the project was beneficial from the patient's perspective and experience and how it improved patient care, patient safety or service? Preferably please present quantifiable information such as "before and after" measurements if any. **Maximum Number of WORDS – 250**

With the completion of physical assets at Clinic B1C in 2015, PMC@TTSH now boasts of collocated clinic consultation rooms for the different pain services, specialised equipment for pain allied health services (AHS) and an Ambulatory Interventional Suite with recovery area.

PMC@TTSH offers a range of subspecialty pain services (Annex-1), e.g. General Pain Clinic, Elderly Pain Clinic, Pain Psychology Clinic etc.

PMC@TTSH internal and external partners can conveniently initiate referrals with the **PMC Referral Form** (Annex-2).

Traditionally, patients would need to undergo physiotherapy at the physiotherapy department, have a procedure performed in the operating theatre and return to the Specialist Outpatient Clinic for consultation with the Pain Physician. With collocation of each component of the multi-disciplinary team within Clinic B1c, patients would be able to benefit from all the services in one location and experience better coordinated care.

Patients who are unclear of the suitable Pain Service could refer to the self-explanatory PMC@TTSH Referral Form or be triaged at the General Pain Clinic — both are supported by the centralised appointment system.

The different Pain Physicians working within the same clinic allow for better coordination and communication, with complex patients being listed for Multi-Disciplinary Case Conferences — attended by Pain Physicians, AHS, Nurse Clinicians and Medical Social Workers.

PMC@Clinic B1c received excellent Patient Satisfaction Scores above 85% during the 2015 Ministry of Health Patient Satisfaction Survey (Annex-3).

**3. Please give some background to the project team or involved physicians who originated, studied and developed the project or program. Maximum Number of WORDS – 200**

PMC@TTSH is led by Pain Physicians from the Department of Anaesthesiology, Geriatric Medicine and Rehabilitation Medicine. The Pain Services sited separately in the different departments have a history of collaboration dating back to early 1990's with the first Multi-Disciplinary Pain Management Clinic supported by Prof Pang Weng Sun (Geriatric/Palliative Medicine), and Dr Angel Lee (Geriatric/Palliative Medicine), Dr Mary Wong (Anaesthesiology), Dr Chan Kay Fei (Rehabilitation Physician), Mr Seow Wan Tew (Neurosurgery), Acupuncturist, Psychiatry and Psychologist. However, the coordination and sustainability of the Multi-Disciplinary Pain Clinic was challenging without a dedicated clinic and operational support.

With the declaration of Pain as the 5<sup>th</sup> Vital Sign during the mid-1990s, awareness of Non-Cancer Chronic Pain as a chronic disease syndrome increased, contributing to the development of Pain Subspecialties within different disciplines.

The collaborative culture of TTSH allowed each pain subspecialty to continue working closely and evolved into the formation of the Pain Management Clinic / Collaboration tasked to build PMC@TTSH.

All Pain Clinicians, including Allied Health Therapists and Nurse Clinicians, of PMC@TTSH can be clinical leads and propose patients for multi-disciplinary case conferences. Each clinician is encouraged to be patient advocates and to participate in consistent patient education and coordinated multi-disciplinary pain management.

**4. Please demonstrate if and how the project produced sustainable results? Maximum Number of WORDS – 150**

PMC@TTSH has achieved in its aims (Annex-1) to be:

- **Collaborative**
  - Clinical Leaders from different disciplines function as liaisons with their parent departments
  - Participates in parent departmental and residency education for training and recruitment
- **Progressive**
  - Continuing education programme and research
- **Nurturing**
  - 4 Nurse Clinicians were awarded overseas attachment programmes to establish Pain Centres
  - 2 Physiotherapists were awarded scholarships to further their training in pain-related sub-specialty fields
  - Ms Yang Suyin, Pain Psychology Service Lead, was awarded a scholarship to pursue a PhD in Pain Psychology
- **Accountable & sustainable**
  - Clinician leaders, with support from an operations team, monitor clinical load and outcomes to match clinical load with available resources

PMC@TTSH monthly First Appointment Waiting Times remains between 1-2 weeks for >90% of 2015-6 (meeting MOH Clinical Quality Recommendations).

After centralisation of Pain Service, there was more effective triage of Pain Referrals for 2015 (Annex-3, Table-1).

**5. Was the process and means by which the project was conducted adequate to meet its goals? Was the composition of the team about right? Did physicians participate fully? Were appropriate analysis tools used? Explain why it was not just a matter of throwing money at the problem? Maximum Number of WORDS – 200**

The planning for PMC@Clinic B1c was guided by hospital planning experts and went through a rigorous process using 3P (Production Preparation Process), a Lean tool often used in facility design and is based on creating new processes for an area and using those new processes to develop a design or service process. The goal was to reduce wait time and improve the experience for patients, families and care providers. The 3P event was conducted intensively over 3 full days with teams of staff, physicians and leaders coming together to design the patient journey, developing the ideal state with an emphasis on patient-centred care. The planning process also took into consideration simulation of life-size layouts to test innovative/new layouts for different scenarios and eventual implementation.

6. Please give any other information, including third party testimonial regarding your project which you think would help convince the judges that this project (or program) should win this category. **Maximum Number of WORDS – 300**

PMC@TTSH provides for chronic pain sufferers who often present with expectations and challenges that result from pain and suffering over an extended period of time. This makes the Patient Satisfaction Score of above 85% even more significant.

The TTSH patient-centred care is exemplified by our Patient Support Associates (PSA) who understand that the first impression they provide for the patient will have a lead-on effect on the rapport the patient develops with the clinicians. To quote a compliment submitted by a patient,

*"I would like to compliment the friendly nurses and front counter staffs who attended to me at B1C....They were very efficient in everything they did. From registering me to processing my next appointment ... "*

Chronic pain sufferers may become sceptical with medical services due to the chronic nature of their painful conditions that had failed to respond to previous treatments. The following patient feedback highlights the necessity of our Pain Physiotherapy colleagues to develop rapport and overcome preconceived patient scepticism to achieve better patient participation and outcomes:

*" At the Pain Management Clinic, [Pain Physiotherapist RG] ...was very thorough in examining me physically as well as very patient in hearing me out my health history. I must admit that I was sceptical of therapy, but after several sessions at the Pain Management Clinic, it changed my whole perception. Though I am not totally cured, the pain at my leg is almost gone..."*

Pain Clinicians have consistent support from Pain Physicians to maintain the active engagement of the patient in a long-term pain management programme. This emphasis on self-management and active coping strategies will be increasingly important with our aging population and their degenerative conditions.

Thus, the important strength of PMC@TTSH Pain Physician leaders is empowering each member of the Pain Management Collaboration.