A DESCRIPTION OF THE HOTEL DIEU HOSPITAL CHRONIC PAIN CLINIC

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INTRODUCTION / AIM

The Chronic Pain Clinic has been at the Hotel Dieu Hospital, an academic ambulatory hospital affiliated with Queen’s University, since 2011. The Southeast Local Health Integration Network (SELHIN) had been providing one-time funding of $231,165 in 2012-2015 returning to a baseline of $46,180 after March 31, 2015. The Ontario Ministry of Health and Long-Term Care (MOHLTC) agreed on September 2015 to invest $4.6 million over 3 years towards the clinic to enable expansion. The investment is to be used towards expanding the clinician base required to provide the services to make the clinic an interdisciplinary pain centre. The staffing before May 2015 was comprised of 6 clinician days per week with chronic pain fellowship trained staff anesthesiologists. A neurosurgeon and a nurse practitioner provided another clinical day each per week. One half day of fluoroscopy time per week was provided and shared between two anesthesiologists. The MOHLTC has requested that the clinic report on specific outcome measures in order to determine adequate return of investment. We therefore must develop a method for data reporting to meet this requirement and to provide local quality assessment to inform necessary changes for program development.

METHODS

A surveillance database was established when the current clinic opened in Fall 2012 to measure the impact of the new service on patient outcomes (HSREB: ANAE-150-09 #6004543). Data were also obtained from clinic records and the Hotel Dieu Hospital and Kingston General Hospital patient care system and Emergency Room Information Systems to determine the resource use of new patients enrolled.

RESULTS

From March 1 2014 to April 30 2015, the average time from receipt of referral to triage was 25.5 weeks. During that same time period, the average time from triage to first appointment in the clinic was 85.5 weeks. There are 1748 new patient visits to the clinic in the complete database (2013.12.23 to 2015.10.09). Preliminary results of our analysis for the first group of patients enrolled in Fiscal 2013 show a 23% reduction in ER visits in the following year. The 12-item Short Form Health Survey (SF-12) showed that patients attending the clinic had an average Mental Component Score of 44.9 and an average Physical Component Score of 38.5 during the same time period.

DISCUSSION / CONCLUSIONS

The primary goal of increasing funding to the Chronic Pain Program in our area is to increase in the number of patients seen in the clinic and reduce wait times from referral to clinician assignment and subsequent first visit. A commensurate decrease in wait-times for fluoroscopic

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procedures and infusion therapies and the number of visits to ER for chronic pain issues is projected as we embark on our new approach to care. The funding provided by the MOHLTC is to be used solely to employ health professionals, including a physiotherapist, an occupational and a clinical psychologist who will practice independently and collaboratively. The involvement of these specialized clinicians will improve patient outcomes and distribute the clinic-wide follow-up challenges we currently experience. The addition of specialist clinics such as chronic pelvic pain and cancer pain twice monthly and a program to provide guidance to primary care practitioners by implementing a preceptorship program and by utilizing telemedicine where possible. As such, monitoring patient and health-service outcomes is essential for demonstrating the impact the new funding and programming will have on chronic pain care for our region. The significant increased funding from the MOHLTC provides a transformative opportunity for the Hotel Dieu Hospital Pain Clinic to become a multidisciplinary pain centre. Establishing a baseline dataset and process for prospectively monitoring outcomes will help us to determine resource allocated and program improvement.

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