THE AUSTRALIAN PAIN SOCIETY

# Waiting in Pain 2: An Update



## 1. Service Details / Your Service

At first you will be asked a few questions with regards to your service details.

**Please select the type of your service (IASP classification)**

- ○ Multidisciplinary pain centre (multi/inter disciplinary, meetings, research, teaching)
- ○ Multidisciplinary pain practice (no research, no academic teaching)
- ○ Pain practice (not multi/inter disciplinary)

**Does your service provide any specific modality such as acupuncture, headache?**

- ○ No
- ○ Yes, please specify

**Please state the number of years your service has operated**

**Please tell us about the history and development your service**

(e.g. developed from anesthesia, rehabilitation based, pediatrics specialty service)

**Is your service linked with an acute pain service?**

- ○ No
- ○ Yes

**Does your service participate in ePPOC (electronic persistent pain outcomes collaboration)?**

- ○ No
- ○ Yes

**Please specify the funding of your service**

- ○ > 90% public
- ○ >90% private
- ○ Mix of public and private

**How much of this if funded by the Commonwealth (e.g. Medicare)?**

Please only enter a number from 0 to 100 as a percentage of funding (e.g. 10 for 10%)

[ ]%

**How much of this if funded by compensations systems (e.g. road traffic, workers compensable, medico- legal)?**

Please only enter a number from 0 to 100 as a percentage of funding (e.g. 10 for 10%)

[ ]%

## How much of this if funded by the following?

Please only enter a number from 0 to 100 as a percentage (e.g. 10 for 10%)

**The public (including Commonwealth)** ____ %

**The compensation system** ____ %

**Is your service receiving any other funding or grants (excluding research)?**

- ○ No
- ○ Yes

**Please specify the funding source**

**Please specify the funding purpose**

**Please specify the funding amount as the % of your total funding**

Please only enter a number from 0 to 100 as a percentage (e.g. 10 for 10%)

____ %

# 2. Staffing Details

The following questions ask you about the range and contribution of staff working at your service across different disciplines

Please enter the current total fractional Full-Time-Equivalent (FTE) for the staff at your for service following disciplines, considering their contribution to the total service activity

## Medical

| | **Full-Time-Equivalent (FTE) for the staff at your for service** |
|---|---|
| **Pain medicine specialist (FPMANZCA)** | |
| **Pain medicine trainee** | |
| **Psychiatry specialist** | |
| **Rehabilitation specialist** | |
| **Anesthesia specialist** | |
| **Geriatric specialist** | |
| **Neurology specialist** | |
| **Surgery specialist** | |
| **Pediatrics specialist** | |
| **Dental** | |
| **Addiction medicine specialist** | |
| **All other (non-pain medicine) trainees** | |
| **Other specialist, please specify below** | |

## Nursing

| | Full-Time-Equivalent (FTE) for the staff at your for service |
|---|---|
| **Nurse practitioner** | |
| **Nurse specialist** | |
| **Other, please specify below** | |

## Allied Health

| | Full-Time-Equivalent (FTE) for the staff at your for service |
|---|---|
| **Physiotherapy** | |
| **OT** | |
| **Psychology** | |
| **Social work** | |
| **Other, please specify below** | |

## Administration, management

| | Full-Time-Equivalent (FTE) for the staff at your for service |
|---|---|
| **Administration, e.g. clerical** | |
| **Service management** | |

**Do you wish to make any comments with regards to the staffing mix at your service?**

(e.g. experience, specialty training required, difficulty recruiting specific disciplines)

# 3. Referrals Overview and Activity

**Please state the estimated number of new outpatient referrals that your service received during the last 12 months**

**Please state the estimated number of new outpatient referrals that your service has actually seen and assessed during the last 12 months**

## Please estimate the source of your outpatient referrals

Please only enter a number from 0 to 100 as a percentage (e.g. 10 for 10%)

| | |
|---|---|
| **GP** | % |
| **Medical specialist** | % |
| **Hospital or acute pain services** | % |
| **Other, please specify below** | % |

**Do you reject referrals?**

- No
- Yes

**What is the estimated number of rejected referrals during the last 12 months?**

**What are the reasons for rejecting any referrals?**

**Where do you send these rejected referrals to?**

**Do you specify a specific catchment area?**

- No
- Yes, please specify below

**Please state the estimated number of inpatient consultations (if any) during the last 12 months**

**Do you have any comments with regards to the case mix and complexity of your referrals?**

e.g. predominant musculoskeletal pain, neuropathic pain conditions, pain associated with aging, opioid issues/permits, workers compensation, refugee groups etc.

# 4. Waiting List

**Do you have a waiting list for your service?**

- ○ No
- ○ Yes

**How many patients do you currently have on your waiting list?**

**What is the current average waiting time for new persistent pain assessments for non-urgent outpatient referrals in week days (7 days/week)?**

**Do you have a process to manage urgent referrals?**

- ○ No
- ○ Yes, please specify below

**What is the average waiting time for new persistent pain assessments for these urgent referrals in week days (7 days/week)?**

**What is your indication for higher urgency (e.g. cancer, CRPS)?**

**Do you use waiting list management / triage strategies?**

- ○ No
- ○ Yes, please specify below

**Do you offer a pre-clinic waiting list education or treatment session?**

- No
- Yes, please specify below

**Is this a mandatory part of the intake process?**

- No
- Yes, for all referrals
- Yes, for some referrals – please specify below

**When is this pre-clinic session offered?**

- At point of referral
- Just before an appointment is available
- Other, please specify below

**Is there an additional waiting time for Allied Health/medical following the initial assessment?**

- No
- Yes

## What is the average waiting time to first appointments for non-urgent referrals in week days (7 days/week) for each of the following disciplines?

| | |
|---|---|
| **Physiotherapy** | |
| **OT** | |
| **Psychology** | |
| **Social work** | |
| **Medical** | |
| **Other, please specify below** | |

# 5. Service and Staff Activity Details

This section is aiming to assess the range of service activities and staffing requirements associated with pain services. Please answer the following questions as how many patient events were associated with each discipline, including activity associated with multi-disciplinary assessments. The numbers don't have to add up to the total number of patients seen at your service. Please leave the questions blank if your service doesn't offer one of the disciplines.

A few comments/disclaimers:

- Whilst recognising psychiatry as a medical discipline, we have listed separately due to inconsistent availability and common role as liaison rather than primary assessment and management
- Nursing roles have evolved, are varied, and often complimentary or supportive of service activity, and as such, are not well reported in patient activity data: please indicate this variation and activity as it applies to your service
- Complexity of service delivery models is recognised: this section relates to **patient assessment and individual management activity; please exclude patient activity associated with multidisciplinary group treatment programs** (which are addressed later in this survey)

## Medical (excluding psychiatry):

**What is the estimated number of new referrals seen for medical (excluding psychiatry) assessments at your service during the last 12 months?**

**What is the estimated number of review appointments seen for medical (excluding psychiatry) re-assessment or management at your service during the last 12 months?**

**Was the staff at your service involved in any other medical activity such as teaching or research during the last 12 months?**

- No
- Yes, please specify below

**What is the estimated number of hours during the last 12 months your medical staff dedicated to these other activities at your service?**

(e.g. 100 hours over a year for all staff)

**Please describe additional medical roles and activities at your service**

**Please leave the questions blank if your service doesn't offer one of the disciplines.**

## Psychiatry:

**What is the estimated number of new referrals seen for psychiatry assessments at your service during the last 12 months?**

**What is the estimated number of review appointments seen for psychiatry re-assessment or management at your service during the last 12 months?**

**Was the staff at your service involved in any other psychiatry activity such as teaching or research during the last 12 months?**

- No
- Yes, please specify below

**What is the estimated number of hours during the last 12 months your psychiatry staff dedicated to these other activities at your service?**

(e.g. 100 hours over a year for all staff)

**Please describe additional psychiatry roles and activities at your service**

**Please leave the questions blank if your service doesn't offer one of the disciplines.**

## Nursing:

**What is the estimated number of new referrals seen for nursing assessments at your service during the last 12 months?**

**What is the estimated number of review appointments or patient events seen for nursing re-assessment or management at your service during the last 12 months?**

**Please describe additional clinical roles for nursing staff and approximate activity**

(e.g. telephone contacts pa, neuromodulation, data collection)

**Was the staff at your service involved in any other nursing activity such as teaching or research during the last 12 months?**

- No
- Yes, please specify below

**What is the estimated number of hours during the last 12 months your nursing staff dedicated to these other activities at your service?**

(e.g. 100 hours over a year for all staff)

**Please describe additional nursing roles and activities at your service**

**Please leave the questions blank if your service doesn't offer one of the disciplines.**

## OT:

**What is the estimated number of new referrals seen for OT assessments at your service during the last 12 months?**

**What is the estimated number of review appointments seen for OT re-assessment or management at your service during the last 12 months?**

**Was the staff at your service involved in any other OT activity such as teaching or research during the last 12 months?**

- No
- Yes, please specify below

**What is the estimated number of hours during the last 12 months your OT staff dedicated to these other activities at your service?**

(e.g. 100 hours over a year for all staff)

**Please describe additional OT roles and activities at your service**

**Please leave the questions blank if your service doesn't offer one of the disciplines.**

## Physiotherapy:

**What is the estimated number of new referrals seen for physiotherapy assessments at your service during the last 12 months?**

**What is the estimated number of review appointments seen for physiotherapy re-assessment or management at your service during the last 12 months?**

**Was the staff at your service involved in any other physiotherapy activity such as teaching or research during the last 12 months?**

- No
- Yes, please specify below

**What is the estimated number of hours during the last 12 months your physiotherapy staff dedicated to these other activities at your service?**

(e.g. 100 hours over a year for all staff)

**Please describe additional physiotherapy roles and activities at your service**

**Please leave the questions blank if your service doesn't offer one of the disciplines.**

## Psychology:

**What is the estimated number of new referrals seen for psychology assessments at your service during the last 12 months?**

**What is the estimated number of review appointments seen for psychology re-assessment or management at your service during the last 12 months?**

**Was the staff at your service involved in any other psychology activity such as teaching or research during the last 12 months?**

- No
- Yes, please specify below

**What is the estimated number of hours during the last 12 months your psychology staff dedicated to these other activities at your service?**

(e.g. 100 hours over a year for all staff)

**Please describe additional psychology roles and activities at your service**

**Please leave the questions blank if your service doesn't offer one of the disciplines.**

## Additional Medical or Allied Health services (e.g. addiction medicine, acupuncture, exercise physiology) 1 of 3:

**Please specify additional Medical or Allied Health service**

**What is the estimated number of new referrals seen for other medical or Allied Health assessments at your service during the last 12 months?**

**What is the estimated number of review appointments seen for re-assessment or management at your service during the last 12 months?**

**Was the staff at your service involved in any other activity such as teaching or research during the last 12 months?**

- No
- Yes, please specify below

**What is the estimated number of hours during the last 12 months your other medical or Allied Health staff dedicated to these other activities at your service?**

(e.g. 100 hours over a year for all staff)

**Please describe any additional roles and activities of this discipline at your service**

**Please leave the questions blank if your service doesn't offer one of the disciplines.**

## Additional Medical or Allied Health services (e.g. addiction medicine, acupuncture, exercise physiology) 2 of 3:

**Please specify additional Medical or Allied Health service**

**What is the estimated number of new referrals seen for other medical or Allied Health assessments at your service during the last 12 months?**

**What is the estimated number of review appointments seen for re-assessment or management at your service during the last 12 months?**

**Was the staff at your service involved in any other activity such as teaching or research during the last 12 months?**

- No
- Yes, please specify below

**What is the estimated number of hours during the last 12 months your other medical or Allied Health staff dedicated to these other activities at your service?**

(e.g. 100 hours over a year for all staff)

**Please describe any additional roles and activities of this discipline at your service**

**Please leave the questions blank if your service doesn't offer one of the disciplines.**

## Additional Medical or Allied Health services (e.g. addiction medicine, acupuncture, exercise physiology) 3 of 3:

**Please specify additional Medical or Allied Health service**

**What is the estimated number of new referrals seen for other medical or Allied Health assessments at your service during the last 12 months?**

**What is the estimated number of review appointments seen for re-assessment or management at your service during the last 12 months?**

**Was the staff at your service involved in any other activity such as teaching or research during the last 12 months?**

- No
- Yes, please specify below

**What is the estimated number of hours during the last 12 months your other medical or Allied Health staff dedicated to these other activities at your service?**

(e.g. 100 hours over a year for all staff)

**Please describe any additional roles and activities of this discipline at your service**

# 6. Multi-D Services

This section is looking at how services combine and co-ordinate medical disciplines and/or Allied Health services to provide inter- or multi-disciplinary assessment. This may be within your total referrals as answered before. The numbers don't have to add up to the total number of patients seen at your service.

**Is your service offering any multi-D services?**

- ○ No
- ○ Yes

**What is the estimated number of new referrals triaged to multi-D assessment at your service during the last 12 months?**

**How do you triage for multi-D services at your service?**

**Is there an additional waiting time for multi-D services at your service?**

- ○ No
- ○ Yes

**What is the average waiting time to a multi-D appointment for non-urgent referrals in week days (7 days/week)?**

# 7. Allied Health Based Group Pain Management Programs (PMP)

This section is aiming to assess details and staffing requirements of group pain management programs offered by pain services, e.g. based on “ADAPT”, “STEPS”, other structures. Please include any pre-assessment group sessions that your service might provide. We would like to collate details of up to 3 programs.

**Does your service offer group PMPs?**

- ○ No
- ○ Yes

**What is the structure and/or range of these programs?**

(e.g. exercise group incorporating tai chi, outpatient CBT based PMP, pain education group, etc.)

**Do you offer Allied Health follow-up after these programs?**

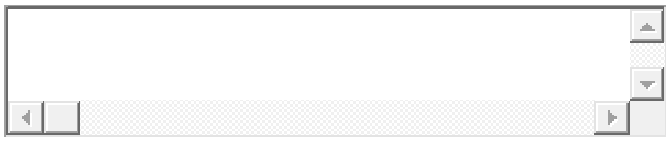
- ○ No
- ○ Yes, offered to all
- ○ Yes, must be requested by patient

Please describe type of follow-up offered

**Do you have any demographic specific programs (e.g. CALD, Aboriginal, Older persons)**

- ○ No
- ○ Yes, please describe below

**Do you have any other comment with regards to your programs, e.g. programs in development?**



**What is the "name" of the PMP #1?**

**Please provide the description / philosophy / therapeutic approach of this PMP #1**

**What is the total number of hours of this program (patient contact)?**

**How many patients are being managed by this program #1 during the last 12 months?**

## Please enter the Full-Time-Equivalent (FTE) of staff members required to deliver this PMP #1

| | FTE |
|---|---|
| **Psychology** | |
| **Physiotherapy** | |
| **Medical** | |
| **Nursing** | |
| **OT** | |
| **Other, please specify below** | |

**Are there any outcome measures used for this PMP #1?**

- No
- Yes, please specify below

**What is the "name" of the PMP #2?**

**Please provide the description / philosophy / therapeutic approach of this PMP #2**

**What is the total number of hours of this program (patient contact)?**

**How many patients are being managed by this program #2 during the last 12 months?**

## Please enter the Full-Time-Equivalent (FTE) of staff members required to deliver this PMP #2

| | FTE |
|---|---|
| **Psychology** | |
| **Physiotherapy** | |
| **Medical** | |
| **Nursing** | |
| **OT** | |
| **Other, please specify below** | |

**Are there any outcome measures used for this PMP #2?**

- No
- Yes, please specify below

**What is the "name" of the PMP #3?**

**Please provide the description / philosophy / therapeutic approach of this PMP #3**

**What is the total number of hours of this program (patient contact)?**

**How many patients are being managed by this program #3 during the last 12 months?**

## Please enter the Full-Time-Equivalent (FTE) of staff members required to deliver this PMP #3

| | FTE |
|---|---|
| **Psychology** | |
| **Physiotherapy** | |
| **Medical** | |
| **Nursing** | |
| **OT** | |
| **Other, please specify below** | |

**Are there any outcome measures used for this PMP #3?**

- No
- Yes, please specify below

# 8. Interventional Activities Provided

## Please provide the estimated number of minor interventional activities provided at your service during the last 12 months

If one of the services is not provided at all please leave the field blank

**Epidural steriods**

**Nerve blocks (including MBB)**

**RFA**

**Other, please specify below**

**Other, please specify below**

## Please provide the estimated number of MAJOR procedures provided at your service during the last 12 months

If one of the services is not provided at all please leave the field blank

**Implantable neurostimulation systems**

**Intrathecal pumps**

**Other (e.g epiduroplasty, disc procedures), please specify below**

## Please provide the estimated number of other activities provided at your service during the last 12 months

If one of the services is not provided at all please leave the field blank

| | |
|---|---|
| **Ketamine infusions (day)** | |
| **Ketamine infusions (multiday)** | |
| **Lignocaine infusions** | |
| **Inpatient rehabilitation (multiday)** | |
| **Other, please specify below** | |

| |
|---|
| |

# 9. Specialty Services or Clinics and Outside Services Provided

**Are any sub-specialty activities provided within your service?**

Please tick as many as possible

- ☐ Palliative care / cancer pain
- ☐ Headache
- ☐ Aged care
- ☐ Pediatrics
- ☐ Pelvic pain
- ☐ Other, please specify below

**Do you offer telehealth services?**

- ○ No
- ○ Yes

**To whom and how are you offering these services?**

e.g. skype to rural GPs

**What is the approximate total number of patient activity (new and review) during the last 12 months for these services?**

**Please enter the estimated number of referrals during the last 12 months for each of the listed services that your service is not providing and therefore utilising outside of the service:**

**Liaison psychiatry**

**Drug and alcohol**

**Dietetics**

**Palliative care**

**Complementary therapy (e.g. acupuncture), please specify below**

**Other, please specify below**

# 10. Current Research Projects

**Do you conduct any clinical research projects at your service that involve patients?**

- No
- Yes

**How many of these clinical research projects are currently underway?**

**How many research projects have been completed in past 12 months?**

(not necessarily published or presented)

**Do you conduct any non-clinical research projects (e.g. public health, laboratory based) at your service that don't involve patients?**

- No
- Yes

**How many of these non-clinical research projects are currently underway?**

**How many of these non-clinical research projects have been completed in past 12 months?**

**Do you have dedicated paid research time or staff at your service?**

- No
- Yes

**Please specify the disciplines of dedicated research time or staff at your service**

**What is the current FTE of staff dedicated to research at your service?**

**Do you have specific research funding?**

- No
- Yes, public funding
- Yes, hospital grant funding
- Yes, NHMRC grant funding
- Yes, compensate systems
- Yes, self-funding
- Yes, other funding source, please specify below

**Do you have other support for your research activities?**

- No
- Yes, research support from broader organisation
- Yes, unpaid master's students
- Yes, unpaid PhD scholars
- Yes, university collaborations
- Yes, other collaborations, please specify below

# 11. Further Service Activities

Many services are involved in non-clinical activity. Please estimate the total number of hours within the last 12 months your service contributed to the following:

## Non Clinical activity (hours):

| | |
|---|---|
| **Junior doctor education** | |
| **GP education** | |
| **Allied Health education** | |
| **Other teaching** | |
| **Policy work** | |
| **Advocacy** | |
| **Healthcare administration** | |
| **Other, please specify below** | |

Please estimate the total number of contacts your service contributed to the following:

## Phone activity (per month):

| | |
|---|---|
| **Phone follow-up: patients** | |
| **Phone contacts: referrers, other** | |

# 12. Your Pain Service

**Which data sources did you use to answer this survey?**

(Please tick as many as applicable)

- ☐ Health system database
- ☐ Pain service electronic records
- ☐ Paper records
- ☐ Informed estimates
- ☐ Other, please specify below

**Do you give us your consent for APS to collate and publish your services contact details in the facility directory?**

- ○ No
- ○ Yes

**Would you like to provide any comment about pain services in Australia?**

## Thank you for your participation.

If you are interested please visit the Pain Society Facility Directory and review your current listing www.apsoc.org.au/facility-directory.