

**Chronic Pain Education / Self-Management Program**

**Patient promotion and acceptance Flow Chart for multicultural service**

**Description:**

A collaborative community based pain education programme for people with low to moderate complexity pain from the following cultural and or language backgrounds: Greek, Arabic, Vietnamese, Mandarin, Cantonese

**Target audience:**

People with chronic pain as defined below and their family or carer from the relevant cultural background who can comprehend written and or spoken words in that language.

|  |  |
| --- | --- |
| **Suitable to participate** | **Unsuitable to participate** |
| Pain present for longer than 6 months that is interfering with daily activities | Those with significant mental health conditions, behavioural disturbance or cognitive issues impacting on their ability to learn or participate in a group |
| People who are willing to participate in a group for 6 weeks | Highly complex pain history |
| People who are independently mobile | Significant medication use/abuse eg < 40-60 mg morphine equivalent per day or > 3 types of pain medications may indicate unsuitability |
| Those aged over 18 years | Evidence of excessive alcohol use |

**Suitable people with chronic pain identified**

Referral into service (or self-referral)

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Patient sent screening questionnaire to be completed and returned with GP signature prior to acceptance into program (assistance may be required)

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Any health concerns identified from the pre-activity questionnaire or phone interview to be referred to GP prior to acceptance, and clearance to participate provided

**Patient Accepted into program (entered into data system)**  **Rejected based on criteria**

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Booked into program/ details provided, Provided with info about other services\*

Consent form and pre-program self- assessment

completed

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Participate in the program

Includes pre and post assessments and programme evaluation (patient experience and outcomes)

as able)

On completion of the program the Participant will be provided

with a certificate of attendance and encouraged to discuss the outcomes

with their GP. Referral onto other appropriate services including pain clinics,

local exercise or relaxation groups may be indicated depending on the outcome

of the programme and identified needs

\*Patient should be referred back to the GP. Appropriate alternate arrangements could include the pain clinic, Mental Health, Transcultural Mental Health or addiction Medicine services. Other specialist consultations may be required including rheumataology, endocrinology, othopaedics etc

Published Nov 2017. ACI/D23/905 © State of NSW (Agency for Clinical Innovation)