

# Hospital Review Form

Hospital Name:

*Please complete and return to Indian Academy of Pain Medicine*

Version 1 May 2016

## 1 - HOSPITAL DETAILS & TRAINING PROGRAMME

**Hospital Name**

**Address  
(Including pincode)**

**Telephone Number**

**Telephone Number  
(Pain Centre)**

**Regional Head of IAPM**

**Programme Head  
(Name & email)**

**Is this the main hospital at which the Pain Fellowship would be based?**

YES ☐ NO ☐

**If you've ticked no, please provide the name and address of the main hospital below:**

**If you are the main hospital, please provide the names of other hospitals involved in the training programme:**

## **Essential**

Please indicate if any of the services below are available at your hospital:

If they are available at other sites as part of your training programme, please provide details in the text box.

**Musculoskeletal/spinal**

YES ☐ NO ☐

**Pain Management Programme/Psychology**

YES ☐ NO ☐

**Cancer pain**

YES ☐ NO ☐

**Please indicate any other sites at which these services are available:**

## **Desirable**

Please indicate if any of the services below are available at your hospital:

If they are available at other sites as part of your training programme, please provide details in the text box.

**Palliative Care Unit**

YES ☐ NO ☐

**Neurosurgery/Neurology**

YES ☐ NO ☐

**Paediatric Pain**

YES ☐ NO ☐

**Rehabilitation**

YES ☐ NO ☐

**Specialised Modules (if any)**

YES ☐ NO ☐

**Please provide details:**

**Please indicate any other sites at which these services are available:**

### 3 - PAIN MEDICINE SERVICE: MEDICAL STAFFING

#### 3.1 Consultant staff

Complete for all Consultants with some or all day-time hours exclusively devoted to Pain Medicine.

NAME	PARENT SPECIALTY	QUALIFICATIONS	PAIN Hours/WEEK

3.2 Consultant hours for pain medicine per week

#### 3.3 Other staff

Complete for all clinical non-medical staff of the pain medicine service not mentioned above e.g. Specialist Nurses, Psychologists, Physiotherapists, Pharmacists, Occupational Therapists, etc.)

NAME	PARENT SPECIALTY	QUALIFICATIONS	PAIN Hours/WEEK

## 4 - INFORMATION RELATED TO THE PAIN MEDICINE SERVICE

### 4.1 Clinical activity

	NUMBER
Outpatient consultation sessions (consultant)	
Treatment sessions per week	
Number of treatment sessions with dedicated image intensifier and ultrasound	
Please list the procedures frequently carried out (attach separate sheet)	
Inpatient beds - available solely for pain medicine	
Ward rounds per week medical and/or nursing	

### 4.2 Does the Pain Medicine Service have the following facilities?

	YES / NO
Separate office accommodation	
Access to library with up-to-date pain therapy texts and journals	
Trainee's office with dedicated facilities for IT and internet access	
Consultant office(s)	
Administration staff (state number of hours/day)	
Clerical staff (state number of hours/day)	
Secretarial support (state number of hours/day)	
Audit assistant/clerk (state number of hours/day)	

### 4.3 Does the Pain Medicine Service have?

	NOT APPLICABLE / DETAILS
Pain Management Programme (give details) No of sessions per year	
Patient Support or Education Groups (give details)	
Written protocols used in the Pain Medicine Service (give examples)	
Patient information material (give examples)	

## 5 - FACILITIES FOR TRAINING AND EDUCATION

Does the Unit have the following? (PLEASE NOTE: Additional questions in the table)

FACILITIES	Y/N	DETAILS (if applicable)
Daily ward rounds with consultant (How many per week?)		
Access to radiation safety training		
Formal teaching sessions (state duration and number per week)		
Audit meetings (state frequency)		
Regular case discussion/Multidisciplinary team and/or journal review meetings (state frequency & type)		
Library facilities		
Internet Access		
A role in training of medical students		
A role in the training of nursing students & other healthcare professionals		
An on-going program of research into the mechanisms or management of pain (provide details)		
Joint clinics with other specialties (provide details)		

## 6 - CURRENT PAIN TIMETABLE OF THE DEPARTMENT

Please attach as a separate sheet or expand this table if necessary

		MON	TUES	WED	THURS	FRI	SAT
Clinics/Lists/Multidisciplinary							
AM							
PM							

Are trainees guaranteed protected sessions in the pain medicine unit? YES ☐ NO ☐

## 7 - STATISTICAL INFORMATION FOR THE PAIN SERVICE

### 7.1 Is the Unit linked to the Hospital Information System?

YES ☐ NO ☐

### 7.2 Do you produce an annual report or report of statistical information?

YES ☐ NO ☐

*If yes, please attach a recent copy.*

### 7.3 How many referrals to your service have there been in each of the last three years?

YEARS	ACUTE PAIN	CHRONIC PAIN	CANCER RELATED PAIN
20__			
20__			
20__			

### 7.4 Review of the last 12 months

IN THE LAST 12 MONTHS ...	
What % of chronic pain patients were referred from GPs?	
What % of chronic pain patients were aged less than 16 years?	
What % of chronic pain patients were aged over 75 years?	
How many patients in your hospital had epidurals for acute pain?	
How many patients in your hospital had PCA for acute pain?	
How many nerve blocks were performed for chronic pain or cancer related pain in your Unit?	
How many neuroablative procedures (e.g. chemical, cryotherapy or radio frequency) were performed in your Unit?	
How many neurosurgical procedures (e.g. percutaneous cordotomy) for pain were performed for patients from your Unit?	
How many spinal drug delivery systems were implanted for patients from your Unit?	
How many SCS systems were implanted for patients from your Unit?	
How many patients from your unit attended a pain management programme?	
How many patients had individual psychology from your unit?	



## 8 - AVAILABILITY OF OTHER SERVICES

(PLEASE NOTE: THIS IS FOR INFORMATION ONLY AND WILL NOT EFFECT YOUR TRAINING PROGRAMME APPROVAL)

FACILITY	ON-SITE (Y or N)	ELSEWHERE (give location)	AVAILABILITY (immediate, 24hr etc.)
Pathology services			
Imaging services Isotope scans CT MRI Ultrasound PET scan			
Neurophysiology Nerve conduction studies/ electromyography Microneurography			
Physiotherapy:			
Medical engineering			
Occupational therapy			
Social work			
Medical appliances			
Prosthetics			
Dietetics			
Interpreter services			

## 9 - MANAGEMENT OF PAIN SERVICES

### 9.1 Consultant responsible for acute pain service (name & email)

### 9.2 Consultant responsible for chronic pain service (name & email)

### 9.3 Consultant responsible for audit in Pain Medicine Unit (name & email)

## 10 DECLARATION

### 10.1 Name of Programme Head

### 10.2 Signature of Programme Head

### 10.3 Date declaration signed

### 10.4 Email address