

The Quality Improvement Services Group of ALLIANT HEALTH SOLUTIONS

Establishing a Robust Pain Management Initiative Within Your Hospital

Welcome!

- All lines are muted, so please ask your questions in Q&A
- For technical issues, chat to the 'Technical Support' Panelist
- Please actively participate in polling questions that pop up on the lower right-hand side of your screen

We will get started shortly!









Establishing a Robust Pain Management Initiative Within Your Hospital

Presented by: Phyllis Hendry, MD, FAAP, FACEP University of Florida College of Medicine Brittany Johnson, PharmD, CPh UF Health Jacksonville









Collaborating to Support Your Quality Improvement Efforts





- Healthcentric Advisors Olarant
- Kentucky Hospital Association
- O3 Health Innovation Partners
- Superior Health Quality Alliance



















Featured Speakers



Phyllis Hendry, MD, FAAP, FACEP Professor of Emergency Medicine and Pediatrics University of Florida College of Medicine Brittany Johnson, PharmD, CPh Pain and Palliative Care Stewardship Pharmacist UF Health Jacksonville

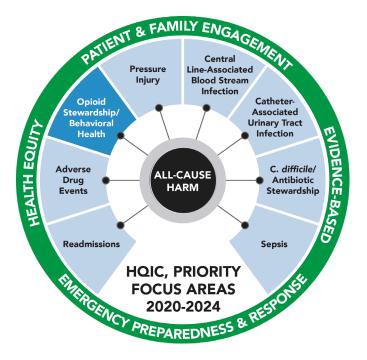




Learning Objectives

Learn Today:

- Identify key hospital staff to build an engaged network of pain management champions
- Describe PAMI patient education resources suitable for a variety of care settings
- Understand the key components to developing a patient discharge toolkit





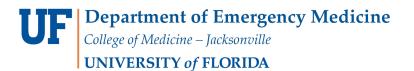


7/27/2021



Advancing innovation and safety in pain education, patient care and research

HQIC LAN Presentation



Website: pami.emergency.med.jax.ufl.edu

Team Email: Pami@jax.ufl.edu





Today's Agenda

- Introduction to the Pain Assessment and Management (PAMI)
- Overview of PAMI free-access resources on pain management
- Newly established PAMI sub-projects:
 - PAMI pain coach/educator project overview
 - PAMI ED-ALT project overview
 - AI-PAMI project overview
- Collaboration with UF Health Jacksonville through the Pain and Opioid Stewardship Taskforce
- Q&A







Our Setting and Background

Two very different sites









UF College of Medicine - Jacksonville UNIVERSITY of FLORIDA





Hopital Quality Improvement Contractors CENTERS FOR MEDICARE & MEDICAID SERVICES IGUALITY IMPROVEMENT & INNOVATION GROUP



PAMI Background

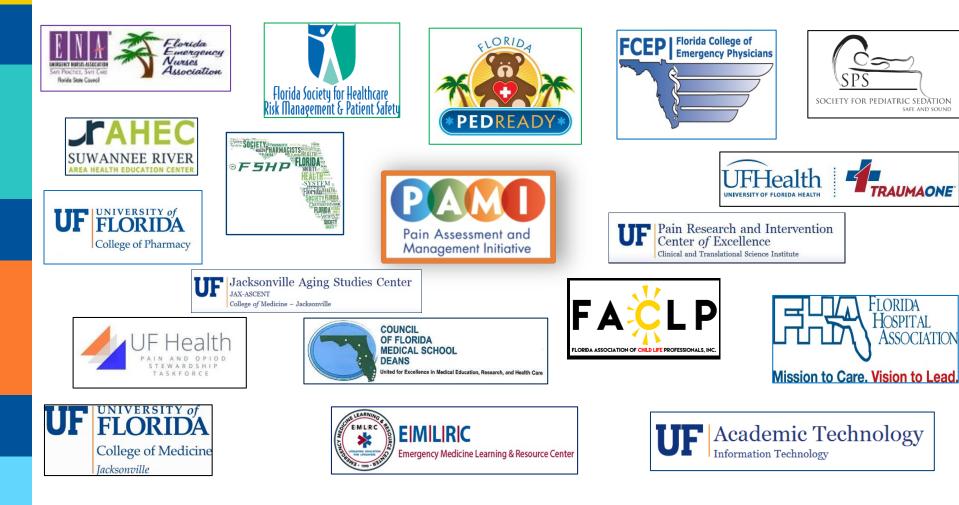
Established in 2014 by Drs. Phyllis Hendry and Sophia Sheikh



- Housed in the University of Florida College of Medicine Jacksonville Division of Emergency Medicine Research
- Initial intent was to improve pain management in Emergency Medicine
- Now includes a multidisciplinary team from emergency medicine, pharmacy, pain medicine, physical therapy, trauma, nursing, information technology, toxicology, UF Center for Data Solutions and more!



Past and Present PAMI Stakeholders/Collaborators







PAMI 3.0 Team



Phyllis Hendry, MD, FAAP, FACEP Principal Investigator Associate Chair of Research Professor of Emergency Medicine and Pediatrics



Roger Fillingim, PhD Co-Investigator Director of PRICE, Pain Psychologist



Sophia Sheikh, MD, FACEP Principal Investigator Associate Professor of Emergency Medicine JAX ASCENT Scholar



Monika Patel, MD PMR and Pain Specialist Chair, POST committee



Jennifer Fishe, MD, FAAP Co-Investigator Assistant Professor of Emergency Medicine (KL2, K23 scholar) Director, Center for Data Solutions



Morgan Henson, MPH, CPH, CCRP, CPT Clinical Research Manager



Michelle Lott, BSH, CRC IRB and CME Research Coordinator



Research Coordinator II



Jessica Lane, MBA, CPT **Research Administration Manager**



Robin Moorman-Li, PharmD **Chronic Pain Pharmacist Certified Pain Coach** Clinical Associate Professor, UF COP



Magda Schmitzberger, MPH, CPH PAMI ED-ALT Co-Project Director Proiect Manager II



Jennifer Brailsford, PhD Epidemiology Analyst III



PAMI 3.0 Team

Brittany Johnson, PharmD UF Health Jacksonville Pain & Opioid Stewardship and Palliative Care Pharmacist



Douglas Suffield, DACM, MaCOM, Dipl.OM, L.Ac Pain Education Specialist (Coach)



Natalie Spindle, MS, CHES® PAMI & Florida Blue Health Educator and Communication Specialist



Hannah Scholten, PT, DPT, Cert. MDT Clinical Supervisor – Wildlight Rehabilitative Services



Jake Broadhurst, PT, DPT ED Physical Therapist



Brian Yorkgitis, DO Assistant Professor and Associate Director, TraumaOne Flight Operations



The Quality Improvement Services Group of ALLIANT HEALTH SOLUTIONS



Cara Rotman, BSND RT, CPT **OPS Research Coordinator**



Amii Kennedy **Executive Assistant**



Esteban Velasquez, BSH, CPT, EMT Research Coordinator I





Taylor Munson, BSH, CPT

PAMI website:

pami.emergency.med.jax.ufl.edu

- Free resources for patients and providers
 - After discharge patient education
 - Educational videos and presentations
 - Non-pharmacologic pain therapy resources
 - Educational modules related to pain assessment & management (providers)
 - CEUs phased out
 - Presentations available





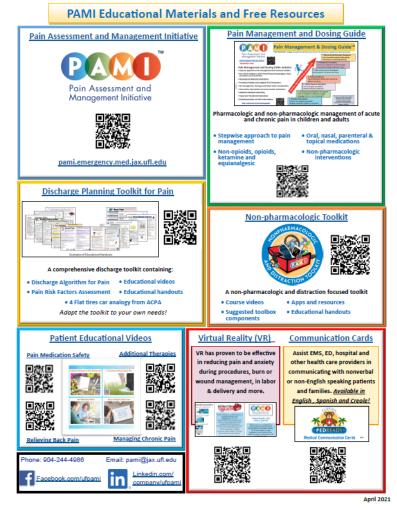






Overview of Resources

- Pain Management and Dosing Guide
- Discharge Planning Toolkit for Pain
- Patient Educational Videos
- Non-pharmacologic & Distraction Toolkit/Toolbox
- Communication cards in Spanish and Creole with pain terms
- pami.emergency.med.jax.ufl.edu/resources







Pain Management & Dosing Guide

	agement & Dosing Guide [™]
Pain Assessment and Management Initiative	7. Monitoring & Discharge Checkpoint Joint Commission standards, facility policies, reasessments. and discharge anning.
pami.emergency.med.jax.ufl.edu/ November 2020	
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- • Procedural Sedation and Analgesia (PSA) Medications	S patient volume, etc.
Pain Management, Discharge and Patient Safety Considerations None Blocks, Neuronathic and Muscle Relayer Medications	3. Family Dynamic Checkpoint Who is caring for the patient?
* Nerve Blocks, Neuropathic and Muscle Relaxer Medications	What are the family dynamics?
Ketamine Indications and Dosing	2. Developmental/Cognitive Checkpoint What is the patient's development stage?
 Topical and Transdermal Medications 	Language barrier or nonverbal patient? Funding provided by Florida Medical
	on Checkpoint Malpractice Joint Underwriting Association (FMMUUA) and the
	you trying to accomplish? University of Haride College of Anxiolysis, sedation, or procedure. Emergency Medicine-Jackson/Re, Department of Emergency Medicine.



- Stepwise Approach
- Adult and pediatric dosing
- Non-opioid Analgesics
- Opioid Prescribing, Equianalgesic Chart and Cross-Sensitivities
- Intranasal and Nebulized Medications
- Procedural Sedation and Analgesia (PSA)
- Discharge and Patient Safety Considerations
- Nerve Blocks and Muscle Relaxers
- Ketamine Indications and Dosing
- Topical and Transdermal Medications
- Non-pharmacologic Interventions





Dosing Guide

- Free access to download but copyrighted by UF and PAMI
- Prints best as legal size
- Coordinated with UF Health Jacksonville hospital pain guide and recommendations from pharmacy guidelines and multidisciplinary team input
- Contact <u>pami@jax.ufl.edu</u> for a trifold laminated copy!

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		(alone or in combination w	ith ^{Ava}	alabi	e as multiple OTC for (Ex. Theragen®,	mulations +/- cam Zostrix ^e , Tiger Bal	phor or menthol Im ⁴)	backache, Arthritis, P	ain: strains, sprains, Post-herpetic neural- Up to QID							

	Class	Formulations (Generic & OTC)	Indications	Recommended Dosing
	Counterimitants & Rubefacients (cream, lotion, gel, ointment, spray, and patch)	Numerous OTC formulations & varying combinations of cam- phor, salicy(ates, and/or menthol (Ex. BENGAV*, Biofreeze*) Salonpas* Patch (Methyl salick(ate + menthol)	Musculoskeletal pain: strains, sprains, backache	Generally, > 12 ye: Apply this layer to affected area and massage up to QID. Check labeling for age cutoff Q.8-12 h Max 2 acthes/day: X3 consecutive days
ŗ	Capsaicin <1% (alone or in combination with other products)	AvaTable as multiple OTC formulations +/- camphor or mentho (Ex. Theragen®, Zostrix®, Tiger Balm®)	Musculoskeletal pain: strains, sprains, backache. Arthritis. Post-herpetic neural- gia. Peripheral neuropathy.	Up to QID
	NSAIDs: Diciofenac	Pennsaid** 1.5% solution 2% solution pump	Osteoarthritis	*Pediatric dosing unavailable for Pennsaid 1.5%: 40 drops QJD 2 pumps (40 mg) BID to affected knee/joint
-	Combining topical and oral NSAIDs not recommended	Voltaren 1% gel (OTC-2 g=2.25 in, see package dosing card)	Osteoarthritis	2 g upper extremity QID (max 8 g/day); 4 g lower extremity QID (max 16 g/day); 32 g/day max all joints
n "		Flector * 1.3% patch	Acute pain: sprains, strains, contusions	1 patch (180 mg) BID (to most painful area; ≥ 6yo)
		5% patch (Lidoderm*)	Post-herpetic neuralgia	Adults: q 12 h; max 3 patches at one time
PAN		4% patch (+/- menthol)	Musculoskeletal pain	Adults and children ≥ 12 yo: q 12 h
1		4% cream (OTC)	Burns, cuts, insect bites	≥ 2 years: TID -QID
	Lidocaine	4% L.M.X.4° cream (OTC) Onset 30 min; Duration 60 min	Burns, cuts, insect bites, venipuncture, LP, abscess I &D	≥ 2 years, up to 4 times per day. Apply in area <100 cm² if < 10 kg; < 600 cm² for 10-20 kg
n		2% gel/jelly, 5% ointment, or 2% viscous solution	Catheter/NG tube insertion; stomatitis	
a i		J-Tip ¹⁴ with buffered lidocaine (https://itip.com/)	IV starts: Onset 1-3 min	
ĥ	Lidocaine combinations (use gloves, EMLA-cover with occlusive dressing, LET-cover	EMLA* (2.5% Lidocaine 2.5% Prilocaine); Onset 60 min; Duration 3-4 h; Max appl=1 h if <3mo/5 kg; otherwise 4 h	Dermal analgesic of intact skin (abscess I & D, LP, etc.)	< 3 mo (< 5 kg): up to 1 g on 10 cm² area; 3:12 mo (>5 kg): up to 2 g on 20 cm²; 1-6 yo (>10 kg): up to 10 g on 100 cm²; 7 yo - adult (>20 kg): up to 20 g on 200 cm²
e	with cotton ball & tape)	LET (4% Lidocaine, 1:2,000 Epinephrine, 0.5% Tetracaine) gel or liquid; Onset 10 min; Dwation 30-60 min	Wound repair (non-mucosal)	3 mL (not to exceed maximal lidocaine dosage of 3-5 mg/kg)
	Vapocoolant	Pain-Ease*	Cooling intact skin, mucus membranes and minor open wounds	Spray for 4-10 sec from distance of 8-18 cm. Stop when skin turns white. Use with caution in children < 4 yo
	*Dosages are guidelines to avoid children and older adults with thi		ormal renal and hepatic function. Use glo	wes to apply and/or wash hands after application. Use with caution in

Nappharmacologic Interventions (Dadiatric and Adult)#





Disclaimer

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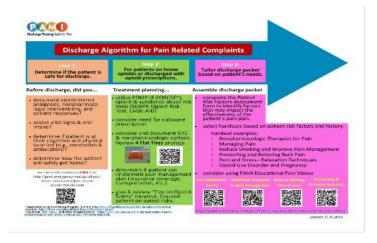


CUALITY CUALITY The Quality Improvement Services Group of ALLIANT HEALTH SOLUTIONS

Discharge Planning Toolkit for Pain

pami.emergency.med.jax.ufl.edu/resources/discharge-planning

- Algorithm
 - Safe practices
 - Screening for opioid use disorders
 - Identification of pain "risk factors"
- Patient discharge brochures and videos
 - Tips for managing pain at home without opioids
 - 17 brochures
 - Can be inserted into hospital EMR as a dot phrase for providers to print upon patient discharge









Patient Education Videos



PAMI patient-friendly pain education videos for use at discharge or any time for patients to access online:

- <u>Additional Therapies to Help Manage Pain</u>: Non-pharmacologic and alternative therapies for pain management
- Pain Medication Safety: Useful information and tips on taking pain medication safely
- <u>Preventing and Relieving Back Pain</u>: Tips and exercises to manage back pain
- <u>Ways to Manage Chronic Pain</u>: Helpful tips on managing chronic pain

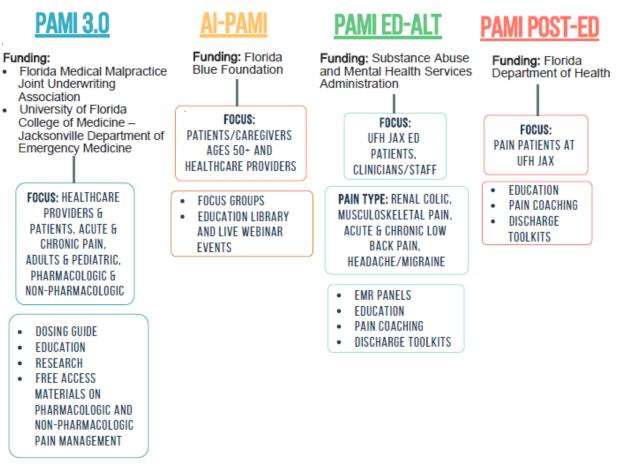




Established in 2014



Advancing innovation and safety in pain education, patient care and research





ALLIANT HEALTH SOLUTIONS



The Seed that Planted the Idea for a Pain Education and Coaching Service

- Unanticipated opportunity for funding from a CDC Overdose Data to Action (OD2A) grant
 - 10 day turnaround
 - During COVID
- Contacted pain pharmacists, COP, nursing, physicians, PT, POST, etc.
 - What is the one thing that would help you and your patients?
 - "Time to educate, pain education, to learn more about nonpharmacologic integrative methods, access to integrative pain management for patients, ..."







Our Challenge

- How to fill this education gap for patients and providers
 - COVID restrictions
 - Across multiple specialties
 - Burn out, *↑*stress, *↑*need to churn and earn, nursing shortages, etc.
- How to create a model pain educator or coach program that works across disciplines
 - Name
 - Structure
 - Nonpharmacologic methods to highlight or suggest





The Impact of COVID-19 on Pain Management

- CDC and our local data shows a rapid increase of overdoses and opioid related deaths since the beginning of the COVID-19 pandemic.
- The COVID-19 pandemic resulted in a variety of new pain problems:
 - Significant increase in inactivity due to lockdowns/quarantine resulting in deconditioning, impacting those relying PT, yoga or other programs as part of their pain management regimen.
 - The onset or exacerbation of mental health conditions, including anxiety, depression, post-traumatic stress disorder, and alcohol dependence disorder
 - Growing evidence that COVID-19 infection is associated with myalgia, referred pain, and widespread hyperalgesia (cytokine storm, limited rehabilitation after hospital discharge, etc.)





PAMI POST-Ed



Funding: Health Planning Council of Northeast Florida (via CDC & FL DOH OD2A grant) POST-Ed will establish a pain and opioid stewardship education program to implement bedside education for pain patients.

Objectives:

- 1. Create and implement a model for a pain and opioid stewardship education program and coach
- 2. Develop and implement a pilot patient pain and opioid stewardship (POST) toolkit







PAMI Pain Coach Pilot Project

Educates patients on non-pharmacologic and non-opioid or OTC analgesic options for pain management:

- Basic review of pain neuroscience
- Demonstrate integrative techniques with the patient and staff
- Importance of prevention of acute to chronic pain transition
- Options to improve pain and quality of life
- Provide nonpharmacologic toolkit items and educational brochures
- Review OTC oral and topical analgesic options
- 1st known ED pain coach in the US

- Pain Coach Doug Suffield, DACM, MAcOM, Dipl.OM, L.Ac
- Providers access our pain coach through an EMR order
- Dedicated pain coach/educator pager
- Review of patient track board for appropriate patients







What's in the toolkit?





- Discharge toolkits for patients:
- Car w/ 4 flat tires stress ball & analogy
- Pain journals
- Coloring sheets
- Hand acupressure device for headache and tension pain
- Hot/Cold gel packs
- Aromatherapy inhalers
- Virtual reality cardboard viewer
- Video post card and applicable educational brochures
- Extra pain scale badge buddies, dosing guides, pens, etc.



Hospital Quality Improvement Contractors CENTERS FOR MEDICARE & MEDICAID SERVICES IQUALITY IMPROVEMENT & INNOVATION GROUP

A Car with Four Flat Tires (ACPA)

http://www.theacpa.org/wp-content/uploads/2017/09/A-car-with-four-flat-tires_Transcript.pdf

Use of pain analogy with car stress ball and handout: When you are in pain you are like a car with 4 flat tires. Medication only pumps up one of your tires. What will you use to pump up the other tires?



https://www.youtube.com/watch?v=Q Wcr9J3MLfo&feature=youtu.be







Non-Pharmacologic Pain Management Analogy: Patients and Providers

- Think of non-pharmacologic management as your "base coat" or "primer" before applying additional coats of analgesic or interventional treatments
- With the right base coat foundation, you have a better chance of painting pain symptoms with a more tolerable and long-lasting new color.







Virtual Reality

Virtual Reality may be helpful with the following:

- Decreased pain and anxiety without medication
- Reduced drug-related side
 effects
- Enhanced treatment experience
- Shorter recovery times
- Increased patient satisfaction and coping
- Use with caution in migraine headaches, concussion, etc.



IQUALITY IMPROVEMENT & INNOVATION GROUP



Aromatherapy

Aromatherapy is the use of essential oils from plants (flowers, herbs, or trees) as an integrative health approach. The essential oils are most often used by inhaling them or by applying a diluted form to the skin.

Studies have shown that aromatherapy helps:

- Manage pain
- Reduce anxiety
- Calm stress
- Boost immunity
- Improve sleep quality

*for discharge use-no existing hospital policy



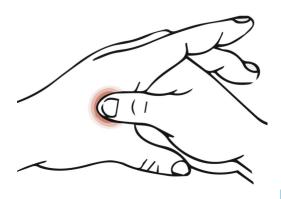




Hand Acupressure Device

- Each device is individually boxed with printed instructions. We offer child, small and regular size options
- The device uses the principles of acupoints and meridians from Traditional Chinese Medicine within the body, specifically targeting LI4
- LI4 is known in TCM to be related to headache and tension relief
- Item added after patient requests





Hospital Quality Improvement Contractors CENTERS FOR MEDICARE & MEDICAID SERVICES IQUALITY IMPROVEMENT & INNOVATION GROUP



Pain Journals

- Small pocket journals with an accompanying label to guide patients in journaling
- Encourages patients to track symptoms, management, and daily activities
- Prompts patient to write down questions for their healthcare team





A pain journal is a useful way to track your pain journey and questions!

Important items for you to track:

- Are you experiencing new pain or recurring pain? Is it off and on or constant?
- Is your pain limiting any of your daily activities (work, sleep, etc.)?
- What have you used to help reduce your pain (ice/heat, medication, etc.)?
- What factors do you think contribute to your pain or stress?

Questions to ask your healthcare team (doctor, nurse, etc.):

- Medication questions: names, when to use, dose, side effects, refills
- Questions about your disease or condition; expected length of pain
- Your home pain plan: work/school accommodations, follow-up appointments, etc.





Toolkit Compliance and Logistics: Staying in Compliance with OIG Rules

- Worked with university compliance and legal departments to ensure our toolkit process aligned with regulations
- In compliance with the HHS Office of the Inspector General, our team negotiated prices and toolkit options to stay under the \$15 per item/\$75 annual value limit (section 1128A(a)(5) of the Social Security Act) for our toolkits
 - <u>https://oig.hhs.gov/fraud/docs/alertsandbulletins/OIG-</u> <u>Policy-Statement-Gifts-of-Nominal-Value.pdf</u>
 - <u>https://oig.hhs.gov/fraud/docs/alertsandbulletins/SABGiftsa</u> <u>ndInducements.pdf</u>
- Toolkit inventory system and EMR allows usage reports and a means to monitor distribution







Advancing innovation and safety in pain education, patient care and research pami.emergency.med.jax.ufl.edu

Nonpharmacologic Pain Management Discharge Toolkit & ED Supply Cart Guide

The purpose of this cart is to provide easy ED access to materials that promote nonpharmacologic pain management for patients during their ED stay or at discharge. Nonpharmacologic methods assist in decreasing the dose or need for opioids and other pain medications and improve patient safety and comfort. Cart contents are non-billable and customized to individual patient need and care plan.

Medicare Beneficiary Inducement rules allow for nominal gifts with a total value \leq to \$15.00/visit (up to \$75.00 annually). The estimated value of individual patient discharge toolkits containing all cart contents are valued at \leq \$15.00 in compliance with these rules.

PAMI Purple Cart Contents:

- Educational Brochures (OTC and topical analgesics, exercise, back pain, etc.)
- Hot & Cold Gel Packs (see label for safety and warming instructions)
- Aromatherapy individual inhalers: Lavender- calming & Eucalyptus and Lemon Grassinvigorating (FOR HOME USE ONLY)
- Stress Ball/Car with 4 Flat Tires (Pain is like a car with 4 flat tires-Medications only "fill" one tire; integrative and non-opioid pain management interventions help "fill" the other 3 tires)
- Virtual Reality Viewers: see VR Brochure for instructions, recommended Apps and QR codes (use with iPhone, iPod, or Android device)
- Blue and Red PAMI toolkit bags

1. Input 4-digit code to unlock cart, if unknown call 904-244-4986 or charge nurse. Do not share code with non-ED Staff. Cart will automatically lock after 60 seconds. If one or more drawers are open when cart locks, drawers will not shut. If this happens, unlock the cart by entering keypad code to close all drawers. <u>Make sure all drawers are closed and locked before leaving the cart.</u>

2. Before giving a patient any cart items, <u>place a patient sticker in the inventory log</u> located in the top drawer and check selected items. This is important for inventory and reporting purposes. You can also write in the patient information. Leave the inventory log form in the cart.

3. For questions, comments or to refill cart items, call 904-244-4986 to speak to a PAMI team member or email pami@jax.ufl.edu.



Thank you for being a patient advocate and PAMI Champion!



PAMIED-ALT



Funding: Substance Abuse and Mental Health Services Administration

Goal 1: Increase ED non-opioid pain management and decrease ED opioid prescribing by implementing evidence-based non-opioid pain management order panels in the EMR

Goal 2: Increase knowledge and usage of non-pharmacologic pain management by ED clinicians and staff by adding EMR options for non-pharmacologic distraction pain management techniques and establish a Pain Coaching and Education Referral Service

Goal 3: Create and utilize an implementation-outcomes feedback loop to sustain utilization of interventions and identify barriers and enablers to widespread dissemination of our efforts

- Four common painful ED conditions (renal colic, musculoskeletal pain, headache/migraine, and low back pain)
- Order sets, discharge order sets, discharge toolkits, education
- OTC medication starter pack discharge order
- Champions: nursing, residents, PT, APPs, etc.





PAMI ED Order Panels

- Pain order panels offer a one-stop shop for pain-related orders including pharmacologic and non-pharmacologic methods, acute and chronic pain with particular focus on renal colic, musculoskeletal pain, back pain, and headache/migraine.
- Contain links to videos and information for procedures (e.g., ٠ ketamine administration, trigger point injections, nerve blocks, bursa injections)
- Can be found EPIC ED Quick List or by searching for "PAMI"

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PAMI RENAL COLIC - ADULT

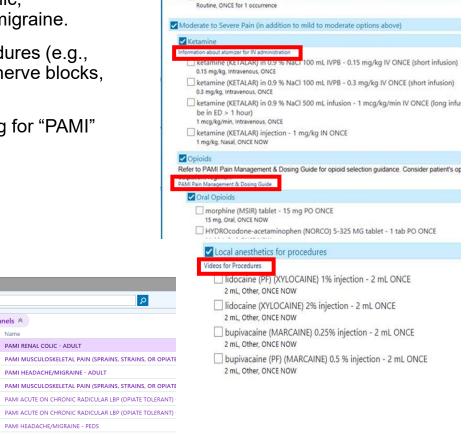
PAMI HEADACHE/MIGRAINE - PEDS

PAMI HEADACHE/MIGRAINE - ADULT

FT © ©	Review My Note Attestation Manaw Order Quick List Active Signed & Held Home Meds	rs Discharge Chart C CDU O Re	sults ED CD 🚯 Dispo MU Stroke
Froyo Test Female, 56 y.o., 12/12/1964 MRN: 13023965 Total Time: @155823 Code: Full (no ACP docs) @ Search	Order Sets Suggested (14) & Acute Stroke Orders - tenetteplace (A Heparin infusion orders PEDS RESUS ORHEAU (SH ED JX) RESUS SHORT OF BREATH (SH ED JX) TRAUMA IN TRAUMA BAY (SH ED JX) Favorites (1) Chest Pain Adut	Insulin Subcutaneous Orders - Adults RESUS AMS (SH ED JX) RESUS STEMI (SH ED JX)	Adult Extended Window (4.5 - 9 hours) Acu JX / JN - Sepsis Alert Initiation Order RESUS SERVENAL (5H ED JX) RESUS STROKE (5H ED JX)
Pharmacy: None PCP: None Nurse: None No assigned Attending COVID-19: Unknown	XX ED Quicklist Chest Pain Quicklist PAMI Quick POCT POCT glucose	let (øge => 14) ○ PEDS PAMI QUICKUST (<14) Medications (Adult Doses Only) □0.9% NaCl	Imaging XR Chest Single View
ALLERGIES Not on File	POCT Urinalysis w/o Microscopy auto POCT urine pregnancy	aspirin 325mg tablet nitroGLYCERIN (NITROSTAT) SL tablet	XR Chest 2 Views Frontal & Lateral
CHIEF COMPLAINT No chief complaint on file 3P Temp Pulse Resp — — — — SpO2 Weight	POCT TROPININ I POCT Lactic Acid - (Resp Auto Page) POCT Creatinine Labs	cetaminophen (TYLENOL) tablet bibuprofen (ADVIL,MOTRIN) tablet TYDROcodone-acetaminophen (NORCO) 5-325 MG per tablet morphine injection	XR T Spine AP/LAT XR L Spine 2 or 3 Views CT Head w/o Con CT C Spine w/o Con

The Quality Improvement Services Group of

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PAMI Musculoskeletal Pain (sprains, strains, or opiate naïve lower back pain) - Adult



ED Patient OTC Discharge Order Panel

- Acetaminophen (tablet and liquid options)
- Ibuprofen
- OTC 4% lidocaine patches
- Diclofenac gel
- For main downtown ED/TC

patients at time of discharge

- Unfunded
- New severe pain condition
- Limited mobility
- Other constraints limiting access to OTC analgesics.



Pharmacy aisles can be very overwhelming!







AI-PAMI



AI-PAMI encompasses community outreach, education and research.

The overall goal is the advancement of innovative pain education and patient care through the development of provider and patient/caregiver workshops focused on multimodal and integrative pain management for adults ages 50 and older.

Integrative and non-opioid pain management education for Older Adults, Caregivers, and Providers



Aging with Pain Series for Older Adults and Caregivers



Integrative Pain Management Series for Health Care Providers





About PAMI 🗸 PAMI Resources 🗸 Patients Aging With Pain 🗸 Education Modules 🗸 Pain Research Registry

AGING WITH PAIN INTEGRATIVE PAIN MANAGEMENT SERIES FOR HEALTH CARE PROVIDERS

About AI-PAMI

AI-PAMI Live Events

AI-PAMI Presenter Information

Aging with Pain Series for Older Adults and Caregivers

Integrative Pain Management Series for Health Care Providers

Pain Management Resources

Integrative Pain Management Series for Health Care Providers



Integrative Medicine for Osteoarthritis Management Clinical Pearls

View the AI-PAMI Health Care Provider Presentation: Integrative Medicine for Osteoarthritis Management Clinical Pearls, presented by Megan Weigel, DNP, APRN-c, Advanced Practice Holistic Nurse, Board Certified. Dr. Weigel gives an overview of integrative medicine and reviews osteoarthritis along with traditional treatment options. She then uses the case example of Jimmy, a 50-year-old male with knee osteoarthritis to discuss potential applications for integrative modalities for treating his pain.

LEARN MORE ->

Visit the Aging With Pain web tab to view:

- Upcoming live webinars
- Recorded presentations you can access 24/7 on a variety of pain management topics

All Topics:



MAY 20, 2021 Integrative Medicine for Osteoarthritis... View the Al-PAMI Health Care Provider Presentation: Integrative Medicine for Osteoarthritis Management Clinical



MAY 20, 2021 Incorporating Integrative Medicine Modalities for... View the AI-PAMI Health Care Provider Presentation: Incorporating Integrative

Medicine Medalities for



MAY 18, 2021 From Pain To Ease: An Integrative Approach to... View the Al-PAMI Health Care Provider

View the AI-PAMI Health Care Provider Presentation: From Pain To Ease: An Integrative



Understanding Medical Marijuana →

Understanding Chiropractic Management of Pain →

Approaching Pain Using Psychologically Informed Practice →





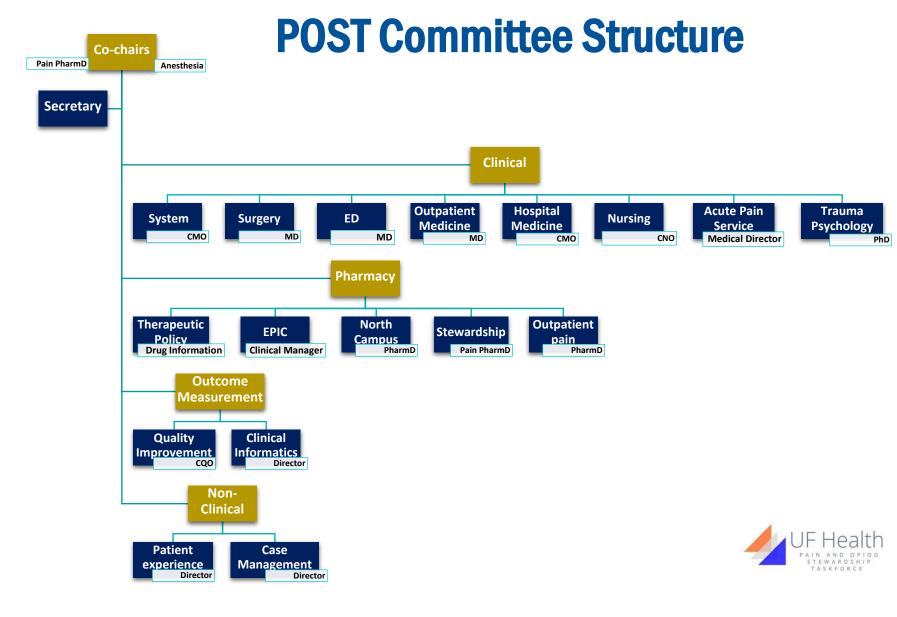
Pain and Opioid Stewardship Taskforce (POST)

- Collect, analyze and act on clinical and nonclinical pain data
- Increase patient satisfaction regarding analgesia
- Maximize the use of evidence-based analgesic approaches in a multidisciplinary fashion
- Reduce patient opioid exposure time and cumulative dosage in all clinical settings
- Identify the patients most at risk of difficult-tocontrol pain, opioid-related side effects, or dependence and individualize care while minimizing risks of adverse opioid events



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POST Initiatives

2017	2018	2019	2020	2021
Pain and Palliative Care Stewardship Pharmacist Joint Commission Gap Analysis Analgesic Metric Development IV Opioids Removed Admission Order-sets IV to PO Pharmacist Auto Substitution Implemented	 POST Committee Formation Removal of Benzodiazepines from Order-sets Patient Opioid Discharge Education Documentation House Bill 21 Controlled Substances Legislation Mandatory Provider Pain Education Nursing Pain Committee Pharmacist Long Acting Opioid Verification on Admission Naloxone Outpatient Pharmacist Standing Order IV Acetaminophen Non- Formulary Criteria for Use 	Florida Society of Health System Pharmacist "Best Practice" Award Ketamine Infusions for Pain Pilot on Progressive Units House Bill 451 Non-opioid Alternatives Legislation Opioid Calculator EPIC [©] Build Implementation of Outpatient Naloxone BPA	House Bill 831 Electronic Prescribing Implement Nursing and Provider Pain Scale Education Perioperative Pain Management for Patients with Opioid Use Disorder Expanded Buprenorphine Formulary Options	Perioperative Management of Pain in Patients with Obstructive Sleep Apnea Guidance A-02-005 Functional Pain Scale (DVPRS) Developed Intrathecal Pump Policy Expanded Abuse Deterrent Long Acting Formulary Options





POST Outcomes

- Reduction of IV opioid utilization
- Decreased inappropriate IV acetaminophen utilization
- Increased multimodal analgesic use
- Reduction of average pain scores
- Reduction of benzodiazepine utilization
- Naloxone outpatient prescriptions
- Regulatory compliance





Pain Scale Hospital Policy Update



CALLIANT QUALITY

- 2021: New institution-wide nursing pain policy changing from NRS to DVPRS
- PAMI collaborated to provide badge buddies and pain scale cards to nursing units with all scales





PAMI Impact and Dissemination



- PAMI products used across the U.S. and other countries
- Multidisciplinary
- Modified for other universities and organizations
- Cited in text books and other publications
- Aids hospitals in meeting Joint Commission pain-related standards





Key Lessons Learned

- Need for multidisciplinary weekly rounds
- Champions and resource review
- Providers enthusiastic to have new tools
- Inventory system
- Finding vendors





Questions?



Pain Assessment and Management Initiative



CONTACT US

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Search us using: @ufpami













1. pami.emergency.med.jax.ufl.edu



- 2. Do's and Don'ts of Pain Medicine
- 3. Comfort Menu
- 4. Naloxone Tip Sheet
- 5. PEG Scale
- 6. Drug Disposal: Drug Take Back Locations
- 7. <u>Medication Risk Alert: Opioids &</u> <u>Benzodiazepines</u>





Key Takeaways



- Learn Today:
 - Identify key hospital staff to build an engaged network of pain management champions
 - Describe PAMI patient education resources suitable for a variety of care settings
 - Understand the key components to developing a patient discharge toolkit
- Use Tomorrow:
 - Leverage PAMI resources to enhance pain management team and patient care resources

How will this change what you do? Please tell us in the poll...





Contact Us





Healthcentric Advisors Olarant Kentucky Hospital Association Q3 Health Innovation Partners Superior Health Quality Alliance



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Questions?



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HQIC Goals



		Promote opioid best practices
Outcomes & Opioid	\checkmark	Decrease high dose opioid prescribing and opioid adverse events in all settings
Misuse	\checkmark	Increase access to behavioral health services

- ✓ Reduce risky medication combinations
- ✓ Reduce adverse drug events
- ✓ Reduce *C. diff* in all settings
- ✓ Convene community coalitions
- Identify and promote optical care for super utilizers
- **Transitions**
 ✓ Reduce community-based adverse drug
 events









August 24, 2021 1:00 p.m. EST

Sepsis

Hosted by IPRO HQIC Details forthcoming





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Thank you for joining us today!

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