



THE HEALTH CARE IMPROVEMENT FOUNDATION
Building Partnerships For Better Health Care

POSSE PROGRAM UPDATES

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PATIENT-CENTERED DOMAIN



PATIENT-CENTERED DOMAIN

PROGRAM GOALS

- Promote health literacy in patient-provider communication related to opioid use and pain management
- Increase the number of health literate patient educational materials
- Improve provider perceptions of patients with opioid use disorder and the surgeon's role in prevention and treatment of OUD



PATIENT-CENTERED DOMAIN

KEY ACTIVITIES

- ✓ Recruit and train Patient and Family Advisory Council (PFAC) members
- ✓ Collect educational materials from participating hospitals
- ✓ Convene PFAC to review materials and provide tailored recommendations
- ✓ Build a shared library of educational materials for POSSE member hospitals



PATIENT-CENTERED DOMAIN

WEBINAR SERIES

Stigma and Bias in Attitudes About Opioid Use – June 25, 2019
([recording available](#))

Health Literacy Basics – July 17, 2019 ([recording available](#))

Tools for reviewing Patient Education Materials – July 31, 2019
([recording available](#))



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PATIENT-CENTERED DOMAIN

POSSE PATIENT & FAMILY ADVISORY COUNCIL MEETING, 9/25/19





PATIENT-CENTERED DOMAIN

POSSE PFAC MATERIALS REVIEW

General recommendations from PFAC members include:

- General pain management and opioid use as two separate topics
- Incorporate expectations about post-operative pain and reassure patients that pain is normal
- Inclusivity and representation in language level and images
- Need plan for education—who is doing it, when is it happening



PATIENT-CENTERED DOMAIN

Fox Chase Cancer Center Video





PATIENT-CENTERED DOMAIN

ACS SAFE AND EFFECTIVE PAIN CONTROL AFTER SURGERY

Safe and Effective Pain Control After Surgery
facs.org/safepaincontrol



What is safe and effective pain control?

Safe pain control is the use of medication and other therapies to control pain with the least amount of side effects.

Your surgical team will work with you to:

- **Screen** for current opioid use and risk for misuse
- **Use alternatives** to opioids whenever possible
- **Educate you about:**
 - Using the lowest dose of opioids for the shortest amount of time
 - Safety getting rid of any unused opioids
 - Knowing the signs of opioid overdose

What is the goal of pain control?

The goal of pain control is to:

- Alleviate pain
- Keep you moving
- Help you heal

All members of your surgical team (including nurses and pharmacists) are committed to stopping opioid abuse and long-term use following surgery.

What are my options for safe and effective pain control?

Your surgical team will talk with you about your pain control options.

Your pain plan will be based on you:

- Operation
- Pain history
- Current medications

A combination of therapies and medications will be used together for better pain control after your surgery.¹



From the operating room to home—your surgical team cares about your best recovery.

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What are the most common pain control therapies and medications?

Non-Medication Therapies

Therapy	Description
Self-care	Ice, elevation, and rest
Complementary therapies	Meditation, ² guided imagery, ³ acupuncture, ⁴ massage, ⁵ and music
Behavioral therapies	Occupational and physical therapy
Exercise	Stretching, walking, and mild exercise

Non-Opioid, Oral Medications

Medication	Common Side Effects ⁶
Acetaminophen (Tylenol TM): Decreases pain and fever	Nausea, vomiting, headache, and insomnia Liver damage may occur at high doses (greater than 4,000 mg in 24 hours) ⁶
Non-steroidal anti-inflammatory drugs (NSAIDs): Decrease swelling and fever	Upset stomach Serious risks: Stomach bleeding or ulcers, heart attack, and stroke
• Aspirin • Ibuprofen (Advil TM , Motrin TM) • Naproxen (Aleve TM) • Celecoxib (Celebrex TM)	Celecoxib has a lower risk of stomach bleeding and/or ulcer formation over the short term ⁶
Nerve pain medications: Reduce pain from sensitive nerves	Dizziness, drowsiness, suicidal thoughts, swelling in the hands and feet, weight gain, and blurred vision Risk increase if you have kidney, liver, or heart disease or have suicidal thoughts
• Gabapentin (Neurontin TM) • Pregabalin (Lyrica TM)	

Opioids

Medication	Common Side Effects
Opioids:	Dizziness, nausea (very common), headache, drowsiness, sweating, dry mouth, itching, respiratory depression (very slow breathing), and constipation
• Tramadol (Ultram TM) • Codeine with acetaminophen (Tylenol 3 or 4) • Hydrocodone (Norco TM , Vicodin TM , Lorcet) • Morphine • Hydrocodone (Dilaudid TM) • Oxycodone (OxyContin TM) • Oxycodone with acetaminophen (Percocet TM , Endocet TM)	Stool softeners are always co-prescribed to prevent severe constipation Serious risks: Prescription opioid risks include misuse, abuse, addiction, overdose (taking too much of the medication), and death from respiratory depression, fear risk of opioid abuse increases the longer you take the medication. ^{7,8}

⁶Side effects reported in 3% or more of the patients in the study sample

Patients in a hospice or palliative care program or in treatment for substance abuse or opioid dependence will have an individualized plan for postoperative pain management.

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How do I store and get rid of my leftover opioids?

For the safe storage of opioids:

- Keep out of reach of children and pets
- Hide or lock up medications
- Keep your medication in its original container so you do not take it by mistake
- Keep track of the location and number of pills in the bottle

Do not share opioids. 50% of people who abuse opioids get them from a friend or relative.^{9,10}

Dispose of your opioids as soon as they are no longer needed at a drug take-back program or safe drop site. Find a site at opioids.hhs.gov/askdop or go to your pharmacy. If there is no disposal site near you, mix unused medications with coffee grounds or kitty litter in a plastic bag, and then throw it in the trash.¹¹

Should I worry about becoming addicted to opioids?

Anyone who takes prescription opioids can become addicted. However, **addiction is rare when opioids are used for 3 days or less.¹²**

Opioids block pain and give a feeling of euphoria (feel high).¹³ Taking prescription drugs to get high is sometimes called **prescription drug abuse**. The most serious form of abuse is addiction.¹⁴ **Addiction** involves seeking out the drug despite negative effects on your health, family, and work.

You can also develop **physical dependence**, meaning you have withdrawal symptoms when the medication is stopped suddenly.¹⁵ **Withdrawal symptoms** can include insomnia, anxiety, racing heartbeat, and headaches. Withdrawal symptoms can be managed with medication and by gradually decreasing (tapering) your opioid dose.

For questions and resources to help you or a loved one cope with a substance abuse disorder, visit the Substance Abuse and Mental Health Services Administration web site at samhsa.gov or call the 24-hour hotline at 1-800-662-HELP (4357).

You may also develop **tolerance**, meaning that over time you might need higher doses to relieve your pain. This puts you at higher risk for an overdose.¹⁶

Please visit facs.org/safepaincontrol to find more information about the opioid epidemic, medication package labeling, and the resources listed in this brochure.

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PATIENT-CENTERED DOMAIN

ACS SAFE AND EFFECTIVE PAIN CONTROL AFTER SURGERY

Patient Feedback:

- Lots of words and pages—a summary may be helpful
- Patients not likely to fill out final page (ACS survey)
- Well-organized and important information, but could be made more digestible for patients
- Question about language-“addicted” vs. “substance use disorder”



PATIENT-CENTERED DOMAIN

NEXT STEPS

- Provide feedback on patient education materials to participating hospitals (e.g., readability levels, PEMAT scores, patient feedback)
- Develop POSSE patient education video and written materials
- Populate shared library of resources
- Continue to grow PFAC, and reconvene in the spring

PROVIDER-CENTERED DOMAIN



PROVIDER-CENTERED DOMAIN

PROGRAM GOALS

- Decrease providers' post-operative opioid prescribing
- Increase pre-operative screening, appropriate referral, and appropriate clinical decision-making for pain management
- Reduce chronic opioid use among surgical patients



1:1 QUALITY IMPROVEMENT CALLS

- HCIF and POSSE Steering Committee are conducting 1:1 calls with project teams
- Purpose of calls: to understand structure and programming of quality improvement efforts
- Structure of calls: one-hour, team-based conversation



1:1 QUALITY IMPROVEMENT CALLS

- 1:1 call discussion topics:
 - Baseline survey results
 - Program goals
 - Guidelines and measurement implementation
 - Barriers or challenges
 - Opportunities for shared learning



PROVIDER EDUCATION

Provider education opportunities:

- Best practice presentations at PANC POSSE meetings
- Webinar series
- Provider education toolkit
 - Recommendation from Steering Committee
 - Slide-based toolkit
 - Two versions: generic and customizable/co-branded
 - Video and/or audio format



PROVIDER EDUCATION

Provider education toolkit topics:

- Opioid crisis in Pennsylvania
- Opioid Use Disorder
- Stigma and bias
- Screening and referral
- Patient counseling, expectation setting, and education
- Prescribing guidelines
- Multi-modal pain management
- Post-operative follow-up
- Disposal

NEXT STEPS



PROVIDER-CENTERED DOMAIN

Ongoing programming:

- Respond to measurement inquiries and revise operations manual as needed (PANC hospitals)
- Plan educational webinars
- Conduct 1:1 phone calls with POSSE hospitals
- Next PANC meeting: January 2020



PROVIDER-CENTERED DOMAIN: TO DO

- ☑ Continue data collection (PANC hospitals)
- ☑ Review your survey results; identify opportunities for improvement
- ☑ Establish your improvement goals and strategies
- ☑ Submit requests for webinar topics/speakers
- ☑ Respond to request for a 1:1 phone call with your improvement team



WEBSITE DEMO

PANC POSSE website

- Curated collection of resources
- Includes patient and provider educational resources
- Available to all POSSE members



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