



## **Implementing a New Pain Coach Education Service in an Academic Medical Center During the COVID Pandemic**

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## **Presenter Titles and Affiliation**

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# Disclosure of COI

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- Phyllis Hendry
  - Nothing to disclose
- Douglas Suffield
  - Nothing to disclose

# Disclosure

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# Learning Objectives

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- Outline a framework for implementation of a pain coach and education program utilizing non-pharmacologic and non-opioid modalities for treatment of acute and chronic pain in the ED or hospital setting.
- Define acute and chronic patients best suited for pain coaching by setting, type of pain, and comorbidities.
- Describe components of a pain coach program to include documentation, referral systems, program stakeholders, tracking metrics, patient resources and tools.

# Finding Balance in Pain Management

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- Dilemma of balancing safe opioid and analgesic prescribing with *personalized* and effective pain management strategies while recognizing high-risk patients
  - ED and overall prescribing of opioids has dramatically decreased
  - No cookbook approach
- Searching for the best multimodal management formulas
- New emphasis on non-opioid and non-pharmacologic pain management
  - Limited time for education
  - Many options are unfunded
- Effect of COVID-19 on pain management
  - Opioid related overdoses and deaths ↑ by 20-40% since March 2020 and climbing
  - Patients with loss of insurance, resources, resolve.....

# Our Challenge

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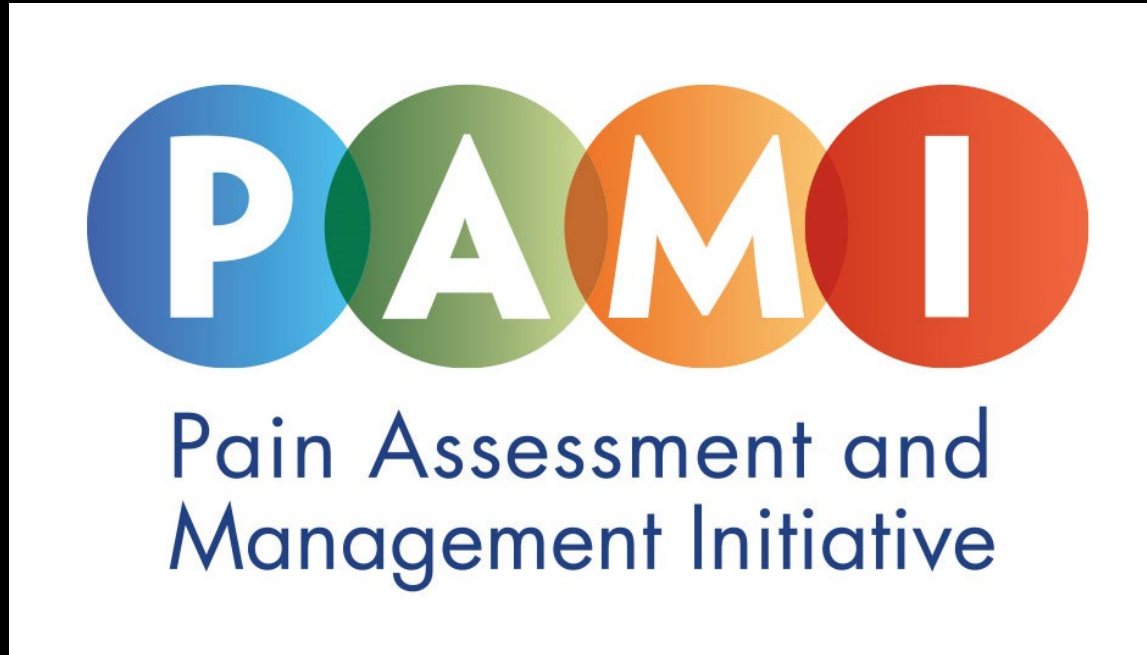
- How to fill this education *gap* for patients and providers
  - COVID restrictions
  - Across multiple specialties
  - Burn out, ↑stress, ↑need to churn and earn, nursing shortages, etc.
- How to create a model pain educator or coach program that works across disciplines
  - Name
  - Structure
  -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



# Our Program Setting and Background: Two Very Different Sites







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## The Pain Assessment and Management Initiative (PAMI)

# About PAMI

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- Established in 2014 by Dr. Phyllis Hendry and Dr. Sophia Sheikh
- Housed in the University of Florida College of Medicine – Jacksonville, Division of Emergency Medicine Research
  - Why in EM?
  - Initial intent was to improve pain management in emergency settings
- Now includes a multidisciplinary team from emergency medicine, pharmacy, pain medicine, PT, trauma/surgery, nursing, IT, toxicology, hospital POST (Pain and Opioid Stewardship Taskforce), Center for Data Solutions, etc.
- Collaboration MOUs with FL Hospital Association, Florida Society of Health System Pharmacists, and others



# Precursors and Building Blocks to Implementing a New Pain Coaching Program

- Pain Management and Dosing Guide
- Discharge Planning Toolkit for Pain
- Non-pharmacologic and Distraction Toolkit/Toolbox (Pediatric focused)
- Virtual reality viewers and brochure
- Pain related communication cards
- Online learning modules, all free access  
[pami.emergency.med.jax.ufl.edu/resources](http://pami.emergency.med.jax.ufl.edu/resources)

What was missing?

**PAMI Educational Materials and Free Resources**

The collage features several key resources:

- Pain Assessment and Management Initiative (PAMI):** Includes the PAMI logo, a QR code, and the website [pami.emergency.med.jax.ufl.edu](http://pami.emergency.med.jax.ufl.edu).
- Pain Management and Dosing Guide:** A guide for the pharmacologic and non-pharmacologic management of acute and chronic pain in children and adults, featuring a stepwise approach and various medication options.
- Discharge Planning Toolkit for Pain:** A comprehensive toolkit containing a discharge algorithm for pain, pain risk factors assessment, educational videos, and educational handouts, including a flat tires car analogy from ACPA.
- Non-pharmacologic Toolkit:** A non-pharmacologic and distraction focused toolkit with course videos, suggested toolbox components, apps and resources, and educational handouts.
- Patient Educational Videos:** Includes videos on Pain Medication Safety, Additional Therapies, Relieving Back Pain, and Managing Chronic Pain, each with a QR code.
- Virtual Reality (VR):** A brochure explaining how VR has proven effective in reducing pain and anxiety during procedures, burn or wound management, in labor & delivery and more.
- Communication Cards:** Cards to assist EMS, ED, hospital and other health care providers in communicating with nonverbal or non-English speaking patients and families, available in English, Spanish and Creole.

At the bottom, contact information is provided: Phone: 904-244-4988, Email: [pami@jax.ufl.edu](mailto:pami@jax.ufl.edu), Facebook: [Facebook.com/uflpami](https://www.facebook.com/uflpami), LinkedIn: [linkedin.com/company/uflpami](https://www.linkedin.com/company/uflpami).

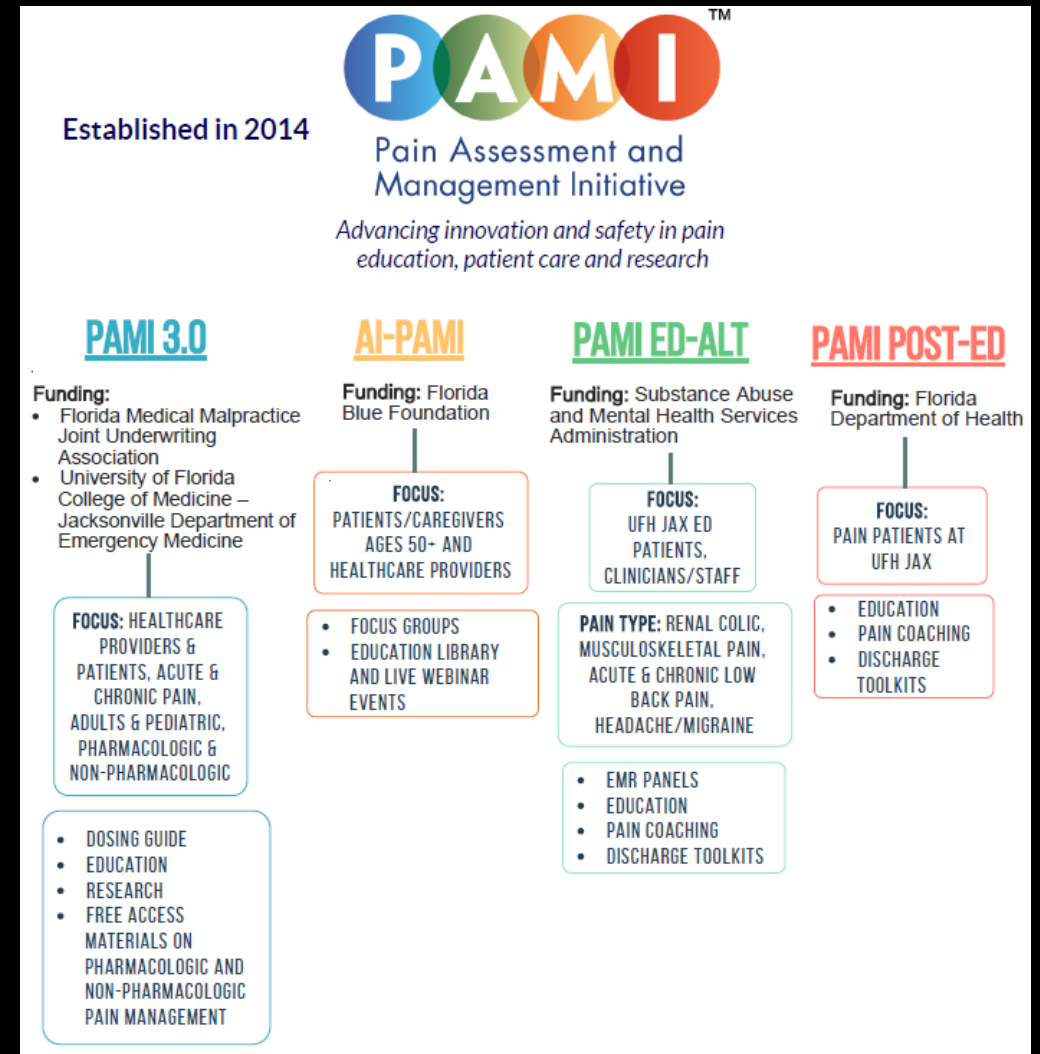
# What was Missing?

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- Integrated institution-wide approach to pain
  - Direct interaction with patients
- A designated bedside “educator or coach”, not someone on the fly trying to educate while multitasking
- Easily accessible nonpharmacologic tools and ready to go educational materials with easy EMR access

# How We Jump Started Our New Mission

- Simultaneously submitted 2 grants
  - Both awarded ~ September 2021
- PAMI ED-ALT program
  - Pain order sets and discharge order panels
  - OTC analgesic starter kits for high risk patients
  - Pain toolkit supplies for ED
  - PT, nursing, and pharmacy champions
- PAMI POST-Ed (Pain and Opioid Stewardship Education)
  - Funds a full time pain coach/educator position
  - Funds pain toolkits and carts in EDs and hospitals for coach and other staff



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

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- Unanticipated opportunity for funding from a CDC Overdose Data to Action (OD2A) grant
  - 10 day turnaround
  - During COVID and night shifts
- 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, ...”



# The Need

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- Healthcare providers are stressed due to lack of time, funding and materials for patient education.
- Models exist for educators in other diseases like diabetes but not pain.
- Many healthcare professionals (nurse, physician, pharmacist, PT, etc.) have had no formal training in non-pharmacologic modalities.
- Patients need and want more than a medication and/or a procedure
- This project could easily be modified to work as a telehealth initiative.
  - Coaching, education, breathing, mindfulness meditation, guided imagery, could be delivered over Zoom or other platforms



# The Impact of COVID-19

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- CDC and our local data shows a rapid increase of overdoses and opioid related deaths since the beginning of the COVID-19 pandemic.
- From a societal perspective, chronic pain impairs daily activities, increases illicit drug consumption, and results in a high frequency of sick leave and disability pensions, leading to high downstream societal cost.
- 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.)

# Making the Case for Patient Pain Education

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- Patient education is synonymous with patient empowerment, patient advocacy, and patient safety.
  - Promotes self efficacy
- Studies have shown that merely gaining a better understanding about the physiology of pain actually improves pain scores (Rethorn, Z. D., 2020).
- Now widely accepted that the patient's pain experience is multifactorial including past experiences, ACEs, genetics, etc.
  - Education should also be multifaceted

# Making the Case for Patient Pain Education

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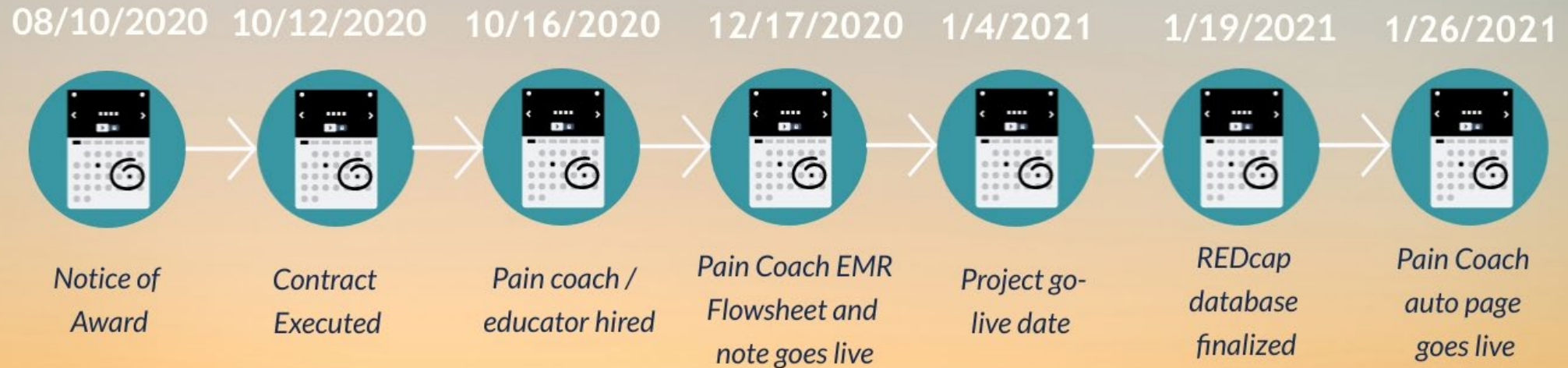
- Field of pain neuroscience has rapidly advanced yet many current providers have not been updated on this aspect of pain management
- Importance of understanding the need to try to stop the acute to chronic pain transition (ED, primary care and hospitalist education)
- Patients in chronic pain experience negative neuroplastic changes associated with a reduction of 11% or 1.3 cm of grey matter annually
  - Impulse control, emotion regulation, cognition, and pain modulation are the most effected (Fritz, H. C., 2016)



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**PAMI POST-Ed Patient Toolkit and Pain Coach Pilot Program  
are complementary and overlap in mission  
(Pain Toolkit presentation tomorrow)**

# POST-ED Timeline



# What to Call the “Person” or “Position” and Scope

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- Quite a debate
  - Educator (Patients ? + providers)
  - Coach
  - Pain navigator
  - Advisor
- No institutional title that matched what we needed
- Pressured by grant timeline
- Budget limitations
- Location and scope
  - ED or ED and inpatient, pain and other clinics

# Position Description and Finding the Coach

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- Minimum qualification of a bachelor of health education or equivalent degree, knowledge of pain management and patient education. Preferred Master's degree in an appropriate area and two years of relevant experience.
- Must be able to develop, coordinate and disseminate patient pain management education resources and develop pain and opioid stewardship patient toolkits.
- Education and Training Specialist II classification exempt position.
- Preference given to candidates with nursing, EMT, pharmacy technician or other clinical healthcare experience.
- *Initially very discouraging hiring process*
  - ED and trauma center environment, no one specific supervisor



# Meet the Pain Coach: Dreams do Come True

- **Doug Suffield, DACM, MAcOM, Dipl.OM, L.Ac**
  - Former Emergency Medical Responder
  - Master's in Oriental Medicine from AOMA Graduate School of Integrative Medicine
  - Doctorate of Acupuncture and Chinese Medicine from Pacific College of Health and Science
  - Diplomat of Oriental Medicine
  - Licensed Acupuncturist
  - Serves as a pain coach and education specialist for ED and inpatient services



# Program Logistics: IT Department and CMIO are Key to Success!

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- Note development for the Electronic Medical Record (EPIC)
  - Not a nurse, not a physical therapist...? Child life specialists?
  - Creation of a new documentation template, later revisions
  - Type of EMR access since not billing for service (grant funded)
  - Nursing Pain Flowsheet
- Data collection: what and how
  - Received a UF QI approval to use REDCap for tracking key data
    - Patient Demographics, Pain type characteristics, Opioid/Substance Abuse Risk assessment, Education and Coaching provided, Toolkits Items given, Patient feedback, Challenges experienced
  - Added EM Research coordinator time for data entry and validation
- How to contact the coach: Pager system, EPIC on call finder, announcements
- Scheduling/Coverage when out of office

# PAMI Pain Coach Flowsheet: Incorporates Nursing Pain Assessment

Chart Review

Flowsheets

Notes

Results

SnapShot

History

Home Meds

Triage

Narrator

Disposition

Manage Or...

MAR

Avatar

Trauma

Post C...

Respir...

Stemi

Stroke

AMS

General

Post M...

Call Back

PASS

eBroselow

## Flowsheets

File

Add Rows

Add LDA

Add Col

Insert Col

Hide Device Data

Last Filed

Graph

Go to Date

Responsible

Refresh

Legend

Data Validate

PAMI Pain Coaching

Blood Administration

Sedation JX

Vital Signs Complex

Focused Neuro Assessm...

Pre-Op Checklist

Post-Mortem

Triage Documentation ...

ED Vital Signs

VITALS REASSESSM

PAMI Pain Coaching

Accordian

Expanded

View All

7/12/21

1m

5m

10m

15m

30m

1h

2h

4h

8h

24h

Based On: 0700

Reset

Now

Search (Alt+Comma)

1024

1300

PAMI Pain			
Patient educated for pain education & coaching?			
Number of ED visits YTD			
Opioid use/New Prescription			
Education Provided			
Coaching Provided			
Toolkit Items Given			
OTC Counseling Given			
PAMI Brochures			
REALM Score			
Discharge Follow Call Performed			

Pain Assessment			
Assessment Type	DVPRS 0-10 (Awake, Alert, ...		
Pre or Post Treatment	pre		
Patient's Stated Pain Goal	7		
Unavailable for re assessment			
Pain Type	Acute pain		
Pain Location	Head		
Pain Descriptors	Headache		
Pain Frequency	Continuous		
Pain Onset	After exercise/activity;At rest		
Clinical Progression	Unchanged		
Effect of Pain on Daily Activities	Impacts sleep;Impacts activity		
Pain Intervention(s)	Repositioned		

07/12/21 1300

Patient educated for pain education & coac...

Select Single Option: (F5)

Yes

No

Post Discharge Follow Up

Comment (F6)

# Pain Coach Note: Incorporates Flowsheets

AddendumCopyDeleteCosignAttestSignRouteRemove CosignTag

Date of Service: 07/09/21

Presenting Problem / Chief Complaint: No chief complaint on file.

# Data Collection: Research Coordinator “Cheat Sheet” to use with REDCap

Location of Coaching session: Main ED/Trauma Center/North/Other Inpatient – OB / Inpatient – Medicine / Inpatient – Surgical		Subject ID: <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> Repeat: <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span>		Date and Time of Pain coach visit: _____	
<b>Demographics</b>					
First Name: _____		Birthdate: <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> / <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> / <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> M M D D Y Y Y Y		Gender: (Check one) <input type="checkbox"/> Male <input type="checkbox"/> Female	
Last Name: _____		Age (yrs): _____		Medical Record Number: <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	
<b>Race:</b>			<b>Ethnicity: (Check one)</b>		<b>State/Zip Code/ADI</b>
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Other: _____			<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Multiracial <input type="checkbox"/> Unknown		<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic
					State: _____ ADI: <input type="checkbox"/> <75% Zip code: _____ <input type="checkbox"/> 76-94% ADI National %: _____ <input type="checkbox"/> >95%
<b>ED Final Diagnoses (Top 3)</b>					
<input type="checkbox"/> Abdominal pain/pelvic pain <input type="checkbox"/> Arthritis or inflammatory disease <input type="checkbox"/> Acute on chronic low back pain <input type="checkbox"/> Headache/Migraine <input type="checkbox"/> Musculoskeletal pain <input type="checkbox"/> Renal Colic <input type="checkbox"/> Cancer-related pain <input type="checkbox"/> Sickle Cell Pain <input type="checkbox"/> None <input type="checkbox"/> Other: _____					
<b>Pain Information</b>					
<b>1. Temporal Nature of Pain:</b> <input type="checkbox"/> Acute <input type="checkbox"/> Acute on chronic <input type="checkbox"/> Chronic <input type="checkbox"/> Other: _____			<b>5. Patient Source:</b> <input type="checkbox"/> Pain Coach <input type="checkbox"/> Pager <input type="checkbox"/> Verbal Referral <input type="checkbox"/> Other: _____		
<b>2. Pain Cause:</b> <input type="checkbox"/> Comorbidity or chronic disease <input type="checkbox"/> Post-surgical <input type="checkbox"/> Trauma related <input type="checkbox"/> Other: _____			<b>6. ED clinician referral reason:</b> <input type="checkbox"/> Lack of resources <input type="checkbox"/> Need to avoid opioids <input type="checkbox"/> Ongoing pain management <input type="checkbox"/> None Noted <input type="checkbox"/> Other: _____		
<b>3. Pain Type:</b> <input type="checkbox"/> Inflammatory <input type="checkbox"/> Migraine/ Headache <input type="checkbox"/> Musculoskeletal <input type="checkbox"/> Neuropathic <input type="checkbox"/> Post-surgical <input type="checkbox"/> Post-trauma <input type="checkbox"/> Renal colic or flank <input type="checkbox"/> Other: _____			<b>7. ED pain medication administered:</b> <input type="checkbox"/> Acetaminophen <input type="checkbox"/> Ketamine <input type="checkbox"/> Lidocaine <input type="checkbox"/> NSAID <input type="checkbox"/> Opioids <input type="checkbox"/> Muscle relaxer <input type="checkbox"/> None <input type="checkbox"/> N/A <input type="checkbox"/> Other: _____ <input type="checkbox"/> Neuropathic pain meds		
<b>4. Pain location</b> (Specify area on back) _____ _____ _____			<b>8. Type ED pain medication administered:</b> <input type="checkbox"/> IV/IM <input type="checkbox"/> Oral <input type="checkbox"/> Topical <input type="checkbox"/> None <input type="checkbox"/> N/a <input type="checkbox"/> Other: _____		
			<b>9. ED pain medications prescribed:</b> <input type="checkbox"/> Acetaminophen <input type="checkbox"/> Ketamine <input type="checkbox"/> Lidocaine Patch <input type="checkbox"/> NSAID <input type="checkbox"/> Opioid <input type="checkbox"/> Topicals (other creams or gels) <input type="checkbox"/> OTC DC Meds ordered <input type="checkbox"/> None <input type="checkbox"/> N/A <input type="checkbox"/> Other: _____ <input type="checkbox"/> Neuropathic pain meds		

Site Code: Jacksonville	Subject ID: <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div>	
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Risk Assessment	Pain Education/Coaching
<p>1. <b>REALM short form:</b>    1. <input type="checkbox"/> Anemia    2. <input type="checkbox"/> Antibiotics    3. <input type="checkbox"/> Behavior  <input type="checkbox"/> N/A                            4. <input type="checkbox"/> Exercise    5. <input type="checkbox"/> Jaundice    6. <input type="checkbox"/> Menopause    7. <input type="checkbox"/> Rectal  <input type="checkbox"/> Refused                            <b>Score:</b> <input type="checkbox"/> 0   <input type="checkbox"/> 1-3   <input type="checkbox"/> 4-6   <input type="checkbox"/> 7</p> <p>2. <b>Number of pain related ED visits this year to date, Including today (1-12)</b>                            <input type="checkbox"/> Amount (1-12) _____  <input type="checkbox"/> More than 12</p> <p>3. <b>Opioid and/or substance abuse history</b>    <input type="checkbox"/> Never taken opioids  <input type="checkbox"/> Past history of Rx opioids (&gt;3 months)  <input type="checkbox"/> Recently started (in last 3 months)  <input type="checkbox"/> History of alcohol/Rx/ illicit substance abuse  <input type="checkbox"/> History of drug overdose of any type</p> <p>4. <b>Oral OTC analgesics discussed:</b>    <input type="checkbox"/> Acetaminophen    <input type="checkbox"/> NSAIDs  <input type="checkbox"/> None                            <input type="checkbox"/> N/A</p> <p>5. <b>Topical OTC analgesics Discussed:</b>    <input type="checkbox"/> Diclofenac 1% gel    <input type="checkbox"/> Lidocaine 4% patch  <input type="checkbox"/> None                            <input type="checkbox"/> N/A    <input type="checkbox"/> Other topical: _____</p>	<p>1. <b>Education Offered:</b> <input type="checkbox"/> Acupressure    <input type="checkbox"/> Aromatherapy    <input type="checkbox"/> Breathing techniques  <input type="checkbox"/> Car with 4 flats    <input type="checkbox"/> Diet    <input type="checkbox"/> Exercise    <input type="checkbox"/> Hot &amp; cold therapy    <input type="checkbox"/> Mindful meditation  <input type="checkbox"/> PNE    <input type="checkbox"/> Qi-Gong    <input type="checkbox"/> Stretching    <input type="checkbox"/> Tai Chi    <input type="checkbox"/> Virtual reality    <input type="checkbox"/> Yoga  <input type="checkbox"/> N/A    <input type="checkbox"/> Aculief    Other: _____</p> <p>2. <b>Coaching Provided:</b> <input type="checkbox"/> Acupressure    <input type="checkbox"/> Aromatherapy    <input type="checkbox"/> Breathing techniques  <input type="checkbox"/> Car with 4 flats    <input type="checkbox"/> Diet    <input type="checkbox"/> Exercise    <input type="checkbox"/> Hot &amp; cold therapy    <input type="checkbox"/> Mindful meditation  <input type="checkbox"/> PNE    <input type="checkbox"/> Qi-Gong    <input type="checkbox"/> Stretching    <input type="checkbox"/> Tai Chi    <input type="checkbox"/> Virtual reality    <input type="checkbox"/> Yoga  <input type="checkbox"/> N/A    <input type="checkbox"/> Aculief    Other: _____</p> <p>3. <b>Toolkit items given:</b> <input type="checkbox"/> Aromatherapy    <input type="checkbox"/> Car stress Ball    <input type="checkbox"/> Hot/Cold    <input type="checkbox"/> VR  <input type="checkbox"/> Other    <input type="checkbox"/> Aculief    <input type="checkbox"/> PAMI video postcard    <input type="checkbox"/> None</p> <p>4. <b>PAMI brochures and Educational materials Given:</b>    <input type="checkbox"/> Alcohol and pain    <input type="checkbox"/> Aromatherapy  <input type="checkbox"/> Back Pain Exercises    <input type="checkbox"/> Diet and Pain  <input type="checkbox"/> Ergonomics and Pain    <input type="checkbox"/> Exercise and Pain  <input type="checkbox"/> Managing Pain    <input type="checkbox"/> Opioid Addiction &amp; Preg    <input type="checkbox"/> Opioid safety  <input type="checkbox"/> OTC pain medication    <input type="checkbox"/> Pain and Sleep    <input type="checkbox"/> Pain and Stress  <input type="checkbox"/> Pain and work book or diary    <input type="checkbox"/> Topical pain medication  <input type="checkbox"/> Pregnancy and back pain    <input type="checkbox"/> Non-Pharm    <input type="checkbox"/> VR    <input type="checkbox"/> N/A  <input type="checkbox"/> Other: _____</p>

Encounter Notes
<p>1. <b>Pt. feedback: Session helpful?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Unsure at this time</p> <p>2. <b>What did you find most helpful</b>    <input type="checkbox"/> Education/coaching topics    <input type="checkbox"/> Toolkit items  <input type="checkbox"/> Both    <input type="checkbox"/> Unsure    <input type="checkbox"/> Other: _____</p> <p>3. <b>Which Educational topics did you find most helpful</b>  <input type="checkbox"/> Acupressure    <input type="checkbox"/> Aromatherapy    <input type="checkbox"/> Breathing techniques    <input type="checkbox"/> Car with 4 flats    <input type="checkbox"/> Diet  <input type="checkbox"/> Hot &amp; cold therapy    <input type="checkbox"/> Mindful meditation    <input type="checkbox"/> PNE    <input type="checkbox"/> Qi-Gong    <input type="checkbox"/> Stretching  <input type="checkbox"/> Tai chi    <input type="checkbox"/> Virtual reality    <input type="checkbox"/> Yoga    <input type="checkbox"/> None    <input type="checkbox"/> N/A    <input type="checkbox"/> Other: _____</p> <p>4. <b>Which toolkit items did you find most helpful</b>  <input type="checkbox"/> Aromatherapy    <input type="checkbox"/> Car stress ball    <input type="checkbox"/> Educational materials    <input type="checkbox"/> Hot/cold therapy  <input type="checkbox"/> PAMI pain work book    <input type="checkbox"/> PAMI post card    <input type="checkbox"/> Virtual reality    <input type="checkbox"/> None    <input type="checkbox"/> N/A    <input type="checkbox"/> Aculief    Other: _____</p>

<p>5. <b>Challenges experienced:</b> <input type="checkbox"/> Pt in too much pain    <input type="checkbox"/> Pt. not interested in education  <input type="checkbox"/> Pt not interested in coaching    <input type="checkbox"/> Pt not interested in Non- Opioid Pain Manag  <input type="checkbox"/> Pt not interested in CAM    <input type="checkbox"/> Time constraints    <input type="checkbox"/> Restrained    <input type="checkbox"/> None  <input type="checkbox"/> Med. Condition (nausea, vomiting, lethargy)    <input type="checkbox"/> Other: _____</p> <p>6. <b>Pt referrals at discharge:</b> <input type="checkbox"/> Addiction specialist    <input type="checkbox"/> Gateway    <input type="checkbox"/> Pain clinic  <input type="checkbox"/> Other substance abuse treatment facility    <input type="checkbox"/> Project Save Lives    <input type="checkbox"/> OPT/OT  <input type="checkbox"/> None    <input type="checkbox"/> Case Mgmt    <input type="checkbox"/> Chaplain    <input type="checkbox"/> Med/Surg Specialist    <input type="checkbox"/> N/A    <input type="checkbox"/> Other: _____</p> <p>7. <b>ED disposition:</b> <input type="checkbox"/> Admitted or CDU    <input type="checkbox"/> DC'd home    <input type="checkbox"/> DC to rehab facility    <input type="checkbox"/> AMA  <input type="checkbox"/> Elopel    <input type="checkbox"/> Other: _____    <input type="checkbox"/> N/A</p> <p><b>NOTES:</b> _____</p> <p><b>Follow up:</b>    <input type="checkbox"/> Called    <input type="checkbox"/> Materials mailed    <input type="checkbox"/> Other: _____</p>
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# Coach Orientation

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- Institutional training
- \*Shadowing- work plan included 1+ month of introductions and sessions with emergency medicine, in and outpatient pain management services, opioid stewardship and palliative care pharmacist, ED pharmacists, COP Pain Pharmacist, ED Physical Therapy, POST, palliative care case manager, chaplain service, anesthesiology and more
- Other program development deliverables
  - Literature review (ongoing): literature, books, websites
    - Monthly update
    - See reference list; Use Mendeley with generic team login
  - Patient encounter script
  - Patient inclusion and exclusion criteria
  - Weekly diary and notes



# Determining a Pain Coaching Approach: How to explain what we are doing!

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- Basic review of pain neuroscience, prevention of acute to chronic pain transitions
- Demonstrate integrative techniques with the patient and staff
- Provide non-pharmacologic toolkit items and educational brochures
- Review options to improve pain and quality of life
- Review OTC and topical analgesic options
- First known ED pain coach in the U.S.



# Non-Pharmacologic Pain Management Analogy: Patients and Providers

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- 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.



# Patient Inclusion/Exclusion Criteria: There's a story behind this!

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**Patient has Acute or Chronic Pain**

```
graph TD; A[Patient has Acute or Chronic Pain] --> B[Exclusion Criteria:]; A --> C[Priority Patients:];
```

## Exclusion Criteria:

- Acute Psychosis/violent behavior
- + Suicide screen
- Prisoner
- Patient <14 years old  
(Some exceptions)
- Severe physical trauma or pain
- Medically unstable patients

## Priority Patients:

- Repeat ED visits or admissions for pain
- History of OUD/SUD
- Re-initiation of opioids for pain
- New severe pain diagnosis (e.g., burn, motor vehicle crash)
- Referral by pain service

# Coaching Script for Patient Encounters

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1. Introduction- Pain Coach and patient to build trust and rapport
2. Explanation- Pain Coaching/Education program, benefits of CAM
3. Outline- Reaffirm nothing is being taken away from the patient, and encourage questions “this is just a conversation”
4. Discussion- Patients relationship to pain, exposure to nonpharmacologic, CAM and OTC pain management interventions
5. Education- Toolkit items, coaching topics, establish patient interest
6. Coaching- Toolkit item utilization, hands on demonstration
7. Questions and/or feedback- Answer questions, provide additional education/coaching and applicable referrals



# What's in the Toolkit?

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- Materials tailored for patients being seen for pain-related conditions
  - Acute and chronic pain
  - ED or hospital discharge, some items for use while in hospital
- Items for consideration
  - Car w/ 4 flat tires stress ball & analogy
  - Video postcard and applicable educational brochures on 17 different topics
  - Pain journals
  - Hot/Cold gel packs
  - Aromatherapy inhaler and accompanying brochure
  - Virtual reality cardboard viewer and accompanying brochure
  - Hand acupressure device for headache and tension pain

# Champions and Stakeholders

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- Institution's Pain and Opioid Stewardship Taskforce (POST) integral to start up
- Developing rapport with project champions and collaborators
- PAMI coach rounding
- Announcements: Flyers, emails, staff meetings, weekly operations memos
- Monthly ED Nurses meeting with integrative “exercises” to help cope with stress and learn more about new pain management options
- Provider focused education/coaching
  - Focused on combating compassion fatigue and burn out
  - Increased provider buy in improves referrals for pain coaching/education program

# Champions and Stakeholders: Recognition is Key

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- Champions from:
  - Nursing
  - Pain service
  - Pharmacy
  - EM Physician Assistants
  - EM Faculty
  - EM Residents
    - New resident orientation
  - Physical Therapy
  - Gradually adding new areas of healthcare system
    - Hospitalists
    - Intensivists
    - Rheumatology



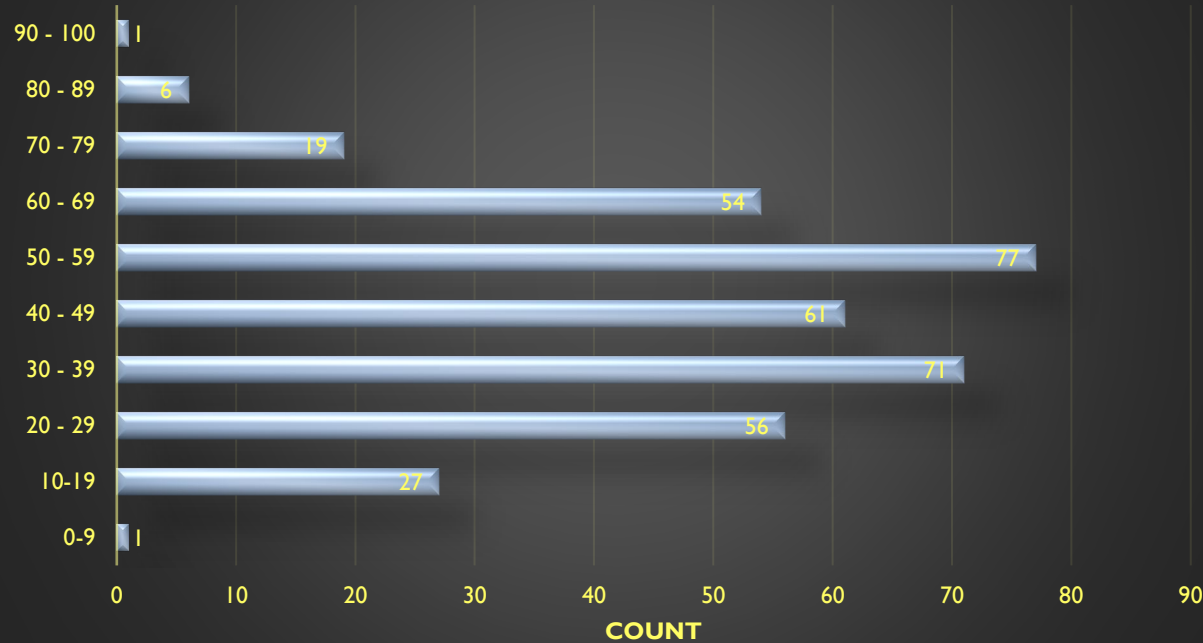
January to June 2021

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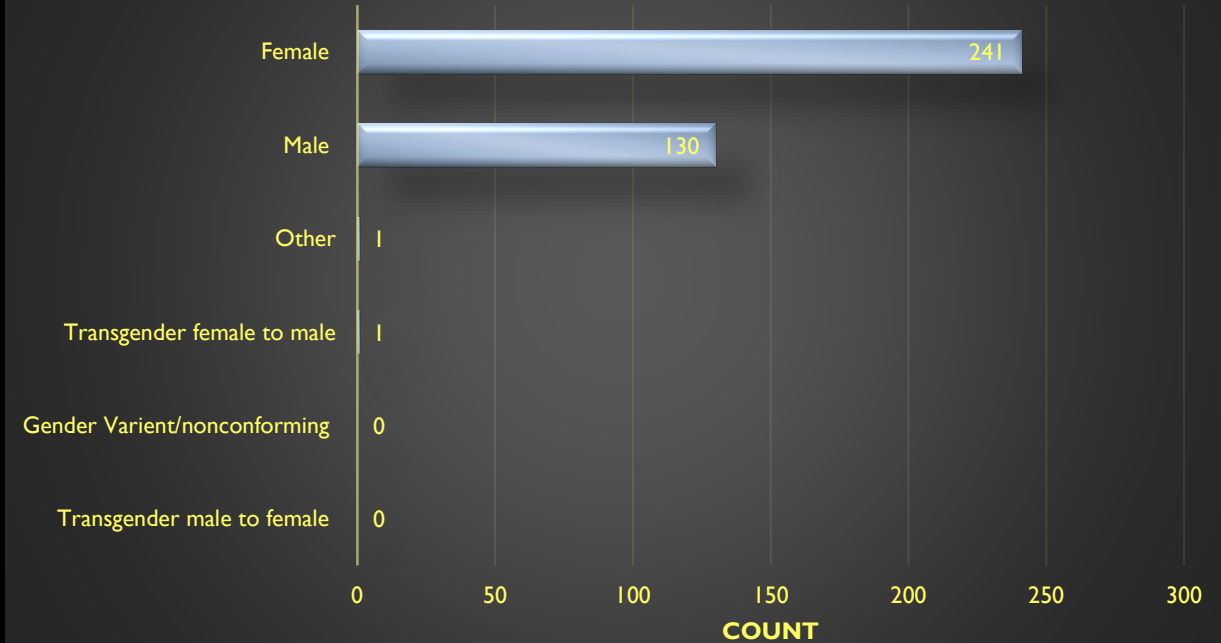
## **Program Snapshot and Data**

# Demographics – Age & Gender

## Age (Jan-June)

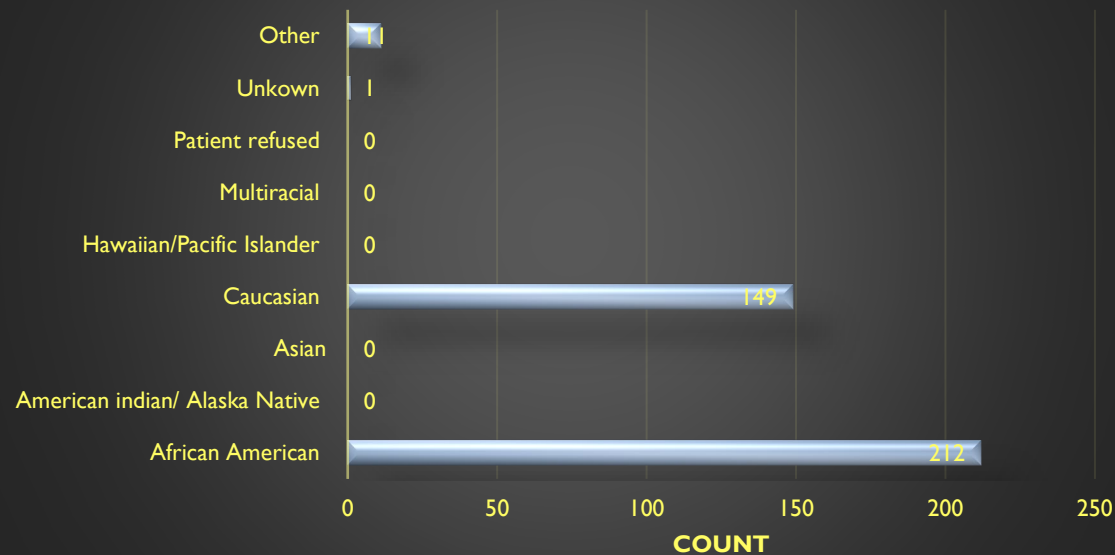


## Gender (Jan-June)

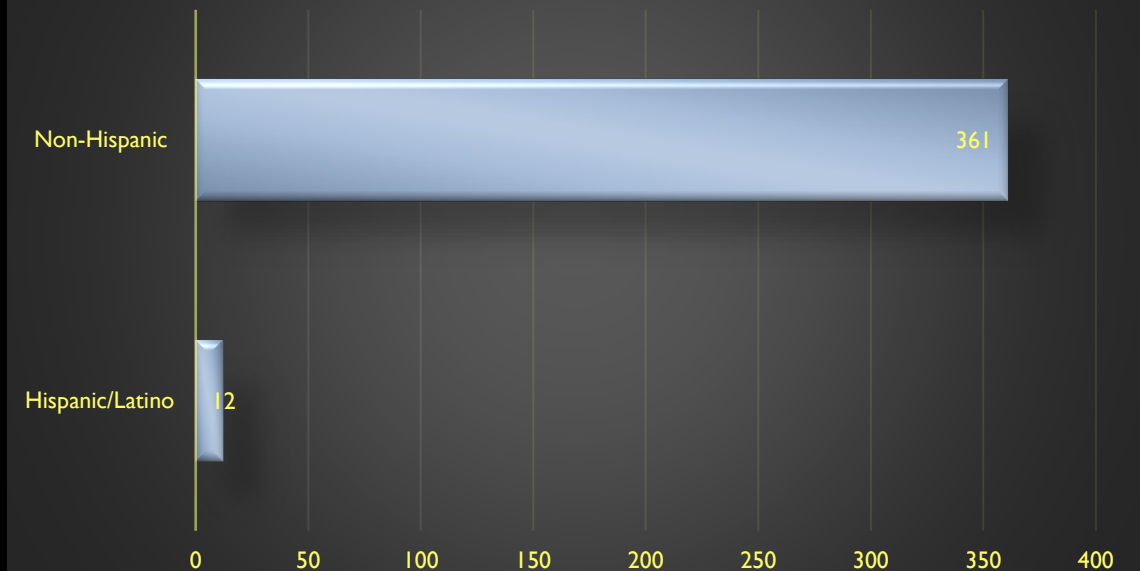


# Demographics – Race & Ethnicity

## Race (Jan-June)

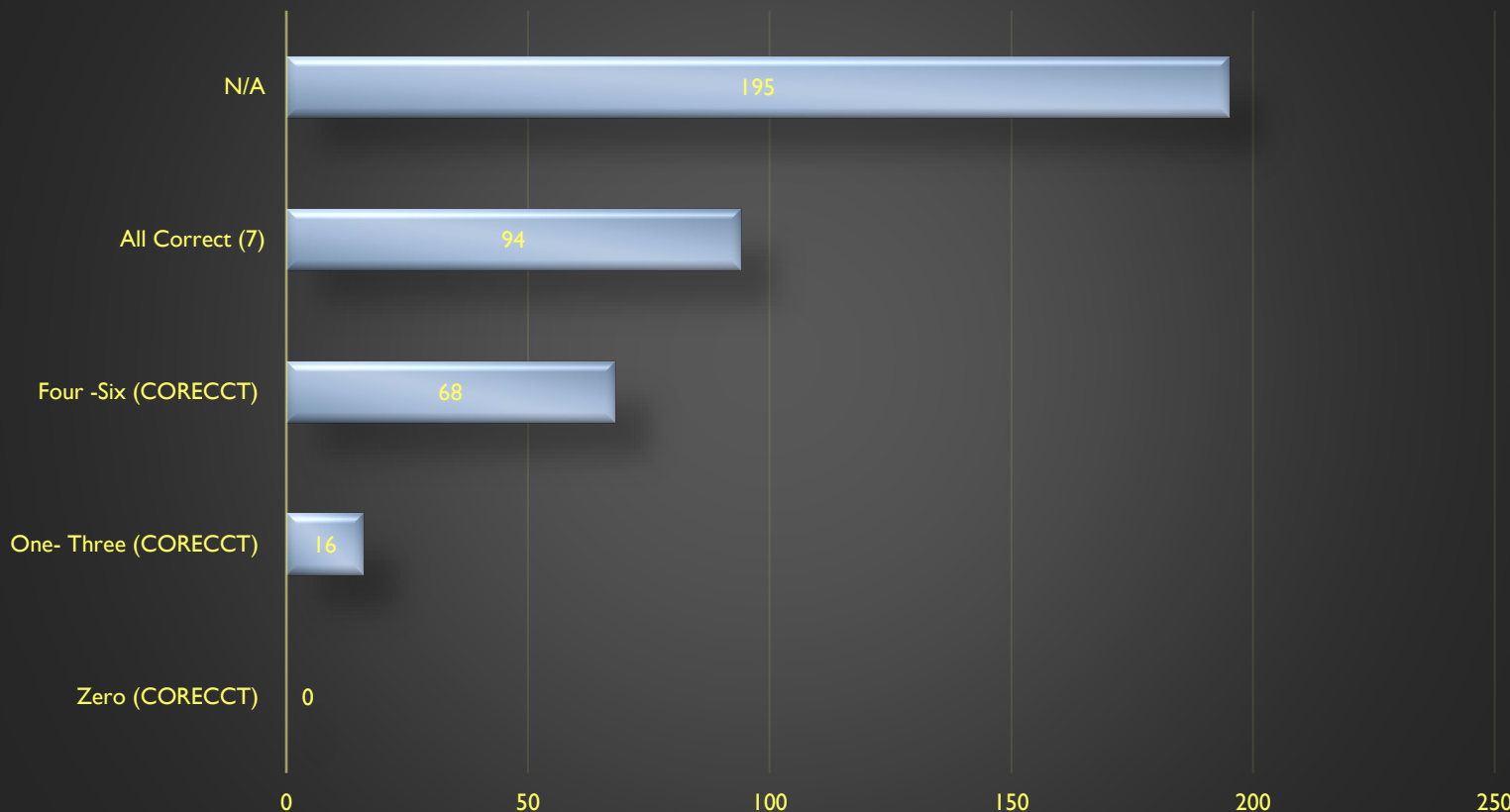


## Ethnicity (Jan-June)



# Rapid Estimate of Adult Literacy in Medicine Short Form (REALM-SF)

## REALM Score (Jan- June)



Optional and done at end of visit  
\*Average score = 5.72

### REALM-SF Terms:

- Anemia
- Antibiotics
- Behavior
- Exercise
- Jaundice
- Menopause
- Rectal

# REALM SF Scoring

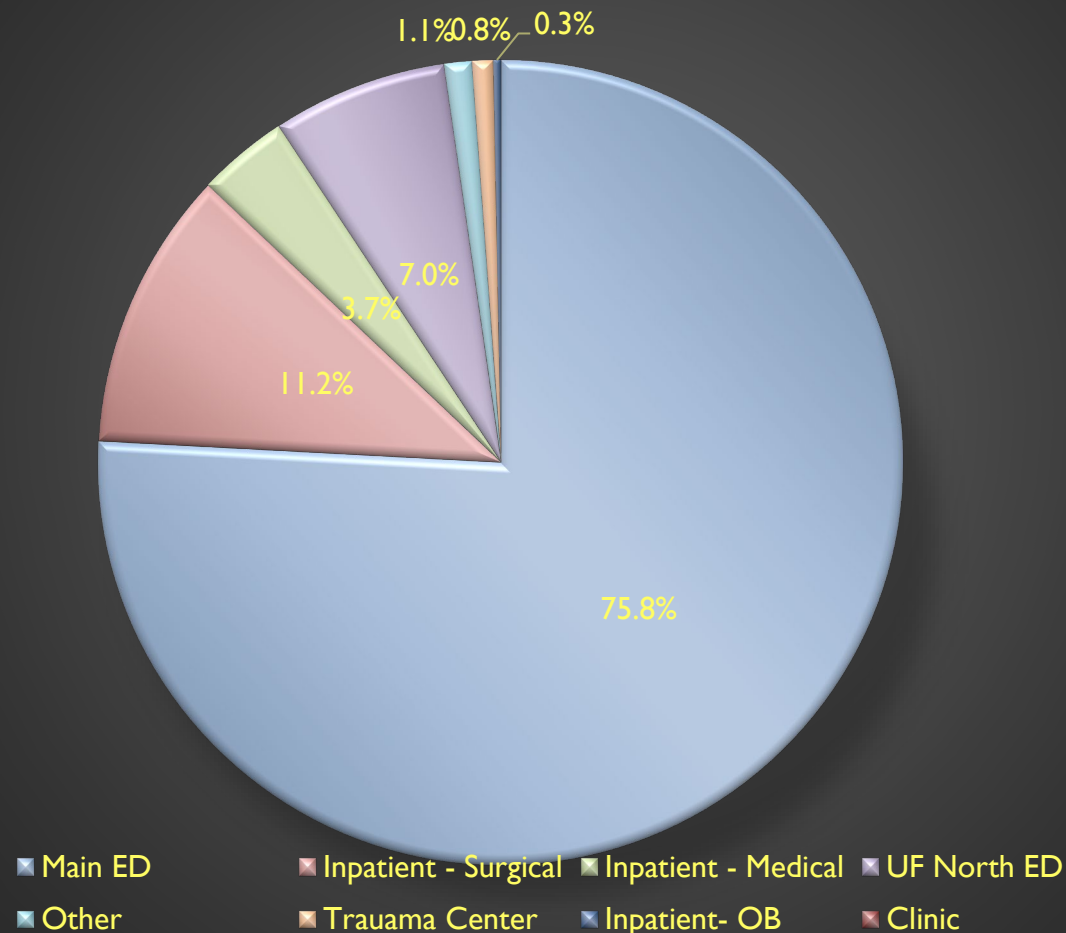
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## Score Grade Range

- 0: Third grade and below; will not be able to read most low-literacy materials; will need repeated oral instructions, materials composed primarily of illustrations, or audio or video tapes.
- 1-3: Fourth to sixth grade; will need low-literacy materials, may not be able to read prescription labels.
- 4-6: Seventh to eighth grade; will struggle with most patient education materials; will not be offended by low-literacy materials.
- 7: High school; will be able to read most patient education materials.

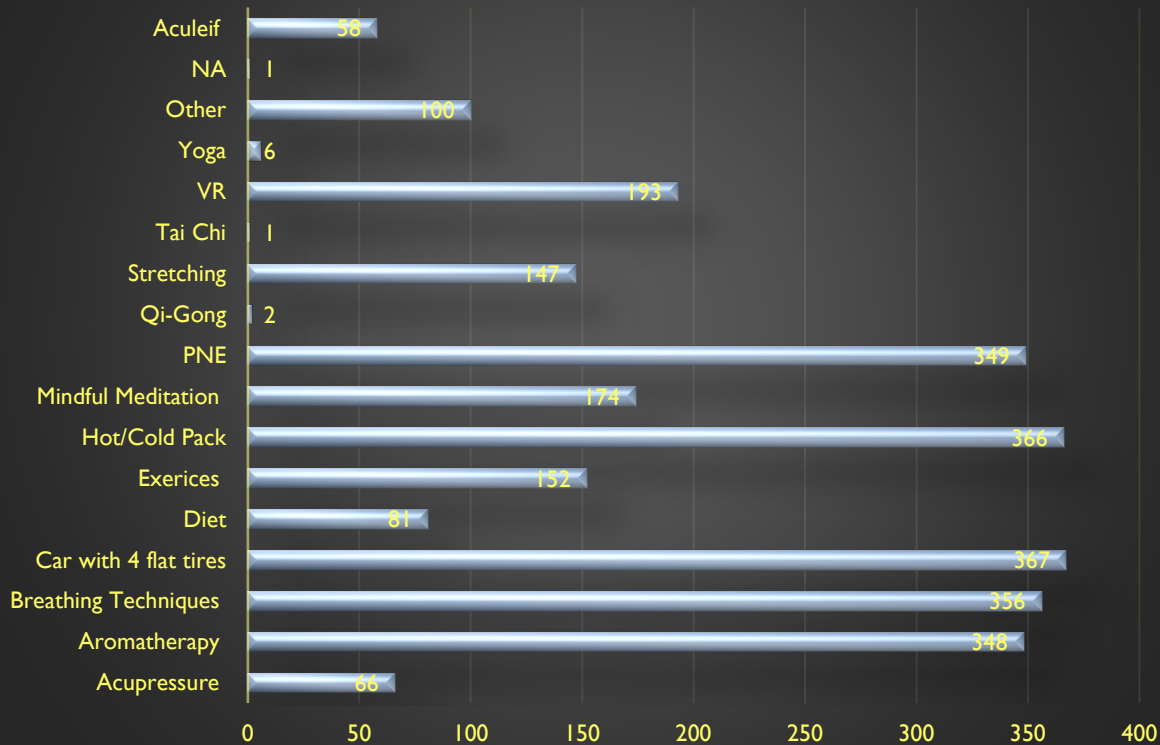
# Coaching Location: Majority in ED, Expanding to Inpatient (11%)

Location of Session

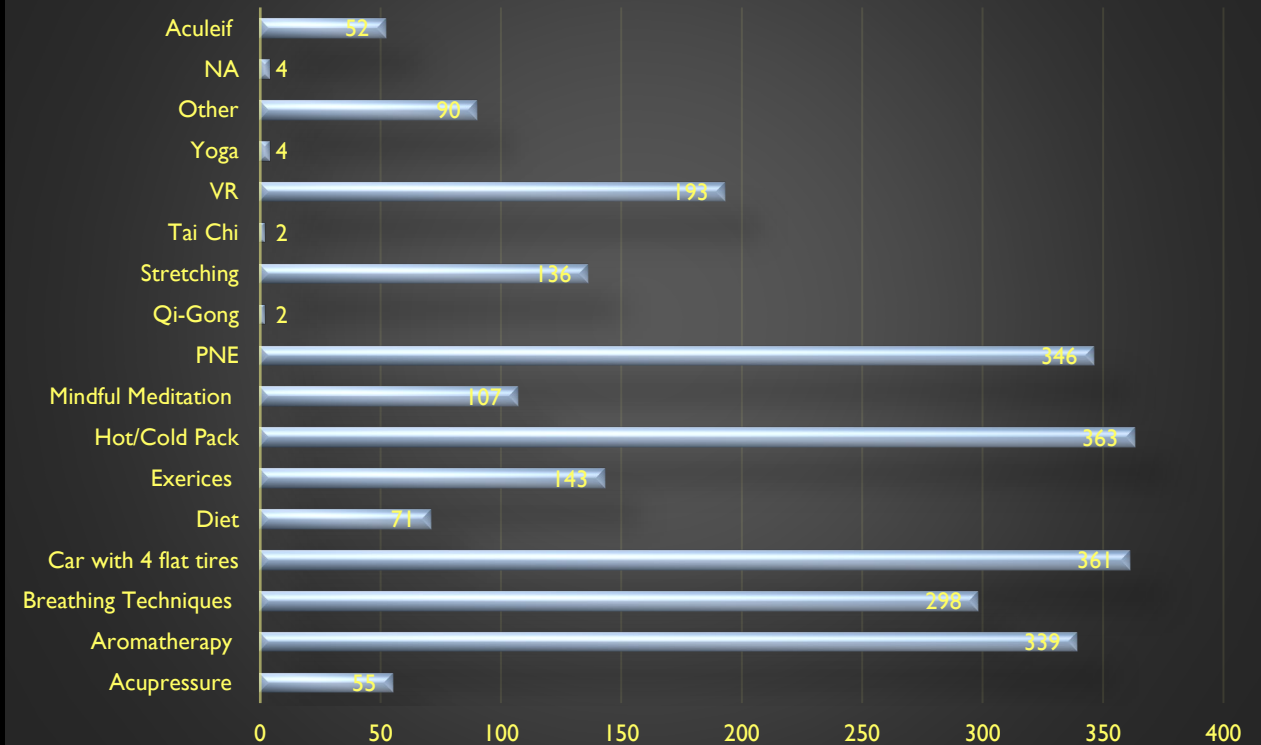


# Education and Tools Offered vs. Provided

## Education Offered (Jan-June)

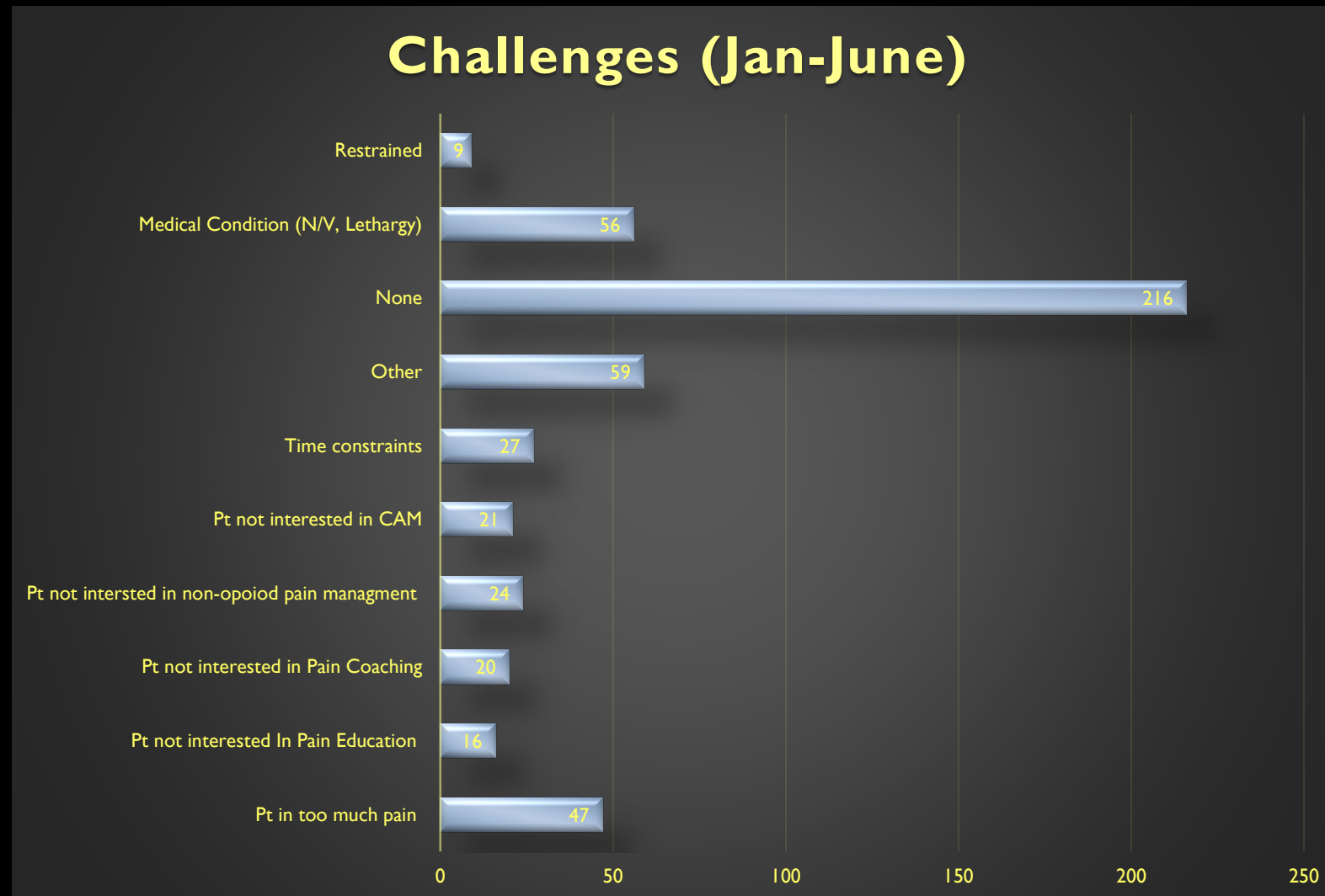


## Education Provided (Jan-June)





# Challenges Experienced: Patient in Too Much Pain, Medical Condition



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## Lessons Learned

# Timing is Key

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- Patient expectations for timely and appropriate pain management is probably more evident in the ED than in outpatient or other settings.
  - “mean expectation for time to analgesic administration for ED patients is 23 minutes, compared with actual mean time to analgesic administration of 78 minutes” (Motov, 2008)
  - “Patients with higher levels of pain catastrophizing had 3 times greater odds of expecting opioids than those with lower pain catastrophizing” (Onishi, E.,2020)
- Limiting the risk of overloading the patient
  - “Striking when the iron is cold”
  - Imaging, labs, and analgesic interventions first!
- Avoiding interruption of ED flow and through put times

# Patient Engagement: Constantly Refining the Approach

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- Asking questions = Gaining trust, building rapport, and compiling information
  - “If patients feel heard, seen, and respected this changes their perception of you and the care they are receiving (Ingersoll, L. T., 2018).
- Explaining pain science and the neural implications of pain
- Explaining a normal “stress/ pain” response
  - “Fight, Flight, Freeze” vs “Rest, Digest, Repair”
  - DANGER= Stress and/or Pain= PROTECTION
  - There is no such thing as “good” or “bad” emotions
- “Killing ANTS” is a patient favorite

# Challenges

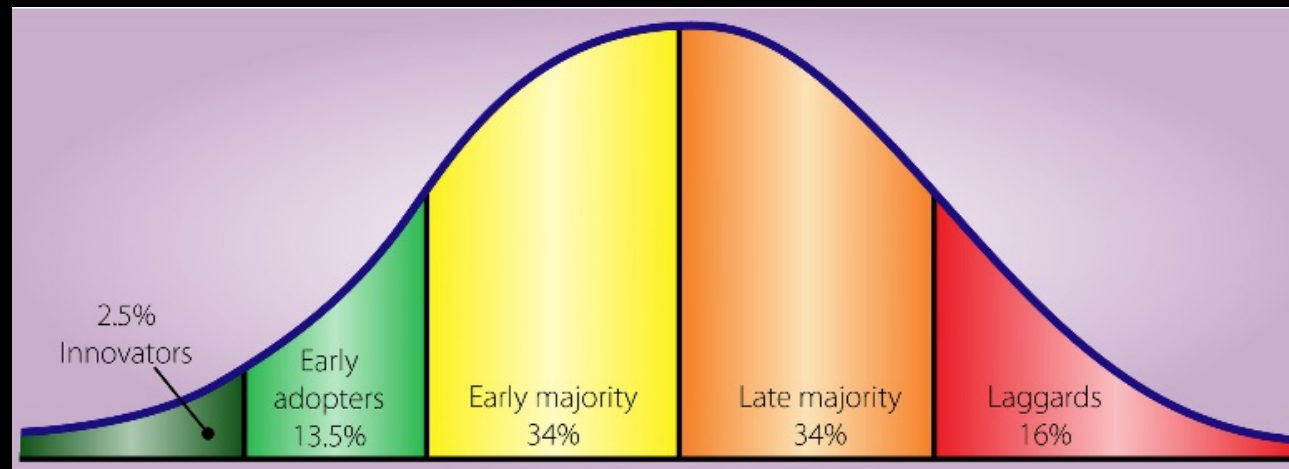
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- Need to see repeat patients and follow-up visits or calls
- Spiritual aspects of pain- “Why is God punishing me?”
- Boundaries- how many phone calls is too many! Added script to phone.

# Challenges: Changing Behaviors

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- Repeat Patients and Need for Follow-up Calls
  - Need for additional sessions
  - Original grant language was for “un-duplicated patient sessions”
  - How long does it take for a new behavior to become an automatic response?
    - Weeks to years
  - Knowledge translation, diffusion of innovation curve
  - Concept of “De-educate to Re-educate”, redefining, deprogramming



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## Patient Vignettes



# Dog bite patient

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- 70 y/o, catastrophic tissue and nerve damage from dog attack
- Pt reports “severe” MSK, neuropathic, and post surgical pain, pain reported as “unmanaged”
- Additional complaints- stress/ anxiety/ panic, insomnia, depression, “helplessness/ hopelessness”
- Pain Coaching/Education
  - Initial visit to introduce/ outline program, explain pain science, utilization of alternative therapies for pain and stress management
  - Repeat visits utilizing virtual reality (VR)- respiratory exercises, mindfulness meditation, distraction techniques, neurotransmitter (dopamine/ serotonin) release through VR tours, introduction into guided imagery.
- Testimonial- “It was a good way to help soothe yourself and get your mind in another place and not being in pain all the time. The breathing exercises help relax you. You get panicky sometimes in this much pain and you just need to breathe. The virtual reality has beautiful scenery and is calming and soothing, it almost puts me to sleep. I have been to the hospital before, not for this long, but this does not exist at other places. If people are open to it, I think others would enjoy what Doug offers.”

# MVC patient

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- 62 y/o F involved in “minor” MVC resulting in MSK pain, tinnitus, and headache.
  - “Restrained driver c/o being in a MVC 2 days ago & now “everything hurts.” Pt has pain in R side of neck & head associated w/ ringing in her ears.”
  - Imaging/ labs- Unremarkable
- Pt reports “pain is getting worse, dull/ achy, and burning. It got so bad I knew I had to come to the ER. I was getting so scared.” Additional complaints involve anxiety/stress, tinnitus, and headache.
- Pain Coaching/Education
  - Initial visit to introduce/ outline program, explain pain science, utilization of alternative therapies for pain and stress management, focused on “stress response”, the autonomic nervous system, and the impact of catastrophizing on pain and stress outcomes.
  - Educated patient on the biopsychosocial aspects of pain and how pain and worsening pain does not always equal worsening damage.
- Testimonial- “This makes so much sense. You are literally describing how I felt all weekend. Nobody has ever explained it to me like this. I understand more and am not as afraid of my body.....  
Thank you so much!”

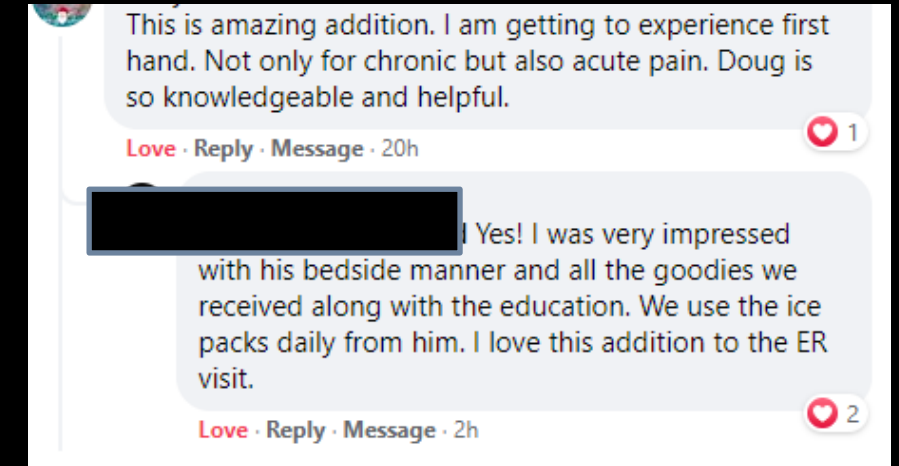
# Time for the Coach to Call the Primary/ED Provider

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- Pt presents to the ED with acute exacerbation of abdominal pain
  - Pt is chronic opioid user, has had multiple abdominal/ bowel surgeries, poor hygiene, housing insecurity, and possible “drug seeker”.
- Pt in process of being discharged when coaching/education session was conducted. During intake pt. described pain that he had not described to other providers.
  - “Every time my heart beats I can feel it in my abdomen, look you can even see it!”
- Immediately ended the session and alerted attending ED physician of possible signs/symptoms consistent with AAA.
- Testimonial- “Upon ultrasound exam, it was revealed that the patient did have an aneurysm. The pain coach probably saved this patient’s life.”

# Patient Feedback on Institution Social Media

- “You made me feel more hopeful”
- “This is amazing”



# Provider Feedback

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- Everyone that talks to the pain coach seems much happier and uplifted. Thank you for everything you're doing; it's helping. – ED resident
- The team was having a hard time getting a patient's pain under control secondary to high catastrophizing/ stress and anxiety. Pt has been in the ED for 9+ hours. Coach spoke with patient and focused on stress management, increasing empowerment through utilization of toolkit items, and PNE. Provider quote 45 minutes after session: "The patient is feeling much better, she says it took her some time to understand everything you spoke about but she is feeling less stressed and anxious and now we feel comfortable discharging her." –ED attending

# Literature Review Pain Coach Resources

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- **What is this thing called pain?** *(Woolf C.J., 2010)*
- **Alternatives to opioids for pain in the emergency department decreases opioid usage and maintains patient satisfaction** *(Duncan RW, 2019)*
- **Motivational Interviewing: Building Rapport With Clients to Encourage Desirable Behavioral and Lifestyle Changes** *(Tahan, Hussein A. 2012)*
- **Pain management coaching: The missing link in the care of individuals living with chronic pain** *(Curtis, R., 2017)*
- **Pain Neuroscience Education Plus Usual Care Is More Effective Than Usual Care Alone to Improve Self-Efficacy Beliefs in People with Chronic Musculoskeletal Pain: A Non-Randomized Controlled Trial** *(Rondon-Ramos, A., 2020)*
- **The neural mechanisms of mindfulness-based pain relief: a functional magnetic resonance imaging-based review and primer** *(Zeidan, F., 2019)*
- **Exercise for chronic musculoskeletal pain: A biopsychosocial approach** *(Booth, J., 2017)*
- **Virtual reality as an analgesic for acute and chronic pain in adults: a systematic review and meta-analysis** *(Mallari, B., 2019)*

# Key Books, Journals and Websites

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- Explain Pain. By David Butler and G. Lorimor Moseley. Noigroup, Adelaide, 2019, 129 pp. ISBN 0 97509 10 0 X. Physiother. Res. Int., 9: 185-187. <https://doi.org/10.1002/pri.323->
- The Explain Pain Handbook: Protectometer David Moseley, G. L., Butler, D. S. (2018). The explain pain handbook: Protectometer. Adelaide City West, S. Aust.: Noigroup Publications.
- Why Do I Hurt Louw, A. (2013). Why do I hurt? A patient book about the neuroscience of pain. Minneapolis, MN: Orthopedic Physical Therapy Products
- Why Do I Hurt? Workbook Louw, A. (2013). Why do I hurt?: A patient book about neuroscience of pain: Neuroscience education for patients in pain. Annapolis: OPTP Orthopedic physical therapy products.
- Everyone Has Back Pain: Louw, A., Puentedura, E. J., & Flynn, T. W. (2015). Everyone has back pain: Neuroscience education for patients with back pain. Minneapolis, MN: Orthopedic Physical therapy products.
- Motivational Interviewing in Health Care: Rollnick, S., Miller, W. R., & Butler, C. C. (2008). Motivational interviewing in health care: Helping patients change behavior. New York, NY: The Guilford Press.
- Cisewski, D. H., & Motov, S. M. (2020). EMRA pain management guide. Irving, TX: Emergency Medicine Residents' Association, Medical Student Committee.



# Key Books, Journals and Websites

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- The American Academy of Pain Medicine- <https://painmed.org/>
- American Society for Pain Management Nursing- <http://www.aspmn.org/Pages/default.aspx>
- American Chronic Pain Association- <https://www.theacpa.org/>
- Practical Pain Management- <https://www.practicalpainmanagement.com/>
- PAIN The Journal of the International Association for the Study of Pain- <https://journals.lww.com/pain/pages/default.aspx>
- U.S. Pain Foundation- <https://uspainfoundation.org/>
- Pain Medicine News- <https://www.painmedicineneeds.com/>
- PainEDU- <https://www.painedu.org/>
- And of course PAINWeek: <https://www.painweek.org/media/journal>

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# Questions?

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thank you!