



National Institute
on Aging



Doing NOHARM

Operational Elements, Descriptive Results, and Initial Progress of a HEAL-Funded Pragmatic Trial of Non-Pharmacological Perioperative Pain Care

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NOHARM

**Non-pharmacological Options in post-operative Hospital-based
And Rehabilitation pain Management pragmatic trial**

Non-Pharm Pain Care (NPPC) –

Safe Options for Post-Op Pain Management

Movement

- Walking
- Yoga
- Tai Chi

Physical

- Acupressure
- Massage
- Cold or Heat
- TENS

Relaxation

- Meditation
- Breathing
- Music
- Guided Imagery
- Muscle Relaxation
- Aromatherapy

NOHARM Details

- NIH (NIA/NICHD) 5 year grant
- Design: Step-wedge, Cluster-randomized
 - Rigorous pre/post design with stagger-start
 - 6 campuses, 4 - 6 procedures/campus
 - Pragmatic, standard of care trial – pt consent waived
- Intervention: Epic-based surgical pain planning bundle (+)
 - Conversation guide: Non-pharm pain care
 - Decision support: Guideline concordant orders & edu
- Outcome: Pain, function, anxiety, opioid Rxs
 - Baseline ePRO data collection (@1,2,3 months) being collected now

Stepped Wedge, Cluster-randomized Trial



	Tranche 1	Tranche 2	Tranche 3	Tranche 4	Tranche 5
	Rochester Cardiac, C-Section Florida Ortho Eau Claire Ortho, Colorectal, Gyn, C-section LaCrosse Gyn, C-Section	Rochester Ortho, Gyn, Lung Arizona Lung, Cardiac Mankato Colorectal	Rochester Colorectal Florida Transplant Arizona Colorectal, Gyn, Transplant	Florida Colorectal, Gyn, Lung, Cardiac Eau Claire Lung, Cardiac Mankato C-Section	Rochester Transplant Arizona Ortho Mankato Ortho LaCrosse Ortho, Colorectal
Control condition	Data Collection 10/16/2020				
Step 1	Go live 3/1/2021				
Step 2		Go live 10/1/2021			
Step 3			Go live 5/1/2022		
Step 4				Go live 12/1/2022	
Step 5					Go live 7/1/2023



Our Development Process 2019-Present

- Extensive Organizational Vetting
 - CPC
 - Enterprise S&P
 - Nursing leadership, PT/OT leadership
 - Epic leadership
 - Multiple Specialty Councils
 - Opioid Stewardship & ERAS leaders
- Extensive piloting
 - Attentive to workflows & burden
 - Goal: minimize physician & APP burden

Portal & Web Resources

Contact us!

If you have questions about using the pain management techniques, you can call a pain management support team member.

(Tel) 1-833-919-1432

Monday – Friday, 8:00am – 5:00pm (CST)

The screenshot shows a web interface for relaxation techniques. On the left, there is a vertical menu with the following options: Breathing, Muscle relaxation, Meditation, Imagery (highlighted in green), Music, and Aromatherapy. Below the menu, there is a text box that reads: "If you would like to use a technique, select it below. Do not click continue until you have finished your selection." To the right of the menu is a large image of hot air balloons over a sunset landscape. Below the image are three buttons: "About", "Plan for", and "Practice doing it". At the bottom of the interface, there is a section titled "Select the relaxation techniques that you'd like to use" with a sub-label "Select all that apply". Below this are six checkboxes: "Breathing", "Muscle relaxation" (checked), "Meditation", "Imagery", "Music", and "Aromatherapy".

The banner features the Mayo Clinic logo in the top left corner. The main text reads "Healing After Surgery" in a large, white, serif font, with "Managing pain after surgery" in a smaller, white, sans-serif font below it. A white button with the text "Lets Get Started" is positioned in the center. The background is a photograph of a man and a woman walking together outdoors. At the bottom, there is a small disclaimer: "This guide does not support Internet Explorer. Please use Google Chrome, Microsoft Edge or another browser."

Join our group calls!

We also want to invite you and your family or caregiver to join us on a 30 minute group call. This is an opportunity to talk with a pain management support team member who can answer your questions about the pain management techniques. The calls include other patients who are also preparing for or recovering from surgery. Calls are offered weekly on the days/times (CST) below.

[More about group calls](#)



HOME



Physical point-of-care delivery



RN/PT/OT Classes



Surgical Clinic

BestPractice Advisory - Zzkuthbeacon, Venus Chemotest

Important (1)

! NOHARM PATIENT: A pain score of 1 or greater was documented. Patient non-pharmacologic pain preferences should be recorded and supported.

Patient Selected Movement Techniques: None
 Patient Selected Relaxation Techniques: None
 Patient Selected Physical Techniques: None

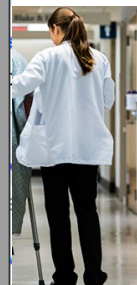
TO DO: Encourage Venus to review options on Mayo T.V. and enter up to 3 of preferences in the linked "Pain Preferences Flowsheet."

TO DO: Complete "Non-Medication Management of Pain After Surgery" in the Education Activity.

Document Do Not Document Pain Preferences Flowsheet

[CLICK HERE to enter Education Activity](#)

Accept Cancel



Session



Surgical Clinic

HOME

Robust Supports

- Materials: Mayo Clinic-vetted, rehab conscious
- “Boots on the ground”
 - Campus-specific local champions
 - At-the-elbow, just-in-time assistance
- Dedicated phone line: 1-833-919-1432
- Weekly patient zoom classes
- Dedicated, monitored pager
- Remote Epic support capacity
- Dedicated email: healingaftersurgery@mayo.edu

NOHARM Progress (3/5 complete)

- 34,643/80,000 + patients accrued
 - 2960 surgery cancelled
 - 370 died
- 7996 active in 3-month window
- 22,670 3 months out
 - 15,800 finished with outcome data
 - 6867 no outcome data
- PRO raw completion rate 67.8%
 - Lower in health system (50%)

NOHARM: Challenges in Data Collection & Merging

- Intervention & PRO assignment fragility
- PRO response rate and missing data
- Creative solutions
 - Scavenging
 - Paper PROs

Take Homes

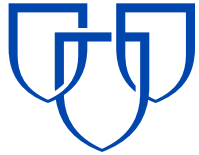
- Big Pragmatic Trials within healthcare=messy
- Manually operated
- High EQ work
- Dissemination & Implementation



Acknowledgements

- NIH/NIA UG3/UH3
- HEAL: Helping End Addiction Long-term
- PRISM: Pragmatic and Implementation Studies for the Management of Pain to Reduce Opioid Prescribing
- NIH Pragmatic Trials Collaboratory
- A very large, benevolent, hard working team

MAYO
CLINIC



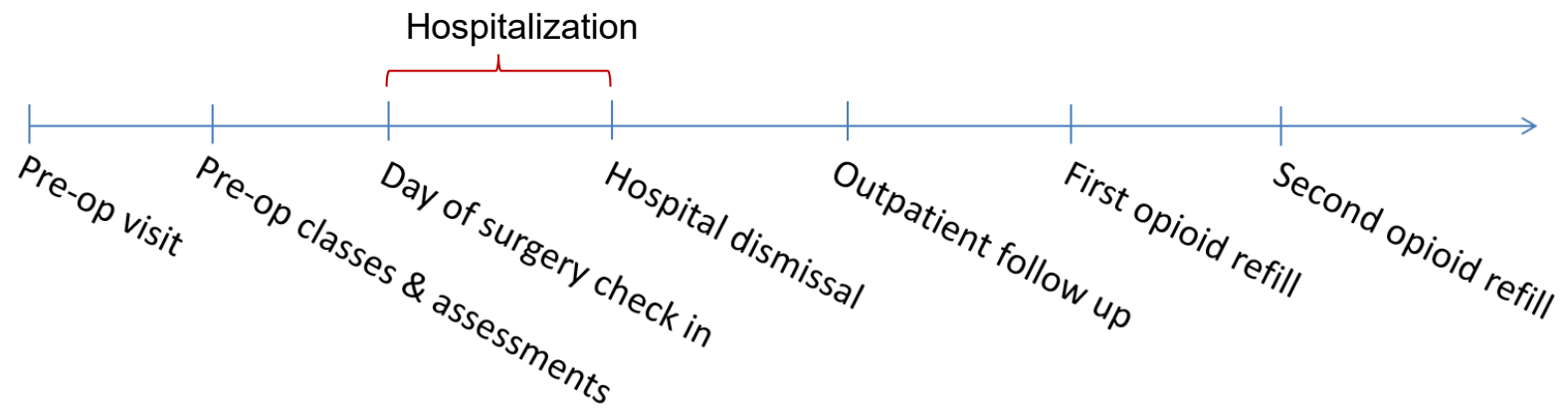
Thanks!

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What We're Seeking

- Engagement (and feedback)
- Endorsement (with staff and patients)
- Partnership



Challenges:

- Series of “saturated” clinical touch points
 - None are sufficient in isolation
- Perioperative care encompasses diverse:
 - Clinicians
 - Settings
 - Workflows
 - Diseases and conditions
- Patients have varied and evolving NPPC preferences

Next Steps: Allied Health Training

- Our team identifies and collaborates with appropriate supervisors and education specialists
- Role-specific (e.g. PT, RN) MyLearning Modules assigned ~45 days prior to go-live
- Virtual or in-person Q&A sessions with ambulatory care teams prior to go-live and after as needed/requested
- At-the-elbow just-in-time training and technical assistance available through duration of project

ePRO Collection

Time Point	Control Group	Intervention Group
Baseline	Pain, Physical Function, and Anxiety PROMIS-CATs; Opioid Use	Pain, Physical Function, and Anxiety PROMIS-CATs; Opioid Use
1 Month Post-Surgery	Pain and Physical Function PROMIS-CATs	Pain and Physical Function PROMIS-CATs; NPPC Use
2 Months Post-Surgery		Pain and Physical Function PROMIS-CATs; NPPC Use
3 Months Post-Surgery	Pain, Physical Function, and Anxiety PROMIS-CATs; Opioid Use	Pain, Physical Function, and Anxiety PROMIS-CATs; Opioid Use; NPPC Use