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

<table>
<thead>
<tr>
<th>Tranche 1</th>
<th>Tranche 2</th>
<th>Tranche 3</th>
<th>Tranche 4</th>
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<tbody>
<tr>
<td>Rochester</td>
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<td>Florida</td>
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<td>Cardiac, C-Section</td>
<td>Ortho, Gyn, Lung, Arizona</td>
<td>Colorectal, Gyn, Lung, Cardiac, Mankato</td>
<td>Colorectal, Gyn, Lung, Cardiac, Mankato</td>
<td>Transplant, Arizona</td>
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<td>Florida</td>
<td>Ortho</td>
<td>Arizona</td>
<td>Florida</td>
<td>Ortho</td>
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<td>Eau Claire</td>
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<td>Lung, Cardiac</td>
<td>Transplant</td>
<td>Mankato</td>
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<td>Gyn, C-section</td>
<td>Mankato</td>
<td>Gyn, C-Section</td>
<td>Ortho, Colorectal</td>
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</tbody>
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| 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 |

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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)

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
Important (1)

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
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
Thanks!

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What We’re Seeking

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

- 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

<table>
<thead>
<tr>
<th>Time Point</th>
<th>Control Group</th>
<th>Intervention Group</th>
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<tbody>
<tr>
<td>Baseline</td>
<td>Pain, Physical Function, and Anxiety PROMIS-CATs; Opioid Use</td>
<td>Pain, Physical Function, and Anxiety PROMIS-CATs; Opioid Use</td>
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<tr>
<td>1 Month Post-Surgery</td>
<td>Pain and Physical Function PROMIS-CATs</td>
<td>Pain and Physical Function PROMIS-CATs; NPPC Use</td>
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<tr>
<td>2 Months Post-Surgery</td>
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<td>Pain and Physical Function PROMIS-CATs; NPPC Use</td>
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<td>3 Months Post-Surgery</td>
<td>Pain, Physical Function, and Anxiety PROMIS-CATs; Opioid Use</td>
<td>Pain, Physical Function, and Anxiety PROMIS-CATs; Opioid Use; NPPC Use</td>
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