



Doing NOHARM:

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

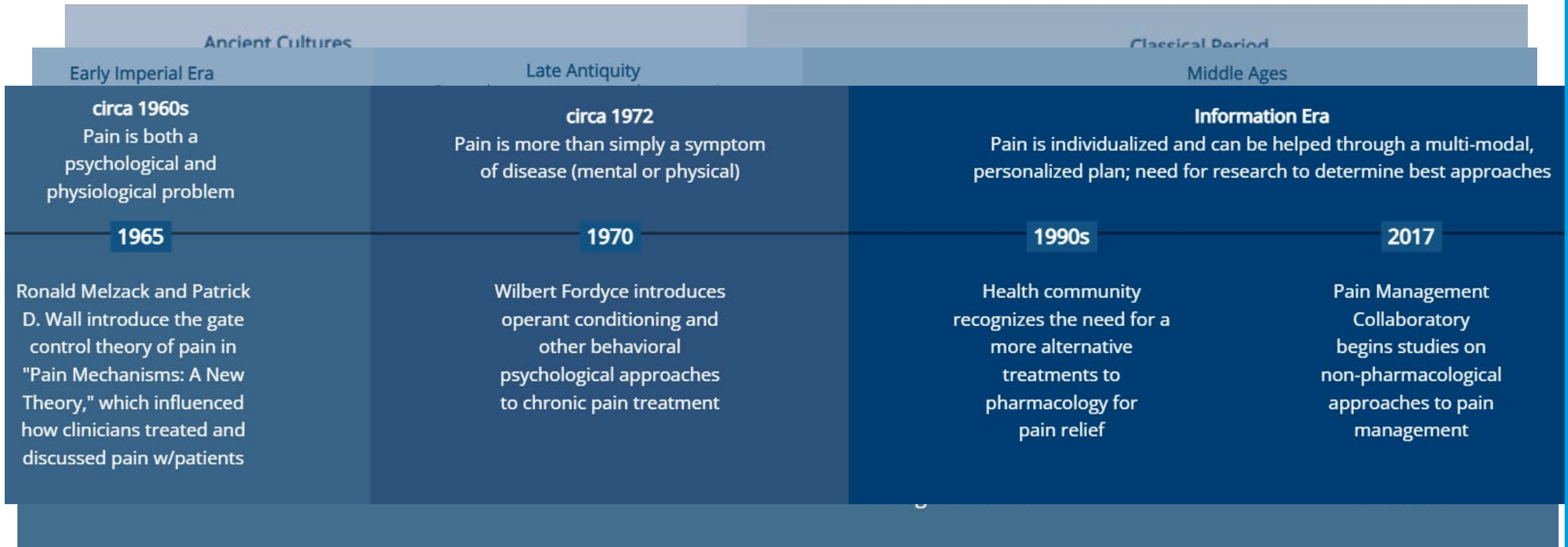
Susanne Cutshall, DNP, APRN, CNS, APHN-BC, NBC-HWC
Jane Hein, PT, Certified Yoga and Pilates, Restorative Exercise Specialist

Pain Management 2023 CNE Conference
April 25-26, 2023

LEARNING OBJECTIVE

- Describe the importance of non-pharmacologic management of pain and how it can be used as a strategy to impact the opioid epidemic.
- Review the goals and the preliminary outcomes of the NOHARM intervention
- Identify how the NOHARM intervention aligns with the mission of the Mayo Opioid Stewardship Program?

Managing Pain – Historical Context



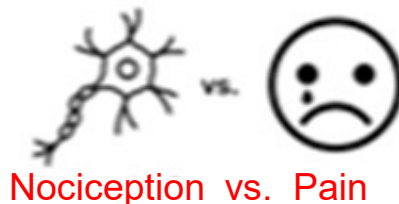
[Pain Management History Time Line – Pain Management Collaboratory](#)

Pain – Defined by IASP 2020

Pain

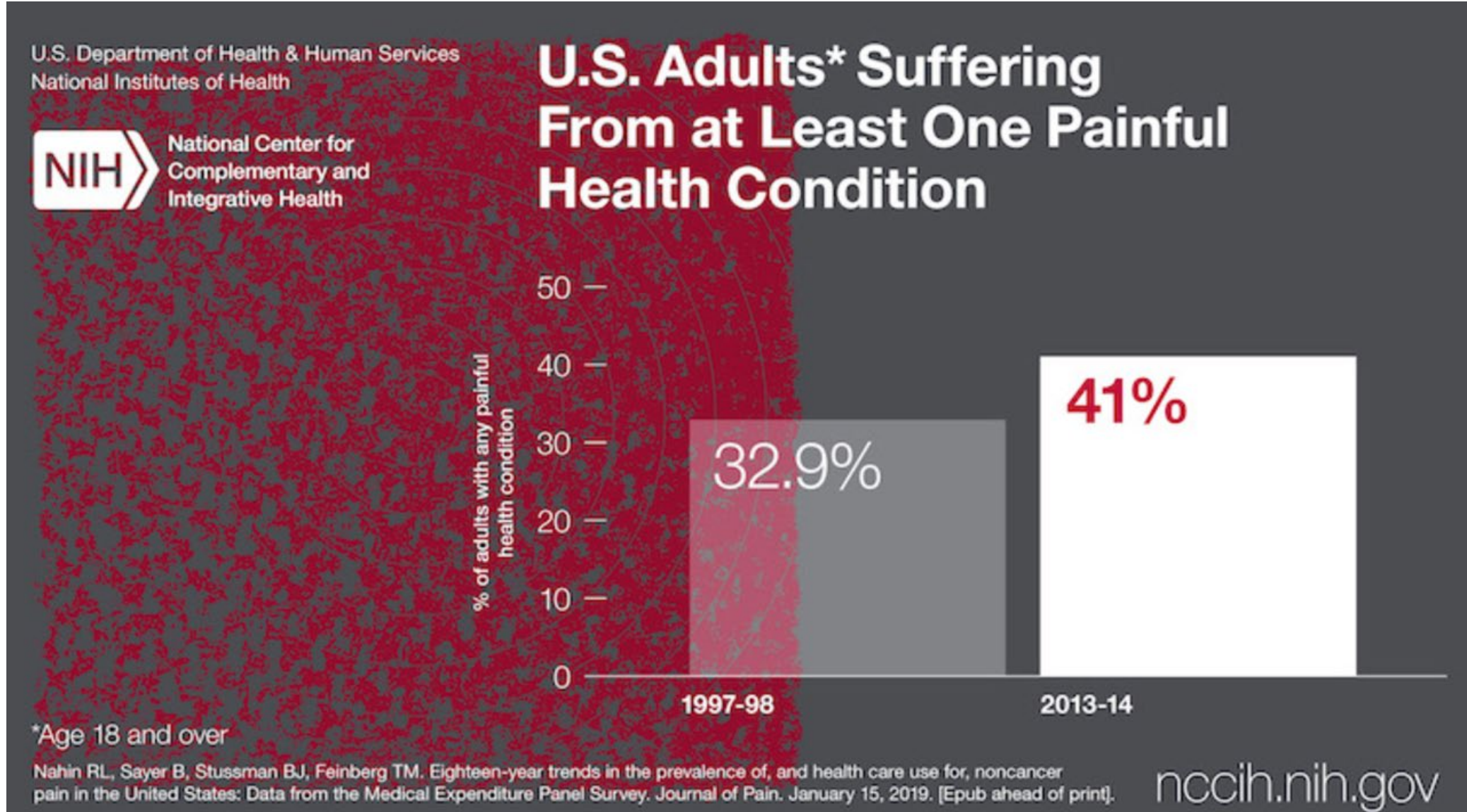
is an unpleasant sensory and emotional experience associated with actual or potential tissue damage

- Personal experience – influenced by biological, psychological and social factors
- Through life experiences - individuals learn the concept of pain
- A person's report of their pain experience should be respected.
- Advsere effects on function, social and psychological well-being
- Verbal affirmation of pain is only one pain behavior, for those unable to communicate, need to monitor all pain behaviors



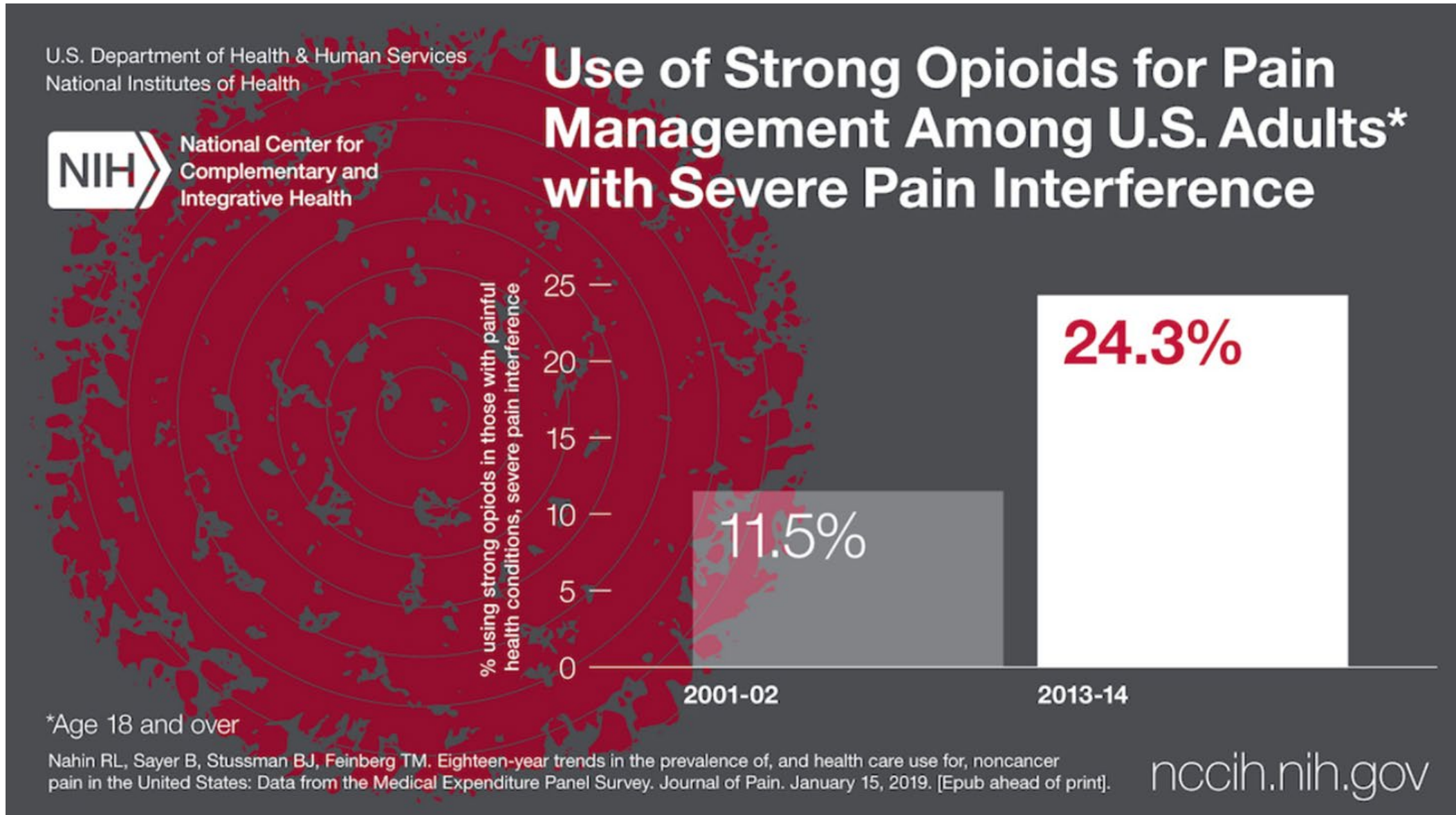
[The Revised IASP definition of pain: concepts, challenges, and compromises - PMC \(nih.gov\)](#)

20 year trend (1997-2014)



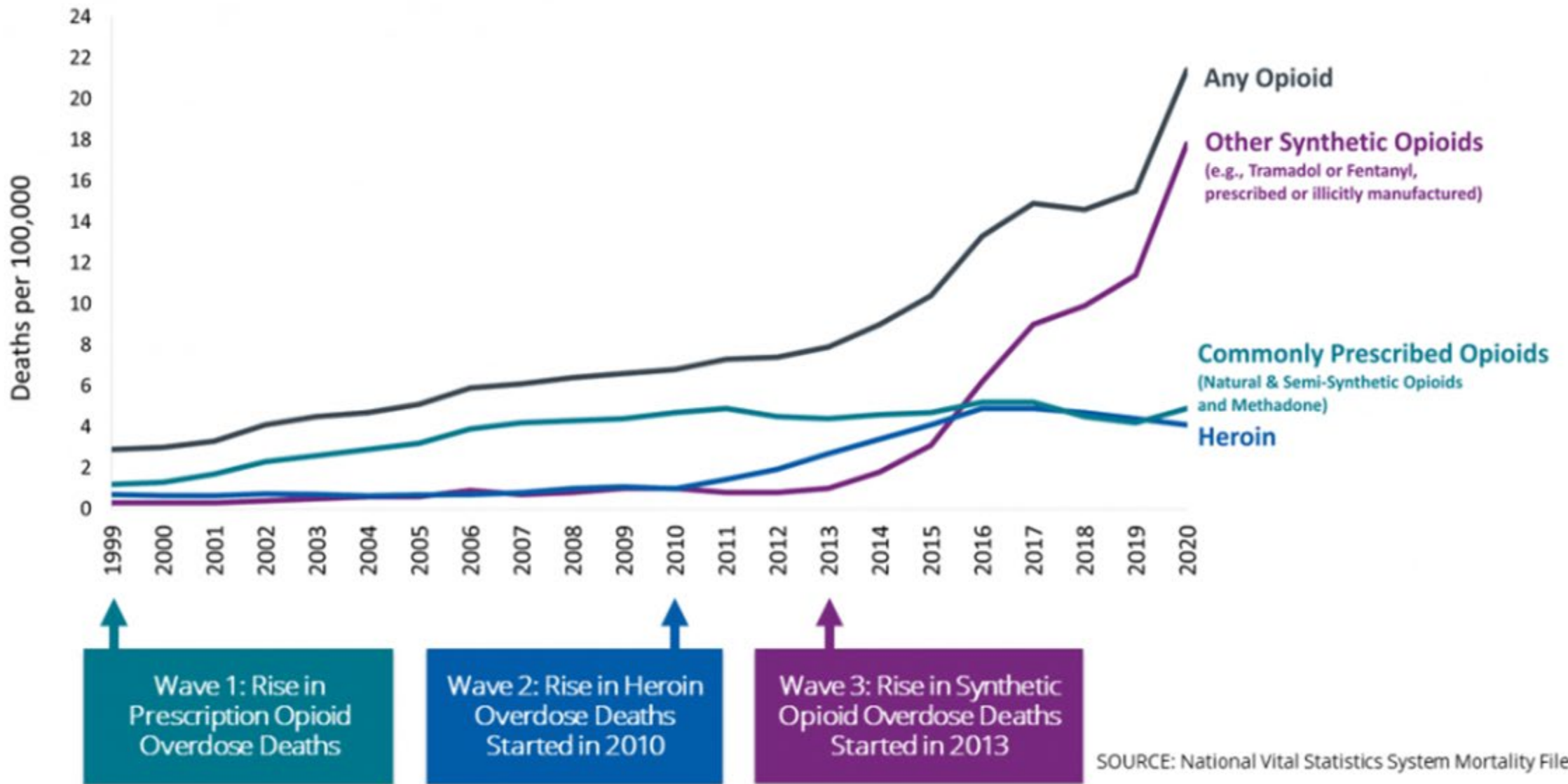
[Two decades of data reveal overall increase in pain, opioid use among U.S. adults | NCCIH \(nih.gov\)](https://www.nccih.nih.gov/)

Opioid Use Doubled 1997-2014



[Two decades of data reveal overall increase in pain, opioid use among U.S. adults | NCCIH \(nih.gov\)](https://www.nccih.nih.gov/)

Three Waves of Opioid Overdose Deaths




Opioid Societal & Economic Impacts

The Opioid Epidemic in the U.S.

In 2015...


 **12.5 million**
People misused prescription opioids¹


 **2.1 million**
People misused prescription opioids for the first time¹

 **33,091**
People died from overdosing on opioids²

 **2 million**
People had prescription opioid use disorder¹

 **15,281**
Deaths attributed to overdosing on commonly prescribed opioids^{2,3}

 **828,000**
People used heroin¹

 **9,580**
Deaths attributed to overdosing on synthetic opioids^{2,3}

 **135,000**
People used heroin for the first time¹

 **12,989**
Deaths attributed to overdosing on heroin^{2,4}

 **\$78.5 billion**
In economic costs (2013 data)⁵

A Call to Action

- [Joint Commission](#)

- Organizations are required to provide non-pharmacologic pain treatment modalities relevant to its patient population and assessed needs of the patient. These modalities serve as a complementary approach for pain management and may potentially reduce the need for opioid medication in some circumstances.

Additionally, it is important to have non-pharmacologic pain treatment modalities available for patients that refuse opioids or for whom physicians believe may benefit from complementary therapies

- [National Institutes of Health \(NIH\) HEAL \(Helping to End Addiction Long-termSM\) Initiative](#), launched in April 2018 to provide scientific solutions to the national opioid overdose crisis, including improved treatment strategies for pain as well as opioid use disorders (OUDs).



Florida Non-Opioid Alternatives Law

- Before administering anesthesia using a Schedule II controlled substance or prescribing or ordering a Schedule II controlled substance for pain treatment, a health care provider must talk to the patient about the risks of controlled substance abuse, and the advantages and disadvantages of nonopioid alternatives.
- The health care provider must give the patient or their representative, a copy of the [Alternatives to Opioids](#) pamphlet, created by the Florida Department of Health. The pamphlet can be provided in either printed or electronic format.
- <https://www.floridahealth.gov/programs-and-services/non-opioid-pain-management/index.html>
- <https://www.flsenate.gov/Laws/Statutes/2019/456.44>

Alternatives to Opioids

Talk to your health care provider about how to treat your pain. Create a safe and effective treatment plan that is right for you.

ALTERNATIVE MEDICATIONS

ADVANTAGES:

- Can control and all reduce mild to moderate pain with favorable effects.
- Can reduce exposure to opioids and dependency.

DISADVANTAGES:

- May not be covered by insurance.
- May not be effective for severe pain.

NON-OPPIOID MEDICATIONS	DESCRIPTIONS, ADDITIONAL ADVANTAGES & DISADVANTAGES
Acetaminophen (Tylenol)	Relieves mild-to-moderate pain, and treats headache, muscle aches, arthritis, backache, toothaches, colds and fevers. Overdose can cause liver damage.
Non-steroidal Anti-inflammatory Drugs (NSAIDs): Aspirin, ibuprofen (Advil, Motrin), Naproxen (Aleve, Naprosyn)	Relieve mild-to-moderate pain, and reduce swelling and inflammation. Stomach problems increase as they go into take NSAIDs regularly. Can increase risk of bleeding.
Nerve Pain Medications: Gabapentin (Neurontin), Pregabalin (Lyrica)	Relieve mild-to-moderate nerve pain (shooting and burning pain). Side effects include drowsiness, dizziness, loss of coordination, dizziness and blurred vision.
Antidepressants: Efficacy for chronic pain, amitriptyline, duloxetine	Relieve mild-to-moderate chronic pain, nerve pain (shooting and burning pain) and headaches. Depend on medication; side effects can include drowsiness, dizziness, dryness, constipation, weight loss or gain.
Medicated Creams, Foams, Gels, Lotions, Ointments, Sprays and Patches: Anesthetics (lidocaine), NSAIDs, Muscle Relaxers, Capsaicin, Composed Topicals	Can be safer to relieve mild-to-moderate pain because medication is applied where the pain is. Anesthetics not have nerve pain (shooting and burning pain) by numbing an area. NSAID Do relieve the pain of osteoarthritis, sprains, strains and overuse injuries; muscle relaxers reduce pain by causing muscles to become less tense or stiff; and capsaicin relieves musculoskeletal and neuropathic pain. Capsaicin patches prepared by a pharmacist can be made to meet a patient's specific needs. Side effects in the most common side effect. Capsaicin can cause warmth, stinging or burning on the skin.
Interventional Pain Management	Includes anesthetic or steroid injections around nerves, tendons, joints or muscles; spinal cord or intrathecal; drug delivery systems; or permanent or temporary nerve blocks. Medicates specific areas of the body. Can provide short-term and long-term relief from pain. Certain medical conditions and allergies can cause complications.
Non-opioid Anesthesia	Opioids can be replaced with safer medications that block pain during and after surgery. A health care provider or an anesthesiologist can provide options and discuss side effects.

ALTERNATIVE THERAPIES

ADVANTAGES:

- Can control and all reduce mild to moderate pain with favorable effects.
- Can reduce exposure to opioids and dependency.
- Treatment targets the area of pain—not systemic.
- Practices are licensed and regulated by the State of Florida? (<https://www.floridahealth.gov/programs-and-services/non-opioid-pain-management/index.html>)

DISADVANTAGES:

- May not be covered by insurance.
- Relief from pain may not be immediate.
- May not be effective for severe pain.

THERAPIES	DESCRIPTIONS, ADDITIONAL ADVANTAGES & DISADVANTAGES
Self-care	Cold and heat can reduce pain and reduce inflammation and swelling of tissues in joints; heat reduces muscle pain and stiffness. Can provide short-term and long-term relief from pain. Too much heat can increase swelling and inflammation. Exercise and movement: Regular exercise and physical activity can relieve pain. Sleepy walking has benefits. Mind-body practices like yoga and Tai Chi incorporate breath control, meditation and movement to stretch and strengthen muscles. Acupuncture uses needles and stimulating currents to activate nerves in the body to stimulate specific points to relieve pain and promote healing. Can help alleviate chronic pain: low back, neck and knee pain, and osteoarthritis pain. Can reduce the frequency of tension headaches. Shooting, burning and/or numbness occur at location sites. Chiropractic: Chiropractic physicians practice a hands-on, approach to treat pain including manual, mechanical, electrical and natural methods, and nutrition guidance. Can help with pain management and improve general health. Aching or soreness in the spine or joints or muscles sometimes happens—usually within the first few hours after treatment. Osteopathic Manipulative Treatment (OMT): Osteopathic physicians use OMT—a hands-on technique applied to muscles, joints and other tissues—to treat pain. Clinically proven to relieve low back pain. Screens for stiffness in the body that may be related to pain. Massage therapy: Massage (therapist or family member) can help reduce pain by relaxing tight muscles, tendons and joints. Can reduce stress and anxiety—possibly slowing pain messages to and from the brain. At certain points during massage, there may be some discomfort—especially during deep tissue massage. Transcutaneous electrical nerve stimulation (TENS): TENS is the application of electrical current through electrodes placed on the skin with varying frequencies. Studies have shown that TENS is effective for a variety of painful conditions. The intensity of TENS is described as a strong but comfortable sensation. Always consult with a doctor before use if possible.
Complementary Therapies	Occupational therapy: Occupational therapists treat pain through the therapeutic use of everyday activities. Can relieve pain associated with dressing, bathing, eating and working. Therapy includes activities that increase coordination, balance, flexibility and range of motion. Therapy interventions and recommendations will not help if the patient does not practice as instructed. Physical therapy: Physical therapists treat pain by resting, stretching and maintaining physical and functional abilities. Therapy interventions and recommendations will not help if the patient does not practice as instructed.
Rehabilitation Therapies	Psychiatrists, clinical social workers, marriage and family therapists and mental health counselors provide therapies that identify and treat mental disorders or substance abuse problems that may be related to pain management. When used to manage pain, these therapies can take time.
Behavioral and Mental Health Therapies	

Source: Florida Department of Health, Division for Behavioral and Prevention Services, 2019. All rights reserved. For personal use only. No redistribution or resale without the permission of the Florida Department of Health.

Enterprise Opioid Stewardship Program Alignment

- **Opioid Stewardship Program**

- The Enterprise Opioid Stewardship Program (OSP) has been developed to build on current opioid stewardship activities across Mayo Clinic and to address the new Joint Commission Opioid Prescribing guidelines.
- Inappropriate opioid use is common and often results in opioid addiction, patient safety concerns, and adds to cost of patient care.

- **Mayo Clinic has developed hundreds of opioid-related resources for prescribers, allied health staff, and patients. These focus on:**

- Opioid prescribing workflows, policies, and procedures
- Patient education (>50 patient handouts and videos related to this topic are available)
- Patient risk stratification
- Dashboard monitoring of quality metrics
- **Pair opioids with non-opioid therapies. These might be scheduled non-opioid medications (like acetaminophen or ibuprofen), or non-medication treatments like PT/OT, daily exercise, and mind-body therapies.**



NOHARM

NON-PHARMACOLOGICAL **O**PTIONS IN POST-OPERATIVE **H**OSPITAL-BASED **A**ND **R**EHABILITATION PAIN **M**ANAGEMENT

PRAGMATIC TRIAL - A HEAL UH3 DEMONSTRATION PROJECT

ANDREA CHEVILLE, MD, MSCE & JON TILBURT, MD



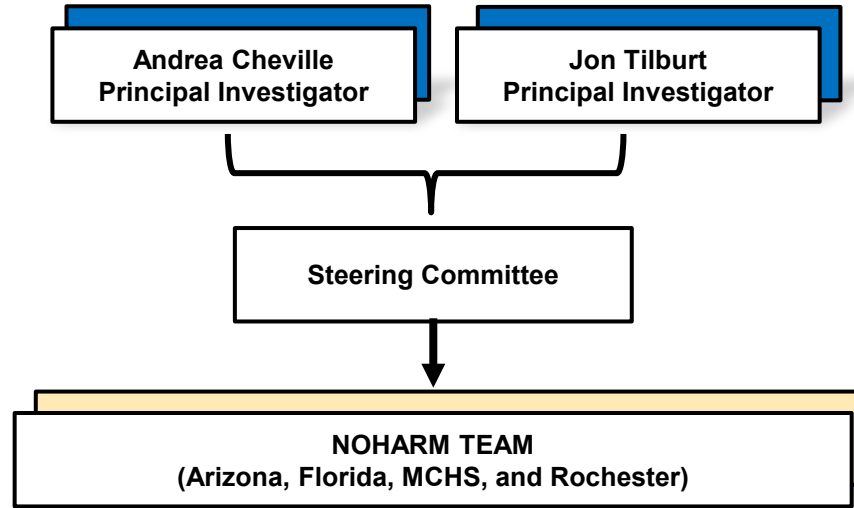
NOHARM Goals

- 1. Support patient education and decision-making** around non-pharmacologic options for pain management in the peri-operative setting
- 2. Support patients in their use** of non-pharmacologic pain management modalities

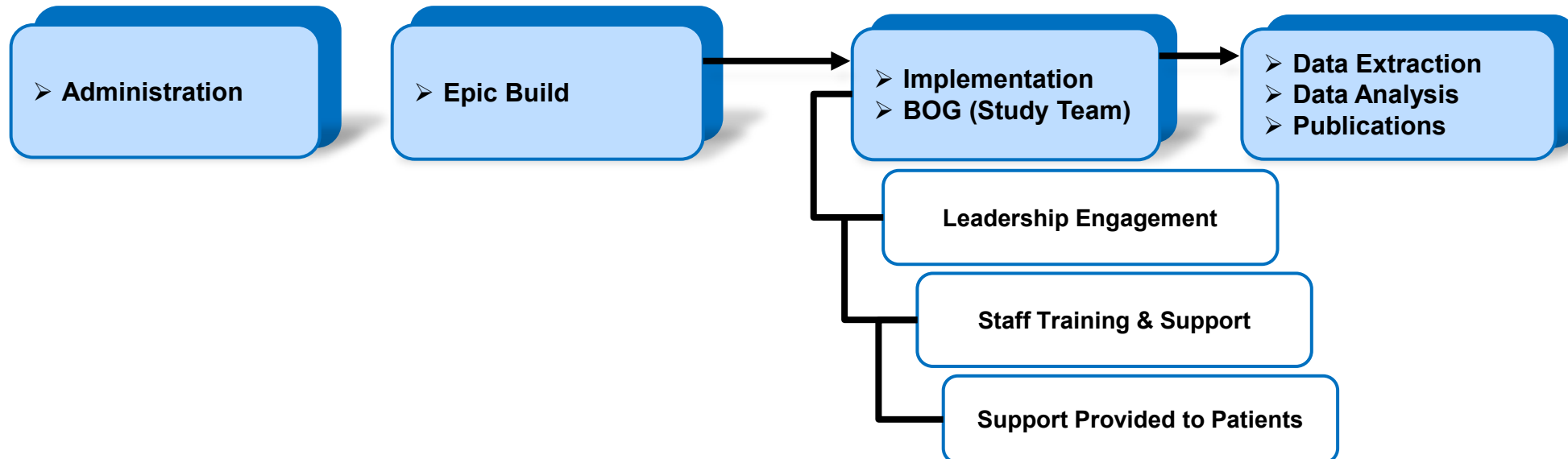
Study Support



Study Team



Study Processes



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

Non-Pharmacological Pain Care Techniques

Movement

- Walking
- Yoga
- Tai Chi

Relaxation

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

Physical

- Acupressure
- Massage
- Cold or Heat
 - TENS



National Center for
Complementary and
Integrative Health

[National Center for Complementary and Integrative Health \(nih.gov\)](https://www.nih.gov)

OUTCOMES

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

Four Stages of NOHARM

PAIN CARE PLANNING ACROSS THE CARE CONTINUUM

All care team members work collaboratively with patients to ensure non-pharmacologic options are presented, considered, and supported.



Choosing Surgery

Outpatient staff prepare patients to engage with the NOHARM intervention and a portal-based decision tool.



Pre-operative Planning

Patients review non-pharmacologic pain management options and inform care team of selections via portal-based decision tool.



The Inpatient Stay

Inpatient staff notice, acknowledge, discuss, and support provision of non-pharmacologic pain management modalities.



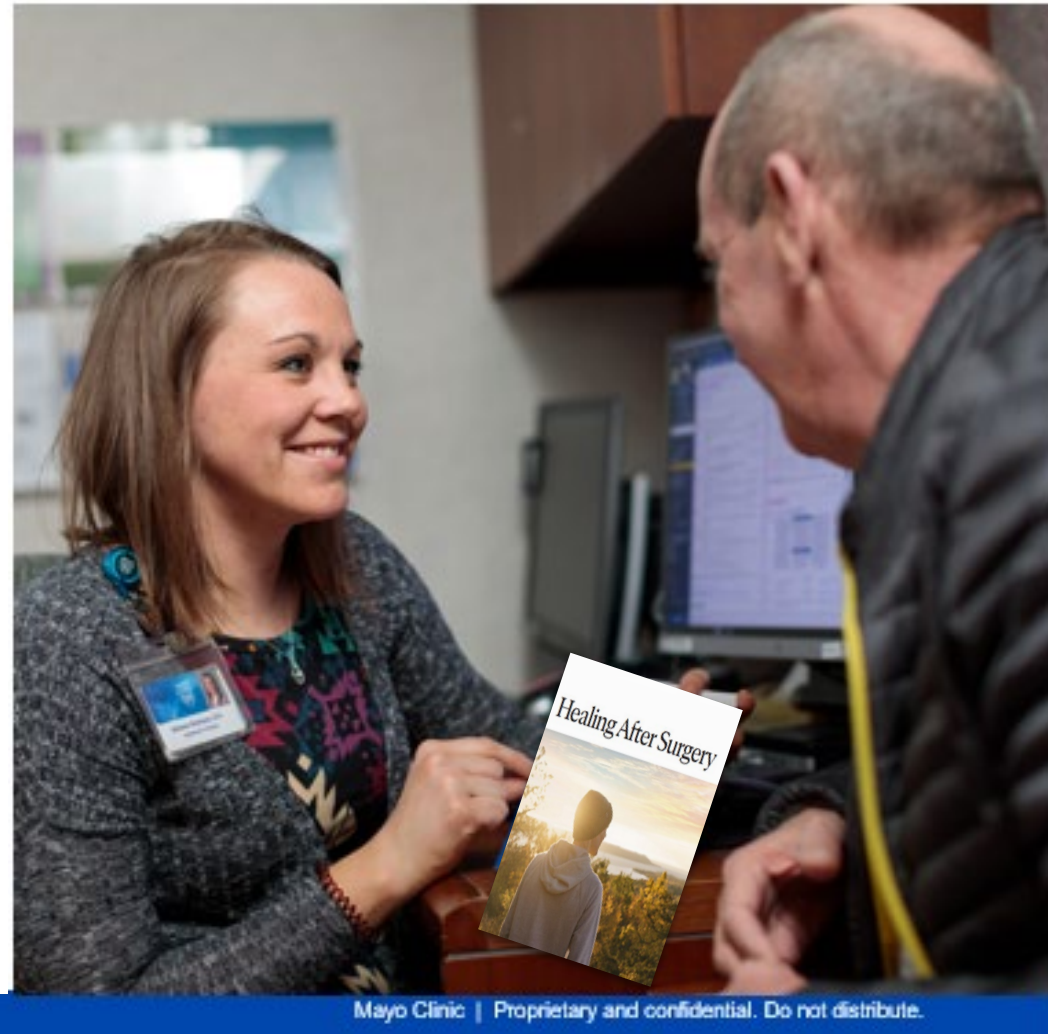
Post-operative Recovery

Patients continue to access and use non-pharmacologic pain management resources and modalities.



CHOOSING SURGERY

- Once patient is scheduled for surgery, they're automatically enrolled into the NOHARM intervention
- During consultation or other pre-op education visit, outpatient staff encourage the patient to access and complete the "Healing After Surgery Guide" in their portal and educate patient about what to expect
- Healing After Surgery booklet used to guide discussion and support their non-pharm care plan.



Mayo Clinic | Proprietary and confidential. Do not distribute.

Healing After Surgery message auto populates in Mychart



PRE-OPERATIVE PLANNING

- **Introduction to Healing After Surgery Message sent to patient online portal**
 - Emphasizes the importance of having a pain management plan.
 - Explains that combining Pain medications with non-medication techniques is best practice for managing pain after surgery.
 - Link to an interactive Healing After Surgery Guide (questionnaire) which includes evidence based instructions and videos to facilitate patient knowledge and preparation to use such non-pharm modalities.
 - Patient response to Guide (questionnaire) populates their non-pharm plan in EHR for the Care Team to support

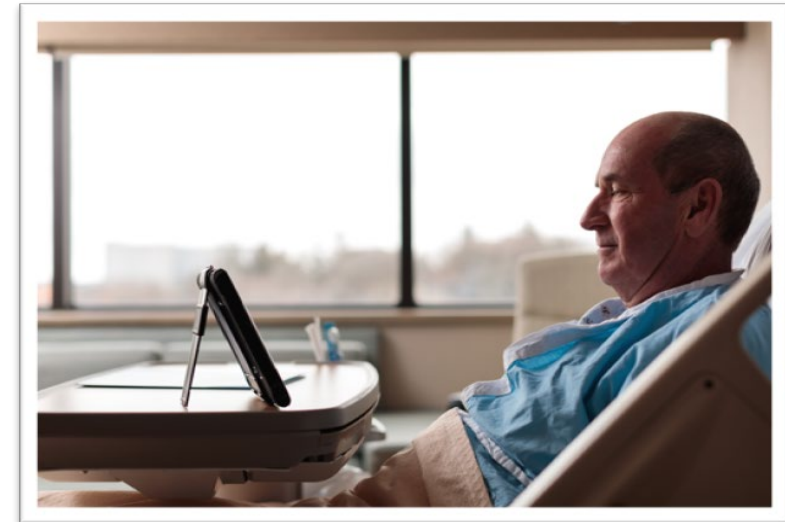
Healing After Surgery Follow up Messaging



PRE-OPERATIVE PLANNING

After completion of the HAS Guide and submission of non-pharm selections follow up HAS portal messaging includes additional HAS resources:

- Healing After surgery website
- Informational and Experiential Videos
- Tips for using the modalities and how to source local resources
- Group Zoom Calls and Toll-free support





THE INPATIENT STAY

- Care team members view, acknowledge, discuss modality selection with patient; deliver as feasible
- Many modalities deliverable via MayoTV or videos on the website:
healingaftersurgery.mayo.edu
- After-visit summary auto-populated with selection to incorporate in pain management plan discussed at discharge by RN



Non-pharm modalities supported by Acute Care Team



Walking



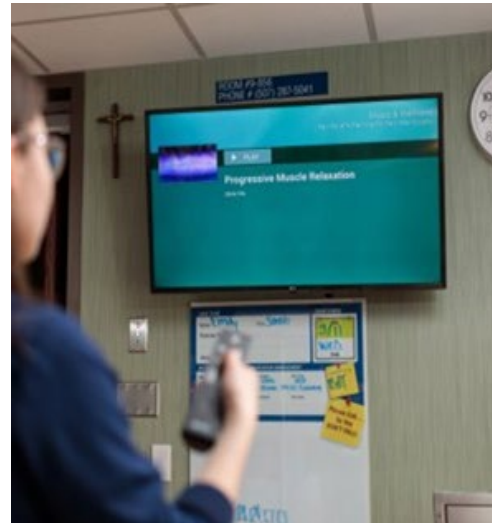
TENS



Aromatherapy



Massage Therapy



Experiential Videos

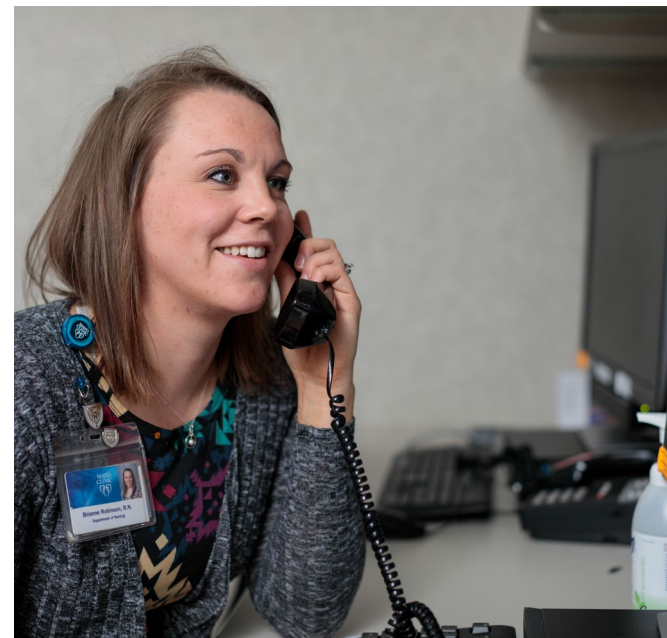


Cold - Heat



POST-OP RECOVERY

- Patient continues to access videos and other non-pharmacologic resources through the portal and our website during recovery
- Ambulatory care team inquires about and supports non-pharmacologic preference during post-op phone calls and follow-up visits




Multidisciplinary Training and Collaboration

- PIs pursue endorsement by Surgical Division Leadership
- 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

Care Team My Learning Modules

MAYO CLINIC



HEALING AFTER SURGERY OVERVIEW (NOHARM)

Part of the NIH funded Non-pharmacological Options in post-operative Hospital-based and Rehabilitation pain Management (NOHARM) clinical trial

For POE Clinic Staff

MAYO CLINIC



HEALING AFTER SURGERY OVERVIEW (NOHARM)

Non-pharmacological Options in post-operative Hospital-based and Rehabilitation pain Management

For PACU and post-operative nurses

MAYO CLINIC



HEALING AFTER SURGERY OVERVIEW (NOHARM)

Non-pharmacological Options in post-operative Hospital-based and Rehabilitation pain Management

For inpatient nurses

MAYO CLINIC



NOHARM- A Pragmatic Clinical Trial

For physical therapists and occupational therapists

How do Care Teams identify Healing After Surgery (NOHARM) patients:

- All Healing After Surgery (NOHARM) patients will have a clickable pink banner on the Summary Page

Kat Zztest
Male, 33 y.o., 1/1/1990
MRN: 11-022-867
Needs Interpreter: English
Bed: RST ROMB 01 E PACU-ROMB 01 E POOL ROOM-ROMB 01 E POOL ROOM
Code: Not on file (Advance Care Planning)
Admitted

COVID-19 Vaccine: Unknown
Infection: None
Isolation: None

Summary

No Travel/Exposure Screening in Current Encounter

Healing After Surgery (NOHARM) Patient - Click HERE to learn what to do

Orders to be Acknowledged
(From admission, onward)
None

Hospital Problems

- Amyloidosis (HCC)

Healing After Surgery
Questions: Priority page us (507) 293-5519 or 3-5519 RST

- Patients know of this as the Healing After Surgery initiative to help them plan for managing their pain after surgery. They received a Healing After Surgery guide in their portal that teaches them about 13 non-medication options.

What to do as an inpatient nurse

- Identify the patient's non-pharmacological preferences or enter the patient's preferences in their chart
- Provide education on the patient's preferences with the help of auto-populated Healing After Surgery Education Points, which reference the MayoTv videos and the Healing After Surgery booklet
- Deliver the patient's selections if feasible (e.g., ice, walking, music listening, aromatherapy)
- Encourage continued use of selections during discharge discussions

1. If a patient has made selections via their portal, you will see this version of the BPA (when you document pain greater than 1 for the first time in 12 hours) with the patient's selection at the top.

Important!
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: Walking

Clicking on the pink banner will open a Just in Time Healing After Surgery document pertinent to the care team role and workflow and outlines how to support the intervention

Best Practice Advisory with non-pharm selections

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: Tai Chi
Patient Selected Relaxation Techniques: Aromatherapy
Patient Selected Physical Techniques: Acupressure

COMPLETED: Venus has entered preferences in the linked Pain Preferences Flowsheet.

TO DO: Complete "Healing After Surgery" in the Education Activity.

[CLICK HERE](#) to enter Education Activity

Best Practice

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
Patient Selected Relaxation
Patient Selected Physical

TO DO: Encourage Verbalize patient's pain preferences in the linked "Pain Preferences Flowsheet."

TO DO: Complete "Healing After Surgery" in the Education Activity.

Document

[CLICK HERE to enter Education Activity](#)

Important (1)

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

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

TO DO: Complete "Healing After Surgery" in the Education Activity.

Document

Do Not Document

[Pain Preferences Flowsheet](#) [Collapse](#)

Non-Pharmacological Pain Care Selections

Patient Selected Movement Techniques

Tai Chi Walking Yoga None

Patient Selected Relaxation Techniques

Aromatherapy Guided Imagery Meditation Muscle Relaxation
 Music Listening Relaxed Breathing None

Patient Selected Physical Techniques

Acupressure Cold or Heat Massage TENS None

[CLICK HERE to enter Education Activity](#)

Accept

Dismiss

Documenting Healing After Surgery Education

BestPractice Advisory - Zzkuthbeacon

Important (1)

NOHARM PATIENT: A pain score of 1 or greater was documented. Patient recorded and supported.

Patient Selected Movement Techniques: Tai Chi
Patient Selected Relaxation Techniques: Aromatherapy
Patient Selected Physical Techniques: Acupressure

COMPLETED: Venus has entered preferences in the linked Pain

TO DO: Complete "Healing After Surgery" in the Education Activ

Document

Do Not Document

 Pain Preferences Flowsheet

 [CLICK HERE to enter Education Activity](#)

Education

Assessment Education

Clear Selections

Active

All

- Pain
- Healing After Surgery
 - Key Education
 - Healing After Surgery Workbook MC5574-157
 - Video: Healing After Surgery MC7194-12
 - Healing After Surgery: How To Educate Your Patients
 - Healing After Surgery: Direct Patients To The Healing After S...

 Accept

Dismiss

Healing After Surgery AVS

Healing After Surgery

PAIN MANAGEMENT TECHNIQUES AND HEALING

Healing approaches will help you control pain and recover more quickly after surgery. You can use relaxation, movement, and physical techniques alone or with pain medications.

The Mayo Clinic Healing After Surgery program will support your use of complementary practices to assist in your recovery. The Healing After Surgery Guide has been sent to your [patient portal](#). You can use the guide to select different pain management and healing approaches.

We encourage you to visit the [Healingaftersurgery.mayo.edu](https://healingaftersurgery.mayo.edu) webpage for more information on the different healing techniques.

You should have also received a Healing after Surgery workbook that provides information about the different pain management techniques, including important safety precautions, and lists local resources that can help support you in using your preferred techniques. If you have questions or need help using these techniques as part of your healing, please call (833)-919-1432, toll free.

You can also join group calls that will help you get the most from your non-medication pain management. Caregivers, family members, and friends are welcome to join the call with you. You can join these calls by [telephone or by video conference](#) at the following days/times. Calls will start promptly at the top of the hour.

- Monday 5:00-5:30 pm (ET) / 4:00-4:30 pm (CT)

Ongoing Care Team Engagement

Healing After Surgery newsletter



Healing After Surgery Inpatient Settings – January 2023

Thank you for your continued engagement and partnership! This month we would like to highlight TENS and answer some FAQs.



TENS

- ❖ **Indications:** Treatment for chronic or acute pain
 - ❖ **Contraindications:**
 - Pregnancy
 - Telemetry (cardiac monitoring)
 - Implantable Devices: Pacemaker, Automatic Implantable Cardioverter Defibrillator, Deep Brain Stimulator or Neurostimulator
- *If a patient has cancer, TENS may be used if placed distant to the site of cancer, but you should consult the patient's oncologist.*

How to Use (see attached QRG for more detailed instructions):

***** A Brief TENS training video is available [here](#) *****

1. Provide a new set of electrodes for each patient
2. Plug the end of the lead wires with black and red tips into each electrode
3. Lift the clear plastic lid on the top of the TENS 7000 unit and plug the other end of the lead wires into the sockets on either side of the on-off dials.

On-site Rounding – Care Team Education



- Lunch and Learn
- Drop in Sessions
- TENS tutorial
- Wellness Baskets



Secure Chat – Friendly reminders

Good Morning! This is a Healing After Surgery patient who has yet to make non-pharm pain management selections, if you could please introduce the patient to the Healing After Surgery booklet or the videos (on Mayo TV, Patient Education) and if they do make selections please document in Flowsheets (Under Pain). If you have any questions, please contact our pager: 35519, Thank you!

Mayo News: Spreading wellness to patients — and their care teams

News Center
 Shields EmployeeConnect Groups Policies Video Library Calendar Search

WORK/LIFE
 Caring for the caregiver: Wellness events prioritize staff, raise awareness
 Dec. 20, 2022

Bold. Forward.

More from Work/Life
 See who won Individual Awar Excellence

Caring Canines comfort patient learn how you can get involve

Spotlight on people: March 22 Anniversaries, retirements an new places

Staff rally to repair a one-in-a-member after unexplained inji

Upcoming Schwartz Rounds : on hope, healing

The Most

RECOMMENDED READ

Beloved toy becomes teachin

COVID, care and a new care

Channeling grief into action

Quality improvement project

Halal boxed meals available

Take Action

Submit a News Artic

Share a Story Idea

Catch up on Past N

More from the article:
 Jane Hein, Physical Therapy and Rehabilitation, and Susanne Cutshall, D.N.P., Integrative Medicine, were brainstorming ideas to raise awareness about the role of wellness activities in healing after surgery.
 It occurred to them that staff, too, might benefit from wellness and healing services. And what better way to increase awareness than by providing firsthand experience?
 "When we got talking about it, Sue and I realized that we could help our colleagues be healthier and achieve greater well-being by encouraging them to use the same techniques we teach our patients about in Healing After Surgery," Hein says.
 So they brought those techniques to peers, who participated in wellness activities and received healing services usually offered to patients after surgery. More than 200 staff across Mayo Clinic tried things like aromatherapy, acupressure, chair yoga, guided imagery, relaxed deep breathing, relaxing music, myofascial release, and hand and foot massages.
Doing no harm
 The Healing After Surgery program focuses on nonopioid alternatives for pain management. It is part of a larger Non-pharmacological Options in Postoperative Hospital-based and Rehabilitation Pain Management initiative, also known as NOHARM.
 "We use a wide range of techniques within the Healing After Surgery initiative," Hein says. "These non-medication alternatives to pain management have proven benefits far beyond alleviating post-surgical pain."
 "In Integrative Medicine and Health, our name sort of speaks for itself," Cutshall says. "We

Healing After Surgery Integrative Wellness Event

Massage
 Aromatherapy
 Guided Imagery
 Relaxed Breathing
 Yoga

Come Enhance Your Wellness!

Drop in for a free hand massage, learn about acupressure and myofascial release for sore feet, experience essential oils, a 5 minute Relaxed Breathing, Guided Imagery or Chair Yoga experience!

Enjoy light refreshments! Sign up for a Raffle Prize!

WHEN/WHERE: Wednesday August 24, 1:30 ~2:15 pm Family Birthplace, SF-5-54 and 2:30-3:15 pm, CAMS Conference Room 3-41

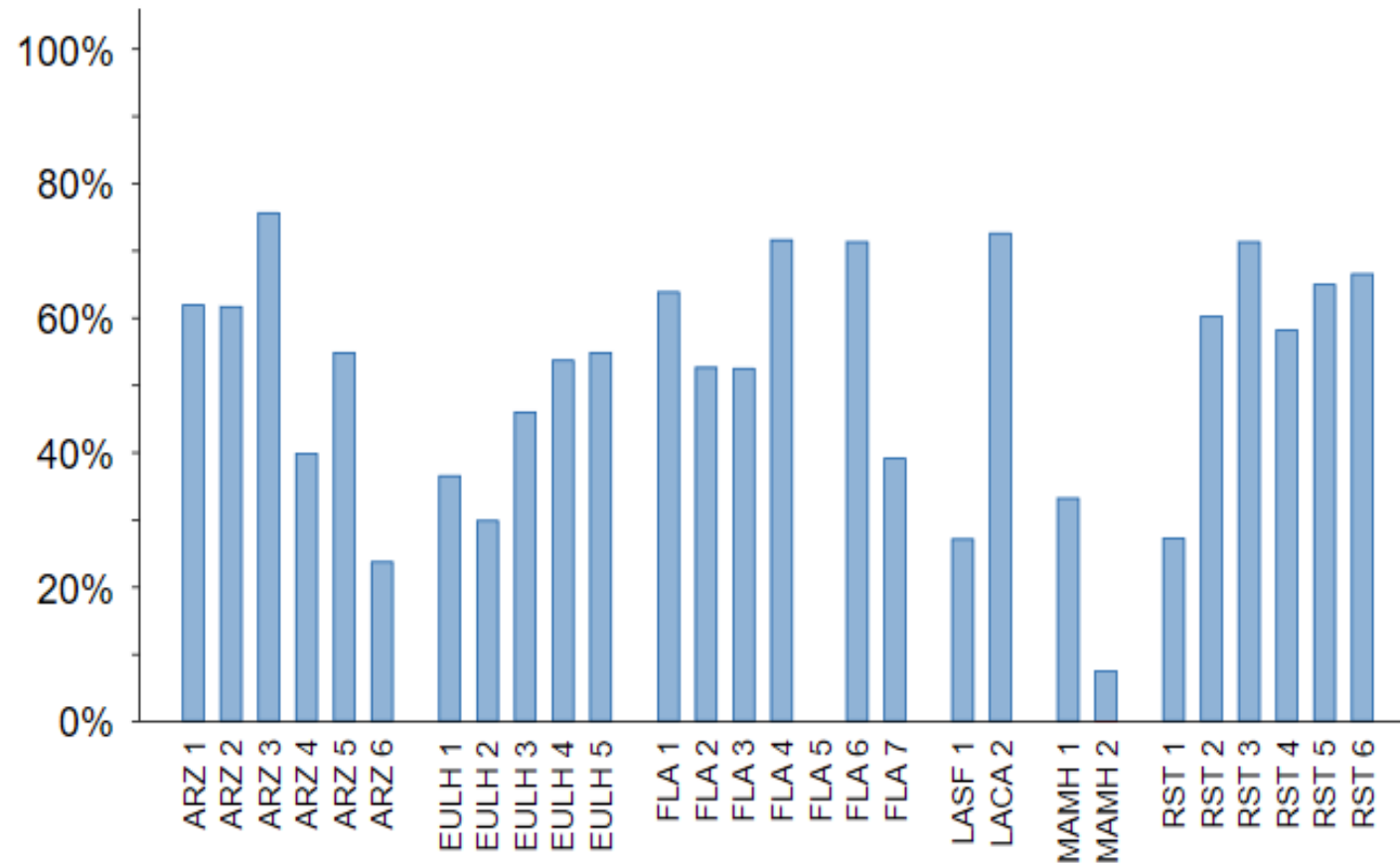
WHY: To Inspire your Wellness and to Thank You for your support of NOHARM !

Sponsored by the NOHARM Healing After Surgery Team

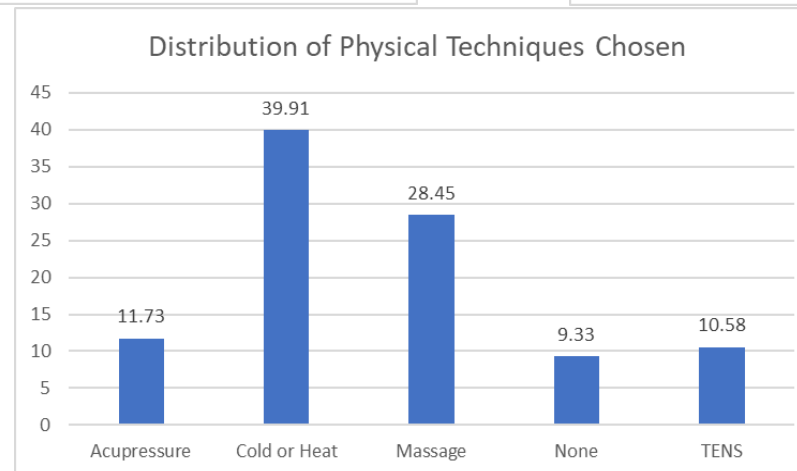
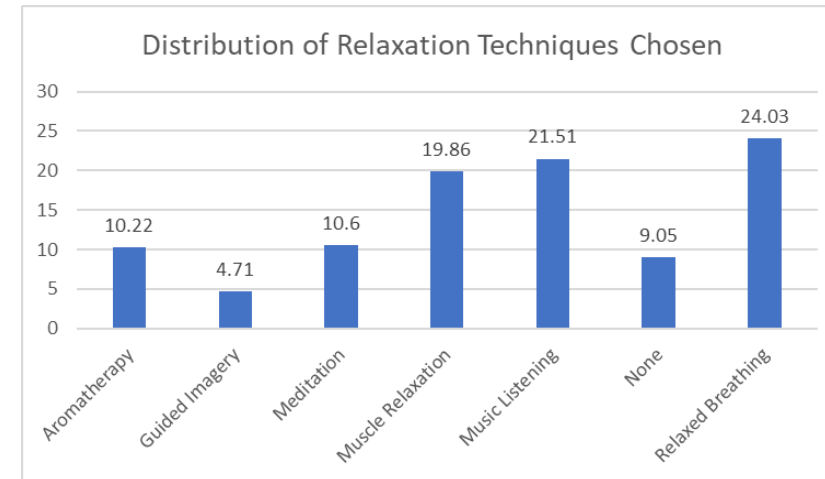
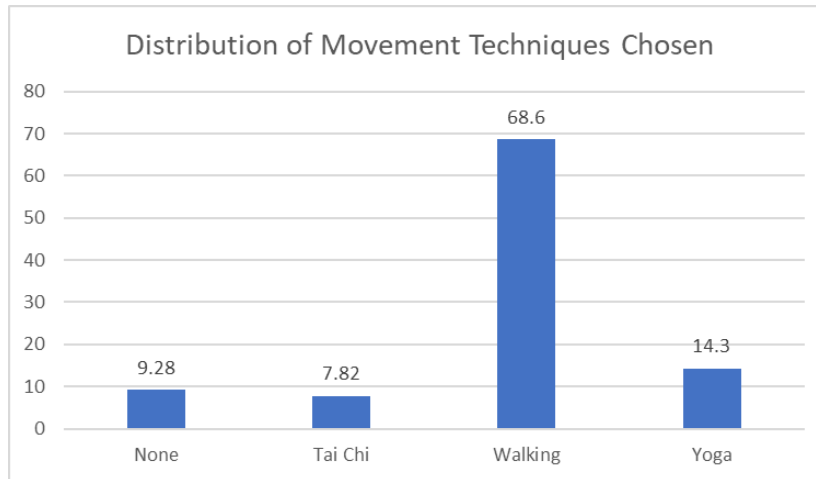


HAS Guide Completion – February '23

Healing After Surgery Guide Completion Rate

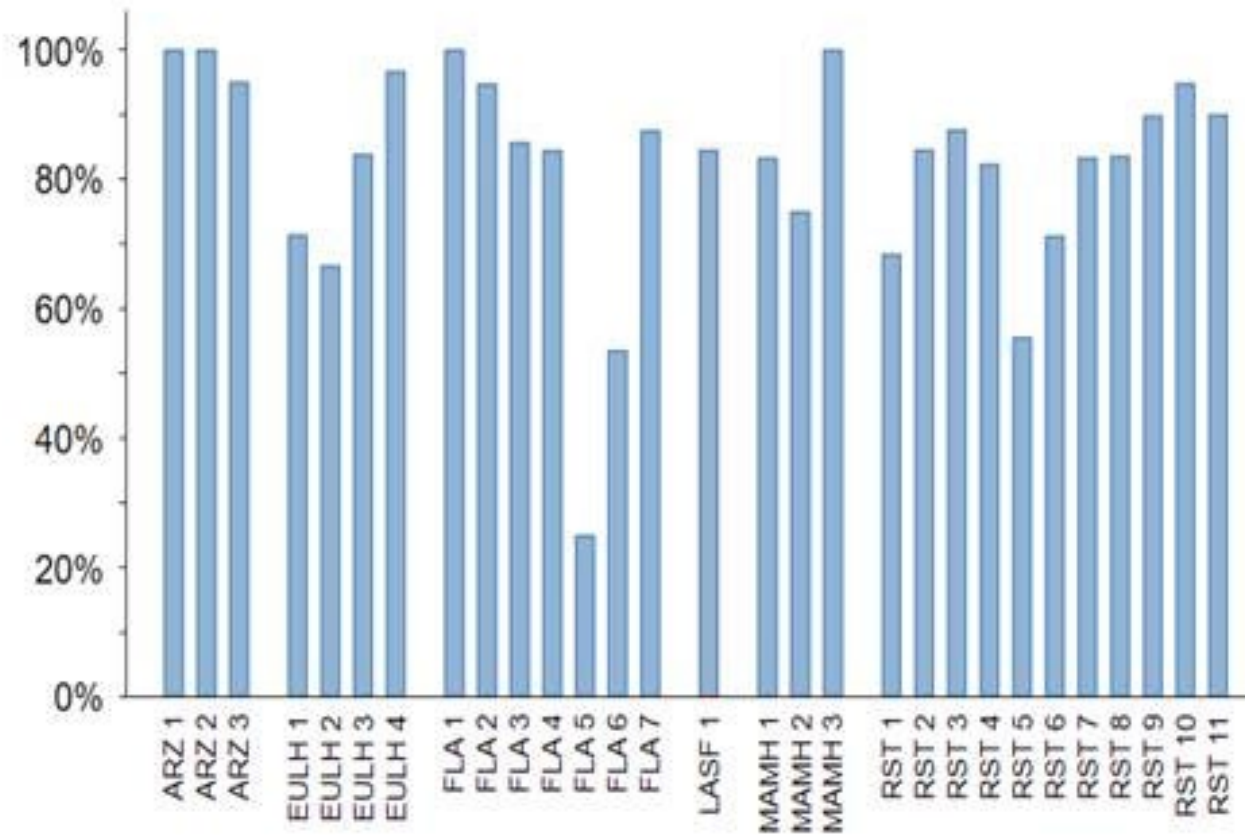


Most common non-pharm preferences: Walking, Heat and Cold and Deep breathing

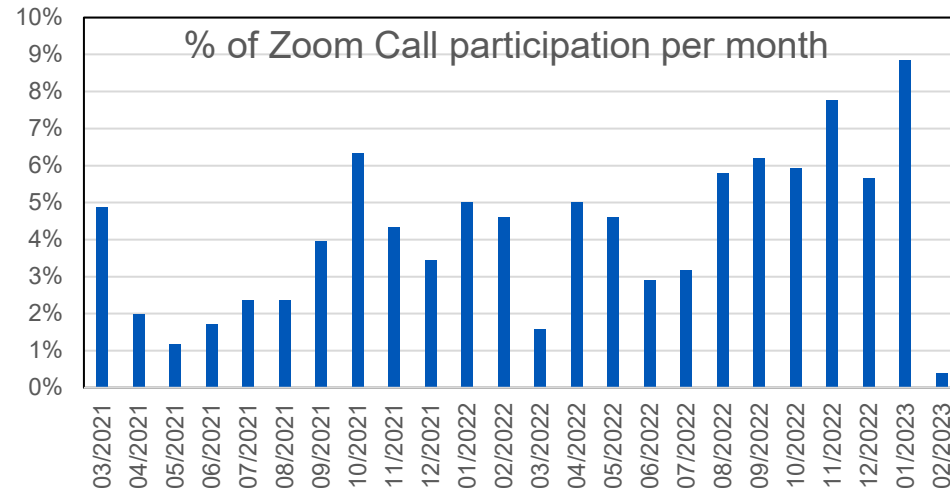


Care Team HAS Education Completion Rates across Enterprise

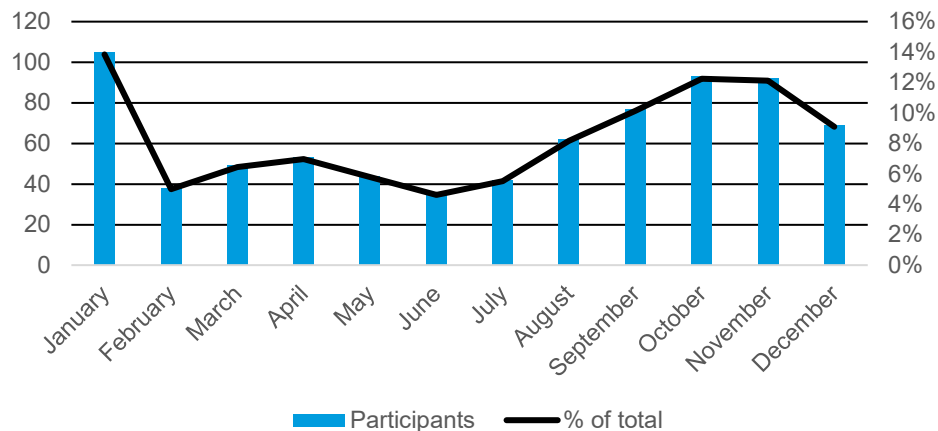
Healing After Surgery Education Completion Rate



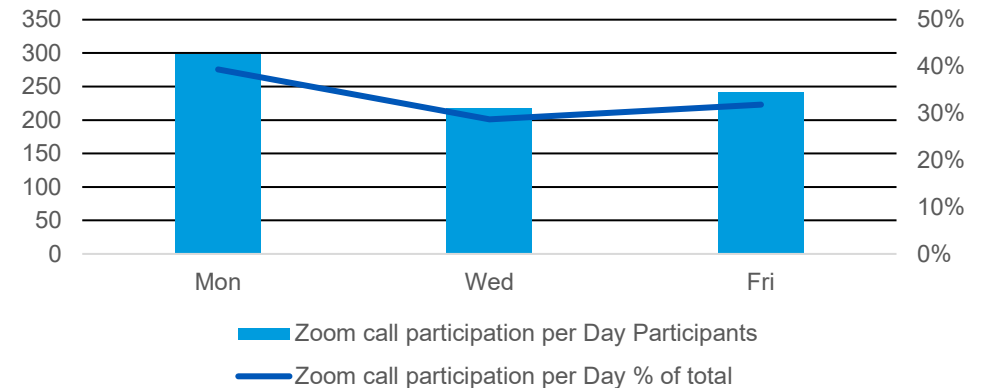
Zoom Call Utilization



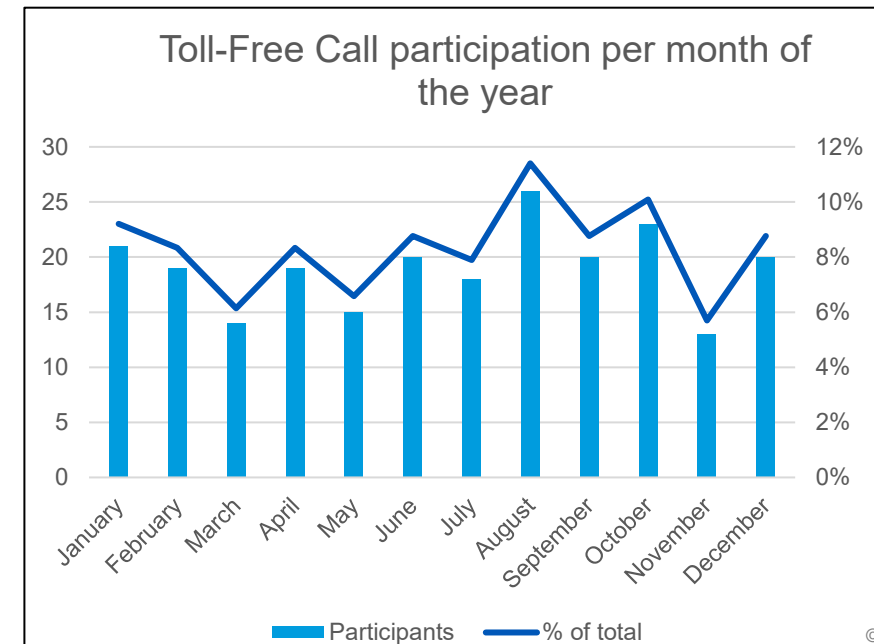
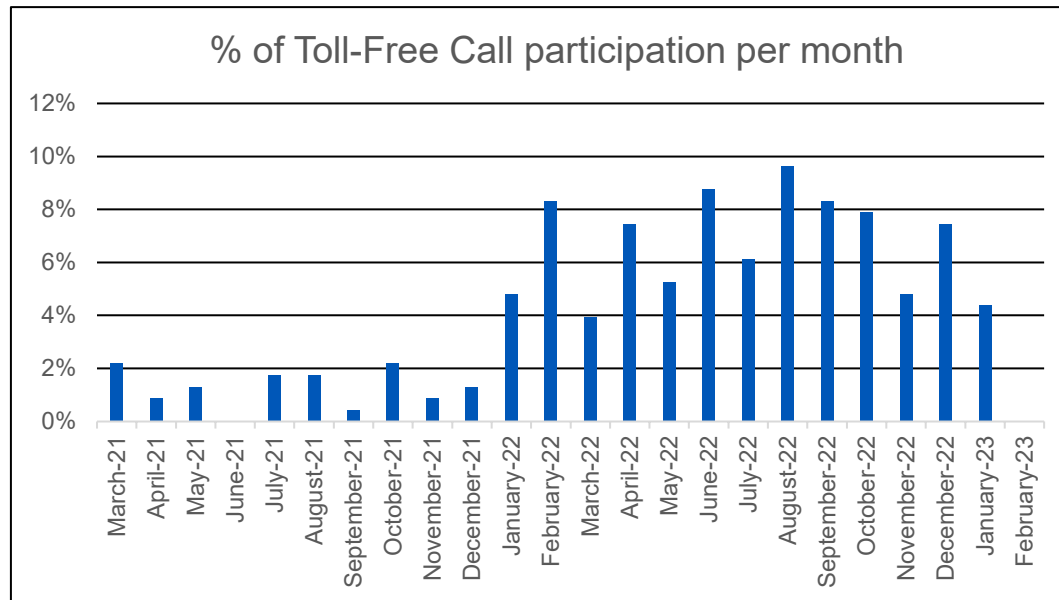
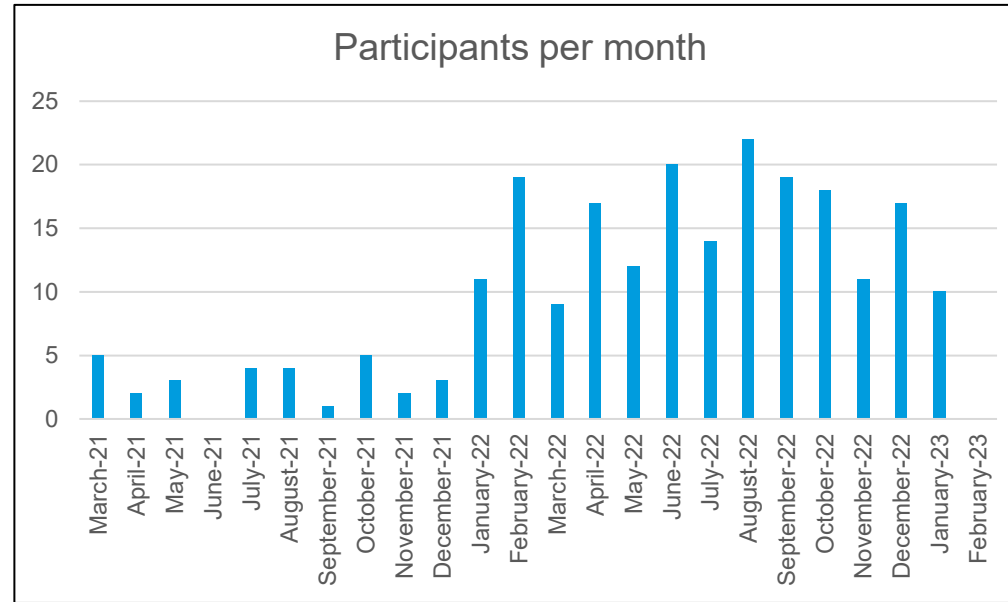
Zoom call participation per month of the year



Zoom Call Participation per Day of the Week

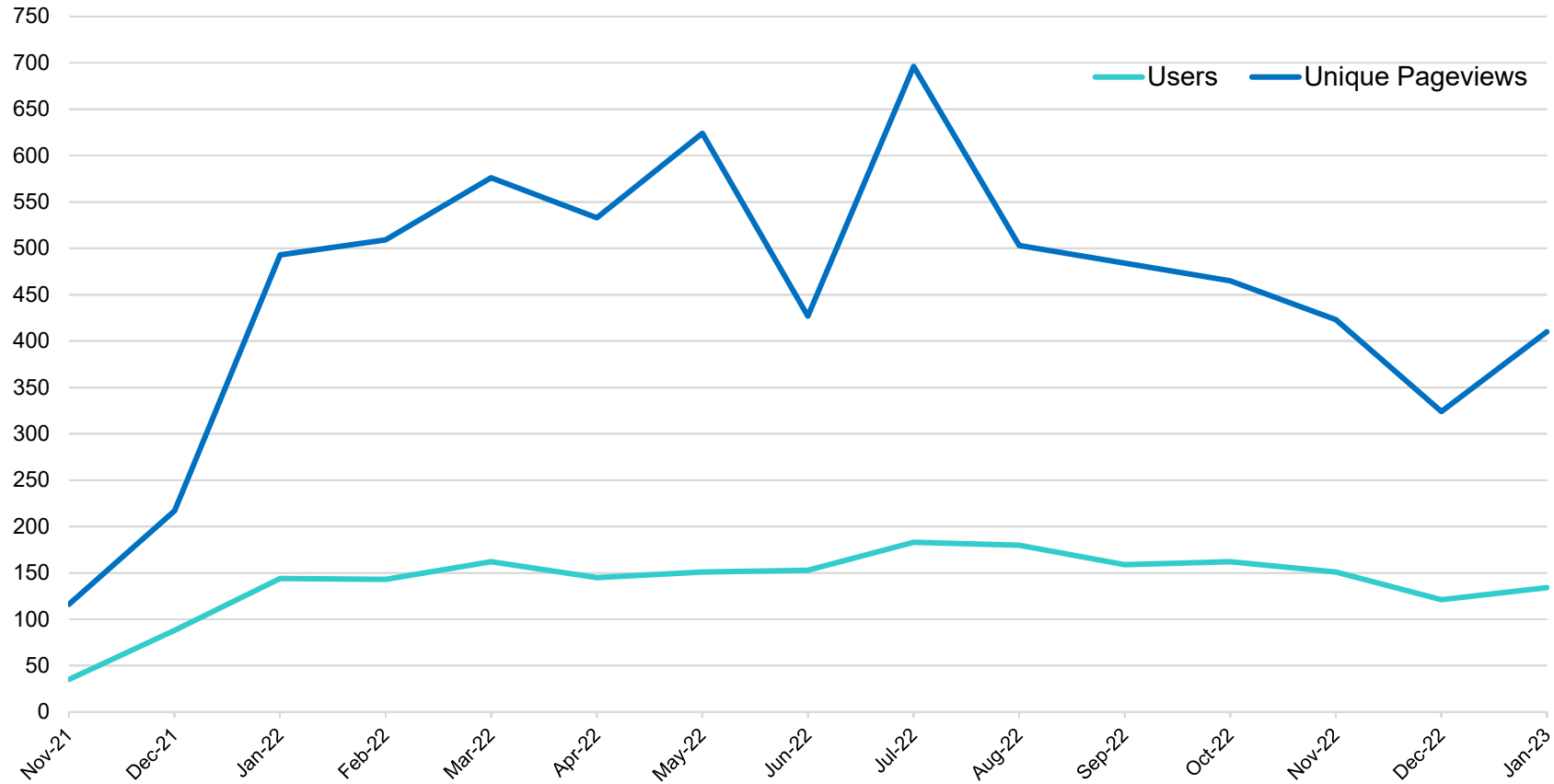


Toll Free Utilization



HAS website – Digital Analytics

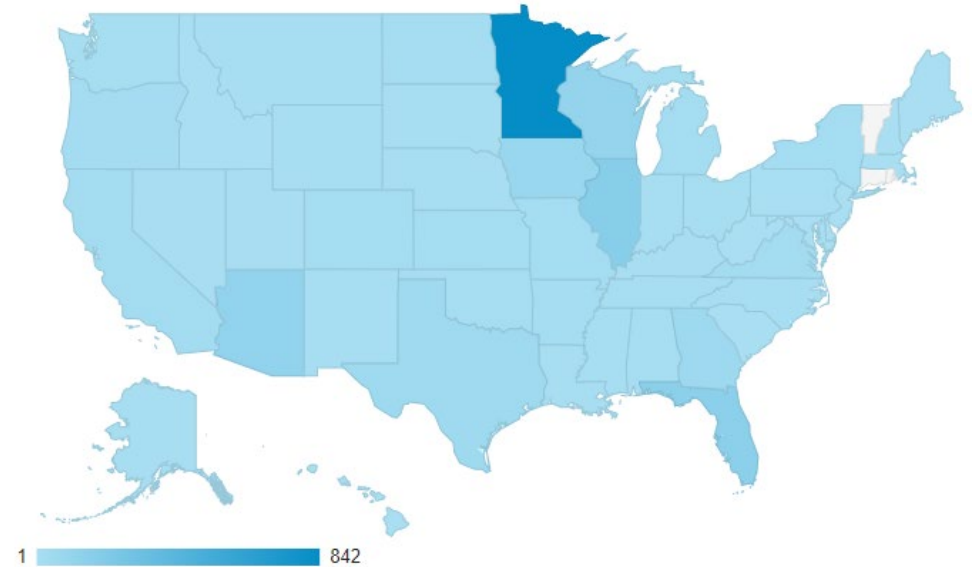
Traffic Trend by Month



By Device	Total Users	%Total
Desktop	1,138	57.6%
Mobile	780	39.5%
Tablet	57	2.9%

Website Traffic by State

Top 10 States	Total Users	%Total
Minnesota	842	42.7%
Illinois	173	8.8%
Florida	156	7.9%
Arizona	123	6.2%
Wisconsin	110	5.6%
Iowa	86	4.4%
Georgia	62	3.1%
Texas	56	2.8%
California	32	1.6%
Virginia	32	1.6%



ANALYSIS: High midwest concentration along with other large Mayo campuses (Arizona, Florida).

AIM 3: Patient Interview Feedback

- High favorability of NPPC overall
- High utilizers had more familiarity with NPPC and recalled more pre-op and inpatient discussions with their care teams and receipt of handouts.
- Those with low utilization tended to not remember receiving portal-based materials or handouts and conversations with their care team both pre-operatively and during the inpatient stay were less common.
- High and low users noted that there was opportunity for more personalized discussions about NPPC from their care team.

AIM 3: Care Team Feedback

- Build off what practices are already doing. Build compatible with workflow
- Some modalities may not integrate as naturally. Sites may vary in resources
- Understaffing poses a challenge (and staffing with floats) Needing to focus on other skills first
- Report data is being shared with staff and leadership
- Leaders vary in how they've supported this. Renewed importance with leadership change and leadership buy in.
- Creating educational kiosk in break room
- Rounding on nurses with patients/directing nurses to NOHARM banner
- Drop NOHARM terminology-use Healing after Surgery

NOHARM Implementation
Key Informant Implementation Interview Guide

Key Informant Interview Guide: NOHARM/Healing After Surgery

INTRODUCTION:

Thank you for taking the time to chat with me today. As a stakeholder in surgical care delivery, you have special insight into the factors that impact the up-take and use of NOHARM/Healing After Surgery in practice. We are very interested in understanding your perspectives.

In this interview I will be asking you questions about your thoughts and experiences related to implementing the NOHARM/Healing After Surgery project. The interview will also be audio-recorded for analysis.

This is a research study. Your participation is voluntary, and you can choose to stop the conversation at any time. If a question makes you uncomfortable or you do not want to answer, that is fine; you do not have to. To respect your privacy, all your responses will be held in confidence and your name will be deleted from the audio transcripts. No one will be able to connect you to any of the things you say.

You should feel open to express your thoughts and experiences honestly and to ask for

Nursing Practice Alignment

Nursing Scope and Standards of Practice 4th Edition

- Emphasizes the art and science of caring, compassionate presence, and the expectation that nurses be advocates for all.
- Makes frequent reference to whole-person care and highlights the importance of mindfulness by inviting nurses to reflect how they can incorporate mindfulness and other integrative therapies into their self-care and professional practice.
- A new standard explicitly states that advanced practice registered nurses should have competency to prescribe evidence based traditional and integrative treatments, therapies and procedures that are compatible with the consumers cultural preferences, norms and abilities.
- The specialty of Integrative and Holistic Nursing aligns with the ANA Scope and Standards of Practice.
 - Integrative Nursing and the ANA Scope and Standards of Practice: Expanding the Reach of Nursing for Families and Society - PubMed (nih.gov) <https://pubmed.ncbi.nlm.nih.gov/36411044/>

Enterprise Opioid Stewardship Program

- Both non-medications and non-opioid medications are available to patients for pain management to avoid opioid use unless it is necessary. Options include:
 - Physical therapy and occupational therapy
 - Increasing activity
 - Heat therapy/cold therapy
 - Topical pain medications (lidocaine patches, capsaicin)
 - Interventional procedures when options
 - Acetaminophen, ibuprofen, antidepressants, and other non-opioid medications
- Mayo also has the Pain Rehabilitation Program which assists patients with complex pain in getting off long-term pain medications such as opioids

Patient Education written resources

- [Mindful Movements to Help You Heal and Recover](#), MC6734-01
- [Using Relaxation Skills to Relieve Your Symptoms](#), MC4009
- Patient Education video resources
 - [Gentle Movements Tai Chi Qigong](#) (MC5997) *read more*
 - [Living in the Moment](#) (MC6696) *read more*
 - [Mindful Movements: Gentle Yoga](#) (MC6734-02) *read more*
 - [Passive Muscle Relaxation - Spanish](#) (MC5398SP) *read more*
 - [Relaxation and Relaxed Breathing](#) (MC7698-10) *read more*
 - [Relaxation - Arabic](#) (MC7235AR) *read more*
 - [Relaxation - Somali](#) (MC7235SO) *read more*
 - [Relaxation and Guided Imagery Playlist](#) (MC7194-14) *read more*

COLLABORATIVE SOLUTION

IASP -- 2023 the Global Year for Integrative Pain Care

- The aim: Increase the awareness of clinicians, scientists, and the public about the use of an integrative pain care approach, which emphasizes non-drug, self-management care.
- Culture change – Improve education at medical/healthcare curriculums
- Need to use multi-modal, low risk strategies FIRST and Opioids come as LAST resort
- Starts at Primary Care, starts at POE – continuum of messaging across disciplines



IASP 2023
GLOBAL YEAR
Integrative Pain Care
#globalyear2023



SUMMARY

- Goals of NOHARM
 - **Support patient education and decision-making** around non-pharmacologic options for pain management in the peri-operative setting
 - **Support patients in their pursuit** of non-pharmacologic pain management modalities
- Study will continue through 2023
- Implemented during COVID pandemic offered unique challenges
- Team will share final findings with recommendations for sustaining the Healing after Surgery program across all sites.

Thank YOU!

The NOHARM Team 😊





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QUESTIONS & ANSWERS

