



PAIN AND ADDICTION CARE IN THE ED
PACED
ACEP ACCREDITATION

Criteria for:
Bronze Level Accreditation

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PACED Accreditation Criteria: Bronze Level

This document is intended to assist the accreditation team or champion in identifying accreditation criteria, providing further detail (by way of annotations), and in identifying specific measurables required to meet each standard. The application requires a combination of narratives and document uploads under the following 7 categories:

1. Leadership Designation
2. Collaboration and Engagement
3. Pain Management
4. Non-Opioid Pharmacologic Modalities
5. Opioid Stewardship
6. Non-Pharmacologic Pain Management Modalities
7. Quality Assurance/Quality Improvement Process (QA/QI)

1. Leadership Designation- Multidisciplinary team, Physician Champion, or Clinical Champion

Elements: Required for Bronze Level
Bronze: Led by a clinical champion .
What department is champion associated with?

2. Collaboration and Engagement

CRITERION: Programs shall be able to describe the implementation of ongoing processes and definitive follow-up plans occurring in the ED and whom (from outside the ED) is involved in addressing follow-up for continuity of care for patients with pain.

LC1. Describe how your ED initiates outpatient follow-up, including the coordination of care of the chronic pain patient in the community.

LC1 Annotation: Applications should address the following elements in the narrative:

Elements: Required for Bronze Level
A. What identifiable processes and plans do you have in place?
B. How is the ED driving and/or implementing the plans/processes?
C. Is there some element of continuation and/or follow-up related to the plans/processes?

LC2. Describe collaboration among team members not in the ED (e.g. pharmacy, nursing, PT, administration) including how and what information is shared among the team.

LC2 Annotation: Applicants should include the following elements included in the narrative:

Elements: Required for Bronze Level
A. How is collaboration occurring between the ED and other departments?

B. What methods of communication are in place among the team members?

LC3. Describe your plan to educate and train your team members in the following areas of your pain management program: acute pain management, alternatives to opioids, injection of inhalation treatments, and non-pharmacologic pain management treatments.

LC3 Annotation: Applicants should include the following elements in the narrative:

Elements: Optional for Bronze (only if applicable)
Describe your ongoing plan in place to educate and/or train team members in some/all of the areas listed above.
Consider past and future topics. Is there on-going education/training?

LC4. Describe plans to educate your team in managing pain in patients with Opioid Use Disorder (OUD) with a focus on integration of non-stigmatizing language.

LC4 Annotation: Applicants should include the following elements included in the narrative:

Elements: Optional for Bronze (only if applicable)
A. Describe your educational plan in place for the team related to OUD and non-stigmatizing language

Quarterly Meetings

LC5. Applicants shall submit either meeting minutes or meeting agenda with sign-in sheet documenting designated meeting date and time met. Gold level PACED teams shall have quarterly meetings at a minimum within a calendar year and meetings may be face to face or virtual.

LC5 Annotation: Applicants collect the following items (based on the appropriate level):

Elements: Required for Bronze Level
Submit one (1) meeting agenda with sign-in sheets with date and time or 1 meeting agenda with sign-in sheets with date and time met.

3. Pain Management

CRITERION: Implement multimodal strategies for acute non-complicated pain based on best practice guidelines. May include special population protocols such as geriatric pain and/or pediatric pain. Upload strategies used for 4 different conditions in the ED for the conditions listed (based on national guidelines from ACEP, E-QUAL, HHS, or the CDC,

for example). In addition, please upload patient education materials, DOT/SMART phrases and/or specific patient discharge instructions, if available. Conditions include:

- Acute Abdominal pain
- Acute Back Pain
- Atraumatic Headache
- Dental Pain
- Musculoskeletal Injuries
- Periprocedural Pain/ Not Procedural Sedation and Analgesia (PSA)
- Renal Colic
- Other

PMI Annotation: Applicants should collect the following items (based on the appropriate level):

Elements: Required for Bronze Level
Submit one (1) multimodal strategy for pain management.
What national guidelines are your strategies based on?

4. Non-Opioid Pharmacologic Modalities

Non-Opioid Modalities

CRITERION: Standardize the use of non-opioid pharmacologic modalities from the following list. In addition, please upload patient education materials, DOT/SMART phrases and/or specific discharge instructions created that are related to the selected modalities, if available.

- Gabapentinoid
- Haloperidol
- Ketamine
- Lidocaine IV
- NSAIDS/Acetaminophen
- Patches / Topicals
- Other

NOPMI Annotation: Applicants should include the following items (based on the appropriate level):

Elements: Required for Bronze Level
Submit 2 strategies

Injection or Inhalation Modalities

CRITERION: Document strategies that demonstrate the use of injected or inhaled modalities from the following list. In addition, please upload patient education materials, DOT/SMART phrases and/or specific discharge instructions created that are related to the selected modalities, if available. Narratives may suffice.

- Hematoma or nerve block (e.g., dental, digital, inferior alveolar, facial)
- Intra-Nasal Administration of Medications
- Nitrous Oxide
- Soft Tissue – Bursa Injection
- Trigger Point Injection
- Ultrasound Guided Regional Anesthesia
- Other

NOPM2 Annotation: Applicants should include the following items (based on the appropriate level):

Elements: Optional for Bronze (only if applicable)
OPTIONAL: Submit one (1) or more if applicable

5. Opioid Stewardship

Opioid Ordering and Prescribing

CRITERION: Document strategies to support opioid stewardship related to treating patients with opioids in the ED as well as prescribing opioids at discharge. Examples include minimizing the number of pills at discharge, the EHR default quantity for opioid drugs to reflect 3 days or less and minimizing the use of euphoria-inducing opioids (e.g. minimized use of IV push drugs when appropriate).

OS1. Annotation: Applicants should include the following items (based on the appropriate level):

Elements: Required for Bronze Level
Submit one (1) strategy related to treating patients with opioids in the ED as well as prescribing at discharge.

Acute Exacerbation of Chronic Pain

CRITERION: Implement strategies for the management of acute, intermittent, or chronic pain based on best practice guidelines. Please upload different protocols, guidelines, or standardized procedures. This may include special population protocols such as geriatric pain and/or pediatric pain. In addition, please upload patient education materials, DOT phrases and/or discharge plans for the selected modalities if available.

- Back or Musculoskeletal Pain
- Gastroparesis/Cyclic Vomiting
- Headache Disorder
- Neuropathic Pain
- Sickle Cell Crisis
- Other

OS2 Annotation: Applicants should include the following items (based on the appropriate level):

Elements: Optional for Bronze Level (only if applicable)
OPTIONAL: Submit One (1) or more if applicable

Naloxone Prescription and Education

CRITERION: Standardize naloxone education and prescribing or dispensing for high-risk patients. **Note:** High-risk patients includes patients presenting after opioid or other drug overdose, history of overdose in the past, active injection drug use, or for other illicit drug use, or for pain management.

OS3 Annotation: Applicants should include the following:

Elements: Required for Bronze Level
Part 1: Submit appropriate documentation related to standardized naloxone prescribing and/or distribution for high risk patients (for risk reduction of overdose).
Part 2: Submit appropriate documentation related to standardized naloxone education for high risk patients for risk reduction of death from overdose exists (e.g., patient education materials, DOT/SMART phrases, handouts, or documentation of formal conversations).

Opioid Harm Reduction

CRITERION: Establish opioid risk reduction interventions for patients seen in the ED following opioid overdose. May include order sets, protocols, or clinical process discharge information.

OS4 Annotation: Applicants should address the following:

Elements: Required for Bronze Level
1. Describe how the dissemination of patient education information concerning risk education and risk from overdose occurs.
2. Describe how information is being provided to patients concerning clean usage and safe injection to prevent infection.
3. Describe how information is provided to patients about community health screenings for Hepatitis and HIV.
4. Collect the following: guidelines, order sets, a copy of a memorandum of understanding or other formal documentation demonstrating a relationship between the ED and outpatient follow-up such as an addiction medicine clinic, peer navigator programs, or treatment provider.
5. <u>Optional:</u> How is information provided to patients on syringe exchange, if available.

Buprenorphine

CRITERION: Implement a buprenorphine treatment program for opioid withdrawal in the ED.

OS5 Annotation: Applicants should include the following:

Elements: For Bronze Level
1. OPTIONAL for Bronze: ED Buprenorphine Treatment: How is the ED implementing strategies for initiating buprenorphine in the ED for the treatment of opioid use disorder? Collect documentation such as an order set in the EHR, a formulary or written verification from pharmacy
2. REQUIRED for Bronze: List of Referral Centers Available: Prepare and upload a list of treatment facilities and/or locations for referral of patients without ED initiation of buprenorphine treatment.
3. OPTIONAL for Bronze: Informal Transition of Care: Prepare a list of programs in the community and referral information given to patients initiated on buprenorphine in the ED for patients to seek follow-up.
4. OPTIONAL for Bronze: Formal Transition of Care: Collect and prepare documentation demonstrating a clear referral pathway with an outpatient provider that can continue buprenorphine started in the ED. This may include addiction specialists, peer recovery, use of a substance use navigator, a warm handoff, etc.

DEA DATA 2000 Waiver (DEA X-waiver)

CRITERION: Provide information indicating that 20% of providers in the ED have obtained a DEA DATA 2000 waiver (DEA X-waiver).

DEA1 Annotation. Complete the chart and calculations to confirm benchmark.

Elements: Required for Bronze Level DEA X- Waiver
A. Number of full time physicians, nurse practitioners, and physician assistants are working in your ED =
B. Number of full time physicians, nurse practitioners, and physician assistants working in your ED have obtained a DEA DATA 2000 waiver (DEA X-waiver)=
Formula: number from B/number from A =
% Value =
Value is equal to or greater than 20% (yes or no)

Prescription Drug Monitoring Program (PDMP)

CRITERION: Provide documentation demonstrating the use of the PDMP in accordance with state regulations.

PDMP1 Annotation: Applicants should include the following:

Elements: Required for Bronze Level
1. Collect and provide protocols, dot phrases or other documentation reflecting best practice of using available PDMP.
2. Collect and provide documentation of compliance with state regulations.

6. Non-Pharmacologic Pain Management Modalities

CRITERION: Establish strategies emphasizing the use of non-pharmacologic pain management modalities in the ED. Upload any guidelines or protocols created, and any patient education materials encouraging the use of these non-pharmacologic modalities after discharge. By uploading the documents, your department is attesting to the availability and use of these modalities.

- Aroma Therapy
- Distraction for pediatrics
- Hot/cold packs
- Immobilization
- Manipulation (Osteopathic or Chiropractic)
- Music Therapy
- Physical therapy (may include referral)
- Transcutaneous Electrical Nerve Stimulation (TENS)
- Virtual Reality / Guided Imagery
- Other

NPPM 1 Annotation: Applicants should collect and provide the following items (based on the appropriate level):

Elements: Required for Bronze Level
Submit one (1) strategy

7. Quality Assurance/Quality Improvement Process (QA/QI)

CRITERION: Established a QA/QI process surrounding opioid stewardship and alternative therapies for managing acute and chronic pain in the ED. All PACED

accredited departments will complete Project 1.

Project 1: Opioid prescribing rate, number of prescriptions at discharge

- Based on previous 6 month period (adjusted for Covid- to include a contiguous 6 month period)
- Date input- numerator = patients prescribed opioids at discharge
- Data input- denominator = all discharged ED patients
- Determine percentage based on above data

Examples of potential additional projects for Gold and Silver accredited programs include tracking opioid order rates for patients in the ED, tracking opioid prescribing patterns on discharge from the ED, etc.

QAQII. Applicants should provide the following (based on the appropriate level):

Elements: Required for Bronze Level
Submit Project 1 (described above)

Attestation

FYI: At the end of the application, applicants will be required to attest that all information is correct and truthful.

ATT1 Annotation: Applicants will need should confirm that the ED representative provided an attestation.

Elements: Required for Bronze Level
Sign Attestation