PAIN AND ADDICTION CARE IN THE ED

PACED

ACEP ACCREDITATION

GOLD LEVEL APPLICATION

Applicant Information

My Information

Full Name
Position
Phone
Home
Phone Type
Email

ED Site Information

ED Site name

Program Information

According to local or state classifications, what is your hospital considered?

- Urban
- Suburban
- Rural
- Unsure

From the list below, select all types of trainees in your emergency department

- Emergency medicine residents
- Non-emergency medicine residents
- Medical students
- Physician assistant/nurse practitioner students
- Pharmacy students
- No trainees
- Other

How many treatment spaces do you have in your ED?

- 0-5
- 6-10
- 11-25
- 26-50
- 51+

How many patient ED visits for the most recent year?

- less than 15,000
- 15,001 to 30,000
- 30,001 to 50,000
- 50,001 to 100,000
- greater than 100,000

Why you are interested in PACED accreditation? (Check all that apply)

- Administrative mandate
- Improved patient care
- ED Director/Staff initiative
- Community engagement
- Population health
- Marketing
- Other

Leadership and Collaboration

Team Leader
Full Name
Credential
Job Title

Team Member(s)
Full Name
Credential
Job Title

Full Name
Credential
Job Title

Collaboration and Engagement

Narrative: 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.

Narrative: Describe how your ED initiates outpatient follow up, including the coordination of care of the chronic pain patient in the community.
0 / 1000 character max

Narrative: 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.
0 / 1000 character max

Narrative: 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.
0 / 1000 character max

Narrative: 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.
0 / 1000 character max

Meetings

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.

Require 2 Minutes or Agenda

1st meeting minutes or meeting agenda with sign-in sheet

2nd meeting minutes or meeting agenda with sign-in sheet

3rd meeting minutes or meeting agenda with sign-in sheet

4th meeting minutes or meeting agenda with sign-in sheet

Pain Management

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.

Require 4 Strategies
Education Materials - (Optional)

Acute Abdominal Pain

Acute Back Pain

Atraumatic Headache

Dental Pain

Musculoskeletal Injuries

Periprocedural Pain/ Not Procedural Sedation and Analgesia (PSA)

Renal Colic

Other

Non-Opioid Pharmacologic Modalities

Non-Opioid Modalities

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.

Require 6 Strategies

Education Materials - (Optional)

Gabapentinoid

Haloperidol

Ketamine

Lidocaine IV

NSAIDS/Acetaminophen

Patches / Topicals

Other

Injection or Inhalation Modalities

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.

Require 3 Strategies

Education Materials (Optional)

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

Opioid Stewardship

Opioid Ordering and Prescribing

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).

Require ALL Strategies

Opioid prescribing documentation

Acute Exacerbation of Chronic Pain

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.

Require 2 Strategies
Education Materials - (Optional)

Back or Musculoskeletal Pain

Gastroparesis/Cyclic Vomiting

Headache Disorder

Neuropathic Pain

Sickle Cell Crisis

Other

Naloxone Prescription and Education

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.

Require ALL Documentation

Standardize naloxone prescription and/or distribution for high risk patients (for risk reduction of overdose).

Standardize naloxone education for high risk patients for risk reduction of death from overdose (e.g. patient education materials, DOT/SMART phrases, handouts, or documentation of formal conversations).

Opioid Harm Reduction

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

Require ALL Documentation

Disseminate patient education information concerning- risk education and risk from overdose.

Information provided to patient on clean usage and safe injection to prevent infection.

Information provided to patient about community health screenings for Hepatitis and HIV

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.

Optional Documentation

Information provided to patient on syringe exchange, if available.

Buprenorphine

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

Require ALL Documentation

ED Buprenorphine Treatment
Provide strategies for initiating buprenorphine in the ED for the treatment of opioid use disorder, such as an order set in the Electronic Health Record (EHR), a formulary or written verification from pharmacy.

List of Referral Centers Available
Upload a list of treatment facilities and/or locations for referral of patients who have not received ED initiation of buprenorphine treatment but do present with OUD.

Informal Transition of Care
Upload a list of programs in the community identified and referral information given to patients initiated on buprenorphine in the ED for patients to seek follow-up.

Formal Transition of Care Post Treatment
Provide documentation of a clear referral pathway with an outpatient provider that can continue buprenorphine that is 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

Provide information indicating that 25% of providers in the ED have obtained a DEA DATA 2000 waiver (DEA X-waiver).

How many full time physicians, nurse practitioners, and physician assistants are working in your ED?

Total number

How many full time physicians, nurse practitioners, and physician assistants working in your ED have obtained a DEA DATA 2000 waiver (DEA X-waiver)?

Total number

Prescription Drug Monitoring Program (PDMP)

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

Require ALL Documentation

Protocol, dot phrase or other documentation reflecting best practice of PDMP

Documentation of state regulations

Non-Pharmacologic Pain Management Modalities

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.

Require 3 Strategies

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

Quality Assurance/ Quality Improvement (QA/QI) Process

Establish 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.
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.

Project 1
Opioid prescribing rate, number of prescriptions at discharge
Month
Most recent 6 months
Numerator = Patients prescribed opioids at discharge
Denominator = Number of cases for backpain, headache, and dental pain
Percentage

Month

Month

Month

Month

Month

Month

Project 2

Upload the following information

1. A description of the outcome being measured.
2. A description of how you will obtain necessary data to track your success (manual vs. via EHR vs. other).
3. A timeline for your project, either once or with ongoing interval evaluation.
4. Any current baseline data or pre/post data if project is already completed.

Upload project indicating quality assurance/quality improvement process.

Project 3

Upload the following information

1. A description of the outcome being measured.
2. A description of how you will obtain necessary data to track your success (manual vs. via EHR vs. other).
3. A timeline for your project, either once or with ongoing interval evaluation.
4. Any current baseline data or pre/post data if project is already completed.

Upload project indicating quality assurance/quality improvement process.

Attestation

Sign and Submit