

Patient education materials resources & MSQC FAQs – Pain management, smoking and weight loss

Below are some of the best patient (and provider) education resources from the internet and from our FAQ's, that can help increase patient knowledge to improve surgical outcomes, and ultimately help you fulfill some of the requirements for the 2021 QI projects, if you are working on developing resources.

Pain Management:

All sites worked on pain management in 2020, and at this point your site should have a practice model/order set for intraoperative multimodal pain management and education materials about pain management at least for two selected procedures. Remember, the ultimate goal is to inform patients about managing their pain safely and effectively in an effort to reduce opioid consumption and an abundance of unused pills.

Pain management teaching should include - reminder

- surgical pain expectations
- non-pharmacological techniques
- multimodal non-opioid pharmacological interventions
- proper opioid handling/safe disposal

You can answer Yes if:

- You verify the teaching includes the above elements (whether documented in patient chart or not),
- and is provided verbally and written (pamphlet, booklets, brochure and/or handouts),
- and you verify periodically throughout the year that the process is still occurring at each surgeon office/preop clinic/inpatient unit/PACU, etc.

Opioid Start Talking form - reminder

- The completed form acknowledges patient education about risk of using opioids, opioid diversion, and opioid disposal specifically was done somewhere (office/clinic/hospital), but it alone is not sufficient to answer Yes toward the preadmission or postop teaching components.
- This is because the State of Michigan opioid education requirements do not include patient education related to surgical pain expectations and non-opioid and non-pharmacological pain management techniques.

Patient and Provider Resources

Below are some great patient resources which meet the pain management teaching requirements if the information is provided verbally and written:

- Surgery – Learn the Facts: Opioid and Pain Management (customizable brochure with your hospital logo) <https://michigan-open.org/patient-community-education/>
- Patient Education about Managing Pain after Surgery without Opioids <https://michigan-open.org/wp-content/uploads/2019/07/POP-education.7.01.19.pdf>
- Safe Pain Control After Surgery (from American College of Surgeons) https://www.facs.org/-/media/files/education/patient-ed/safe_pain_control_adult.ashx

Here are some provider resources to help improve adherence to best practices from our friends at [Michigan - OPEN](#):

- Patient Counseling about Pain Management <https://michigan-open.org/prescribing-recommendations/patient-counseling/>
- Surgery Prescribing Best Practice Recommendations <https://michigan-open.org/wp-content/uploads/2019/02/Surgery-Best-Practices.pdf>
- Changing Prescribers Practices brochure: <https://michigan-open.org/wp-content/uploads/2020/03/M-OPEN-4-reasons-evidence-brochure-031320.pdf>

Hernia Project Preop Patient Teaching

If the patient is a current smoker (within 1 month of surgery) or has a BMI \geq 40, verbal and written education should be provided and reviewed with the patient, and this conversation should start early at the preop appointment in the surgeon's office. The materials could be a pamphlet, a booklet, or a referral for examples. Having surgery is often a pivotal moment in someone's life to change unhealthy habits, so this is an ideal time to begin or continue these teachings. Below are some materials that would meet measure requirements:

- Quit Smoking handout https://www.facs.org/-/media/files/education/patient-ed/quit_smoking.ashx
- Weight Loss before Hernia Surgery handout (example from University of Michigan) <https://www.med.umich.edu/1libr/Surgery/GenSurgery/HerniaObesity.pdf>
- Understanding Your Weight-Loss Options (this brochure can be printed or ordered through their website at no cost) <https://www.obesityaction.org/get-educated/public-resources/brochures-guides/understanding-your-weight-loss-options-brochure/>

Remember, the intent of the project this year is to *do* the teaching with applicable patients early, not necessarily that the patient will quit smoking or lose weight before their surgery. The abstract below uses MSQC data to demonstrate the importance of preoperative optimization in regards to obesity and tobacco use.

Title: The Impact of Surgeon Adherence to Preoperative Optimization of Hernia Repairs (2021)

Summary: Linked [here](#).

Highlights

- MSQC data from 2014 to 2018, 70 MSQC hospitals, 15,016 patients, 454 surgeons
- Surgeon adherence to optimization practices prior to hernia repair was 51%-76% [adherence = operating on patients who were nontobacco users with a body mass index >18.5 kg/m² and <40 kg/m²]
- Surgeons in the lowest third of adherence had higher complication rates and ED visits
- Optimizing obesity and tobacco use before surgery improves surgeon-level hernia repair outcomes

MSQC Clinical Team

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