

# E·QUAL | EMERGENCY QUALITY NETWORK

## E-QUAL Learning Collaboratives

[Sepsis](#) | [Avoidable Imaging](#) | [Chest Pain](#) | [Opioid](#)

## E-QUAL 2019 Enrollment is Open!

[Sign-Up Deadlines](#)

**Sepsis Wave IV: January 21, 2019**

**Avoidable Imaging Wave IV: February 11, 2019**

**Chest Pain III: February 18, 2019**

**Opioid Wave II: March 18, 2019**



The American College of Emergency Physicians (ACEP) seeks EDs in rural and underserved areas to join the Emergency Quality Network (E-QUAL) and the Clinical Emergency Data Registry (CEDR) for 2019. ACEP seeks to maximize the success of your quality improvement project and help your ED build critical data access and capacity.

**The award is a one-time lump sum of \$4,000 that will be used to cover the technical assistance of CEDR costs for 2019.**

Applications must be submitted by the deadline to [Nalani Tarrant, Senior Project Manager](#). The designated local champion and the individual who submitted the application will be notified through email by Monday, December 31, 2018 whether their site did or did not receive the award. Selected sites will have until January 11, 2019 to accept or decline the award.

**Submission Deadline: Monday, December, 31 2018**

[Additional Information](#) | [Download Application](#)

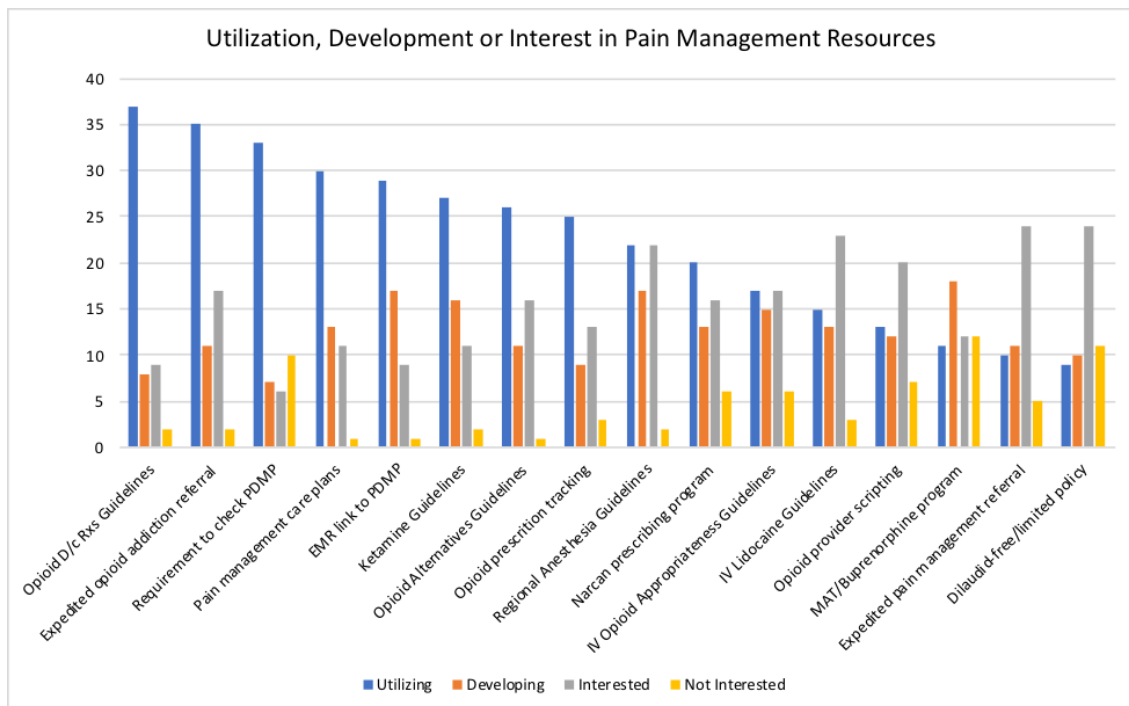
## QIPS ED Pain Management Survey

**Dr. Brian R. Sharp**

With increasing attention, work, and resources being dedicated to pain management in Emergency Departments, the ACEP Quality Improvement and Patient Safety Section received an ACEP section grant to survey pain management practices of EDs nationally. The goal of this work was to identify the prevalence of approaches to pain management as part of work to establish trends and gaps in pain management. These results can help to understand where success has occurred, if best practices are beginning to emerge, where needs exist, and to help direct future work and understand how this might be received.

A survey was developed through a workgroup of QIPS members and received IRB approval. The survey was then distributed to members of the ACEP Quality Improvement and Patient Safety Section as well as the Medical Director Section in an attempt to capture broad ED representation. A total of 56 responses were received including representation from 53 different EDs including 24 academic and 29 non-academic EDs. Surveys were instructed to be completed as representative of departmental and not individual practices. Not all completed surveys included responses to all questions.

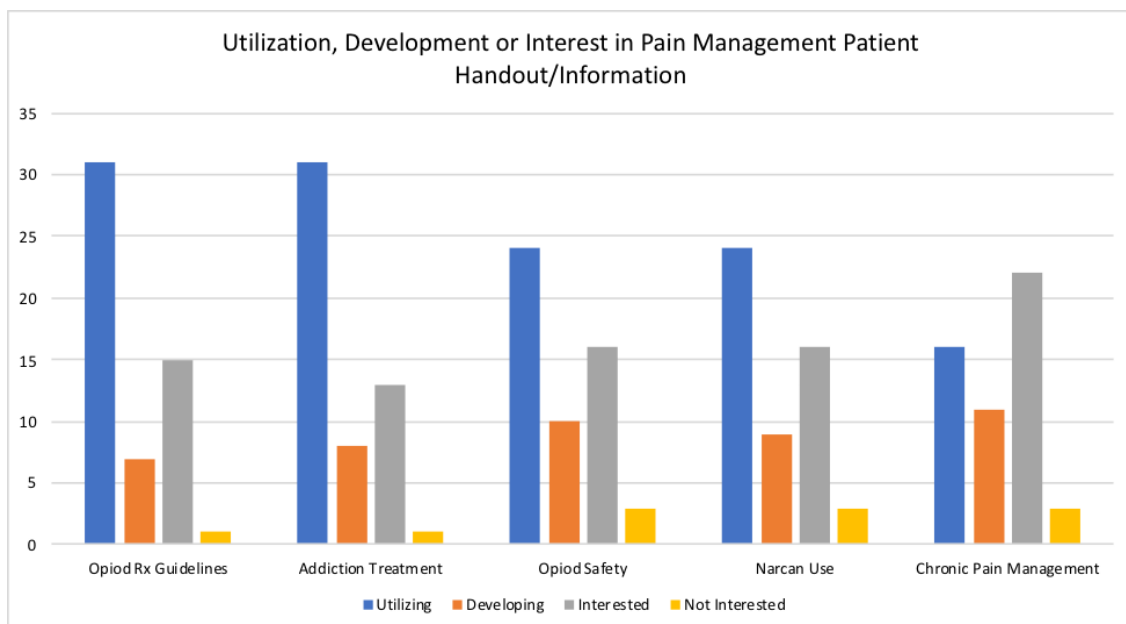
The first broad content area assessed was which resources/approaches that the respondents' EDs are either currently utilizing or developing and if neither applied, what the interest would be in pursuing these resources/practices. *This data is included in the graph below.*



It is notable that the majority of practices included are either being utilized or developed in the majority of EDs surveyed. The most commonly employed practices include opioid discharge prescription guidelines, expedited opioid addiction referrals, pain management plans, and PDMP requirements/EMR based links. The approaches least utilized are dilaudid-free (or limited) policies, expedited pain management referrals, and MAT/Buprenorphine programs. In these areas however, the majority of EDs not

utilizing/developing did indicate interest in these approaches. The one exception is MAT/Buprenorphine for which equal responses indicating “interest” and “no interest” were received.

We also surveyed responding EDs regarding use/development or interest in several different patient information/handouts. *This data is displayed below.*



The most frequently utilized educational resources were for opioid prescription guidelines and addiction treatment. Resources on Narcan use and chronic pain management were least frequently utilized. However, for all 5 patient information areas surveyed, the vast majority of the respondents not utilizing/developing resources in their ED indicated interest in having these resources available.

These survey results are informative towards better understanding the current state of pain management approaches nationally. Of those surveyed, there are definite trends toward not only widespread work in many different pain management approaches, but also potential receptiveness to further resource development. A small amount of more controversial areas also were evident. While much more work to be done, these results are encouraging and demonstrate the efforts of many towards this important issue.

## Quality Tip of the Month



"Patients who present to the emergency department in opioid withdrawal are suffering and vulnerable to dangerous addiction harms if symptoms are not managed effectively. There are a multitude of non-opioid therapies that have been traditionally used to treat opioid withdrawal that can be used in combination to improve symptoms, but non-opioid treatments do not address the



underlying problem, do not mitigate cravings, and often result in prolonged ED lengths of stay and return visits. Optimal ED management takes advantage of the occasion of opioid withdrawal to initiate the best therapy for opioid addiction: medication assisted treatment with buprenorphine."

*- Reuben J. Strayer, MD  
Maimonides Medical Center*

Interested in providing Quality Tips from your experiences? Your tip will be highlighted and credited to you, as shown above. Please contact us at [equal@acep.org](mailto:equal@acep.org).

## Frequently Asked Questions



The E-QUAL FAQ has been newly cleaned and updated to with information for the 2018 Waves, including a new section for Wave I of the Opioid initiative.

[View the FAQ page](#) | [Download the Portal Access Guide](#)

If you have questions regarding your collaborative, please be sure to reference these resources. If your site's questions are not answer, please reach out to the E-QUAL team: [equal@acep.org](mailto:equal@acep.org).

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