

and trauma center followed by expansion to select inpatient services. Study inclusion criteria included patients ≥ 14 years with acute or chronic pain with preference given to high-risk or high-utilization patients. Patients were excluded if in extreme pain prior to initial assessment and treatment, incarcerated, violent, suicidal, or critically ill. A training program and curriculum was developed for inaugural pain educators. Toolkits were customized based on type of pain and interest with a choice of 7 integrative options and 17 educational brochures. Patients were identified through electronic health record (EHR) tracking systems, paging, rounding, shared service patient lists, or by healthcare professional verbal request. All data was stored and managed in REDCap. Beginning in November 2021, patients completed a 30-day post-session phone survey that included questions about frequency of home toolkit use and session feedback. Descriptive statistics, Area Deprivation Index (ADI), medical and pain diagnoses, education and toolkit items provided, challenges, and follow-up survey data were collected and analyzed.

Results: There were 1,492 sessions conducted over two years with 1,295 unique patients receiving pain coach education sessions and discharge toolkits. The average age was 47.8 years (SD 17.2). The majority were female (63.6%), Black (53.7%), and non-Hispanic/Latino (96.6%). Most (43.6%) had a high level of socioeconomic disadvantage (ADI score >85 , range 2-100). Sessions occurred in the ED (63.5%), in-patient (28.8%), out-patient (4.6%), and other (2.6%). Pain was reported as acute (55.3%), acute on chronic (28.1%), and chronic (16.6%), with patients often having multiple pain diagnoses (musculoskeletal, 73.4%; abdominal/pelvic pain, 13.8%; and low back pain, 12.8%). During customized educational sessions 89.7% of patients received a “4 flat tires analogy” stress ball, 87.9% hot/cold therapy, 86.9% aromatherapy inhaler/education, 56.6% pain journal with guided questions, 48.7%, virtual reality viewer, 33.4% therapeutic coloring, and 16.5% acupressure device. The top three challenges in conducting pain coaching sessions included medical condition such as nausea or lethargy, 14.5%; time constraints, 7.9%; or too much pain, 6.8% with 65.1% of sessions reporting no challenges. Of the 185 survey respondents, 169 remembered the session and were using toolkit items at home with 147 (86.9%) rating the session as helpful or very helpful and 135 (79.9%) using toolkit items daily or weekly.

Conclusion: Results from this novel ED-based pain coach education/toolkit program provide valuable insights and benefits for development of an international pain coach model. Most patients ranked the program as very helpful/helpful with continued use of integrative toolkit items at one month and qualitative statements of patient satisfaction and improved functionality. Appropriate timing of approach was a key issue. Multidisciplinary project champions and recognition were

important to project success along with rounding. All program materials including an implementation guide are available online. Future plans include assessing program outcomes such as readmission and return ED rates, decrease in opioid use, cost effectiveness, and functionality.

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10 (P78) Evaluation of Emergency Room Reattendance and Re-hospitalisation Reductions with Our Hospital-to-Home Programme

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Objectives: Many patients get readmitted post hospital discharge due to multiple factors. Home visits through hospital-to-home (H2H) programs are targeted at these at-risk patients with complex co-morbidities and high social care needs. We aimed to review the outcome of a H2H program with regard to reducing emergency department (ED) visits and readmissions.

Background: Upon discharge from inpatient wards, patients with high risk of re-hospitalisation are followed up by a health care team at home visits, with the purpose to identify patient care needs which range from medical to social needs, and they intervene to prevent an avoidable readmission back to the ED or hospital. We also aimed to optimise the well-being of the patient with our multi-disciplinary team approach.

Methods: A retrospective review of patients cared for under the program in a tertiary hospital in Singapore from September 2020–August 2021 was conducted. We studied the demographics of patients three months prior to enrolment into the H2H program and followed up with them for the period of enrolment. The enrolment consisted of two home visits