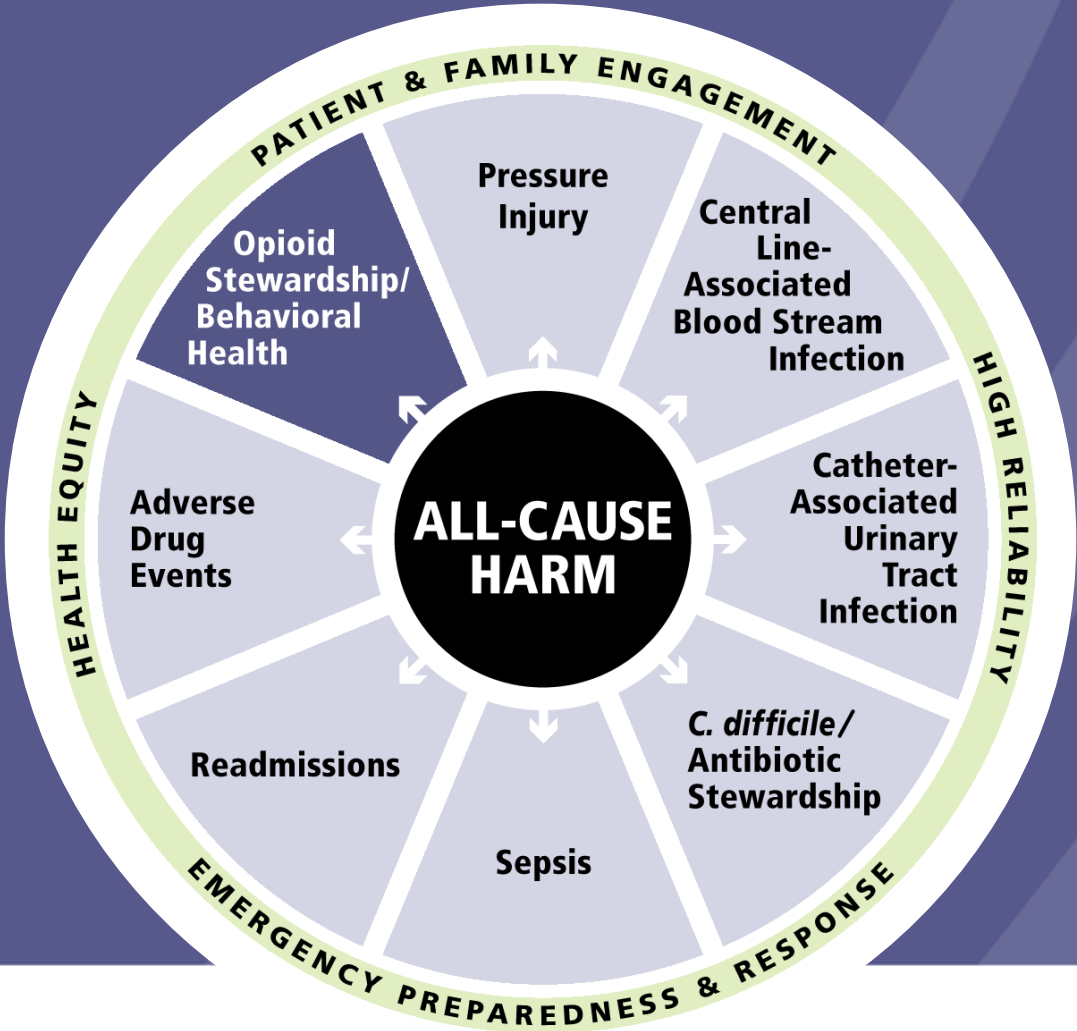


The IPRO Hospital Quality Improvement Contract (HQIC)

Learning & Action Network (LAN)

Opioid Stewardship: All-Cause Harm Reduction

April 26th, 2021
11am -12pm ET



This Session is Being Recorded

Welcome: IPRO HQIC

Today's *Regional Patient Safety Team Moderators*



Becky VanVorst,
MSPH, CPHQ
(IPRO)



Michelle Norcross, MS
(Superior Health Quality
Alliance, IPRO HQIC)



Anne Myrka, BS
PharmD, MAT (IPRO)



Melanie Moch, BA
(Kentucky Hospital Association,
IPRO HQIC)



Lee Thompson, BA, M.S.
(American Institutes for
Research, IPRO HQIC)



Suzy Quick, RN, BSN,
MSN, CPHQ, CPPS,
CLSSGB (Qlarant,
IPRO HQIC)

Guest Hospital Speaker

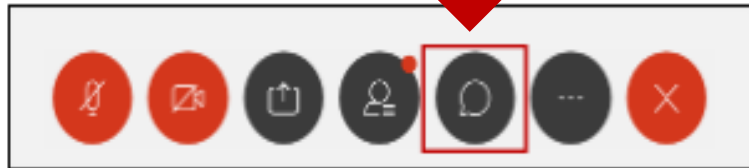


Kara Harrer, PharmD,
Director of Pharmacy,
Calvert Memorial Hospital,
Prince Frederick, MD

Chat Feature Highly Encouraged

To send a chat message:

1 Open the Chat panel:



2 In the **Send to** or **To** drop-down list, select the recipient of the message.

3 Enter your message in the chat text box, then press **Enter** on your keyboard.

Send Chat Message to "Everyone/All"

• Enter in Chat:

✓ Your Name

✓ Your Role

✓ Your Hospital

✓ Your State

Agenda



- HQIC Hospital Baseline Assessment (Overview of Opioid Stewardship Assessment)
- Noticeable Results from a Similar Opioid Stewardship Hospitals Assessment
- All Cause Harm Resource: Opioid Stewardship
- Rural Hospital Opioid Stewardship Journey (Promoting the Safe Use of Opioids)
- Opioid Stewardship Resources (Highlights)
- Opioid Stewardship and the Intersect with Patient and Family Engagement (PFE) and Health Equity/Stigma
- Question & Answer

HQIC Hospital Baseline Assessment

Overview of Opioid Stewardship Assessment (HQIC Hospitals)

Data from 228 (of 270) HQIC Enrolled Hospitals



- Does your hospital have a **designated leader** or team **responsible for the quality of pain management** and safe opioid prescribing?

Yes, Successfully Implemented [18.9%]

Yes, but a Work in Progress [46.9%]

Will be Implemented in the Future [16.7%]

No Plans to Implement [11.8%]

I Don't Know/I'm Not Sure [5.7%]

Enter
Thoughts
in Chat

A red rectangular callout box with the text 'Enter Thoughts in Chat' in white. Three red arrows point from the box to the 'Yes, but a Work in Progress', 'Will be Implemented in the Future', and 'No Plans to Implement' options.

- Would you like education or assistance in this area?

Yes [50.9%]

No [49.1%] ?

HQIC Hospital Baseline Assessment

Overview of Opioid Stewardship Assessment (HQIC Hospitals)

Data from 228 (of 270) HQIC Enrolled Hospitals



- Does your hospital **routinely monitor opioid prescribing patterns** involving patients discharged from the hospital or emergency department?

Yes, Successfully Implemented [21.9%]

Yes, but a Work in Progress [43%]

Will be Implemented in the Future [16.7%]

No Plans to Implement [8.8%]

I Don't Know/I'm Not Sure [9.6%]

Enter
Thoughts
in Chat

A red callout box with the text 'Enter Thoughts in Chat' and three red arrows pointing to the 'Yes, but a Work in Progress', 'Will be Implemented in the Future', and 'No Plans to Implement' options.

- Would you like education or assistance in this area?

Yes [50.0%]

No [50.0%] ?

HQIC Hospital Baseline Assessment

Overview of Opioid Stewardship Assessment (HQIC Hospitals)

Data from 228 (of 270) HQIC Enrolled Hospitals



- Are patients prescribed opioids **routinely/automatically prescribed Naloxone upon discharge** from the hospital or emergency department?

Yes, Successfully Implemented [2.6%]

Yes, but a Work in Progress [12.7%]

Will be Implemented in the Future [14.9%]

No Plans to Implement [50.4%]

I Don't Know/I'm Not Sure [19.3%]

- Would you like education or assistance in this area?

Yes [46.1%]

No [53.9%] ?

Enter
Thoughts
in Chat

A red rectangular callout box with the text 'Enter Thoughts in Chat' in white. Three red arrows point from the box to the survey options: one to 'Yes, but a Work in Progress', one to 'Will be Implemented in the Future', and one to 'No Plans to Implement'.

HQIC Hospital Baseline Assessment

Overview of Opioid Stewardship Assessment (HQIC Hospitals)

Data from 228 (of 270) HQIC Enrolled Hospitals



- Does your facility use **automated prompts** (i.e. clinical decision support) to assist in opioid stewardship? For example: **Standardized order sets** to include **non-opioid analgesics first** or decreasing the **default number of doses dispensed** in an opioid prescription.

- Yes, Successfully Implemented [27.6%]
- Yes, but a Work in Progress [33.8%]
- Will be Implemented in the Future [17.1%]
- No Plans to Implement [8.3%]
- I Don't Know/I'm Not Sure [13.2%]

Enter
Thoughts
in Chat

- Would you like education or assistance in this area?

- Yes [38.6%]
- No [61.4%] ?

HQIC Hospital Baseline Assessment

Overview of Opioid Stewardship Assessment (HQIC Hospitals)

Data from 228 (of 270) HQIC Enrolled Hospitals



- Does your hospital have **pathways** for the **identification** and treatment of **Opioid Use Disorder (OUD)** and/or overdoses?

- Yes, Successfully Implemented [15.8%]
- Yes, but a Work in Progress [32.0%]
- Will be Implemented in the Future [20.2%]
- No Plans to Implement [15.4%]
- I Don't Know/I'm Not Sure [16.7%]

Enter
Thoughts in
Chat

A red callout box with the text 'Enter Thoughts in Chat' and three red arrows pointing to the 'Yes, but a Work in Progress', 'Will be Implemented in the Future', and 'No Plans to Implement' options.

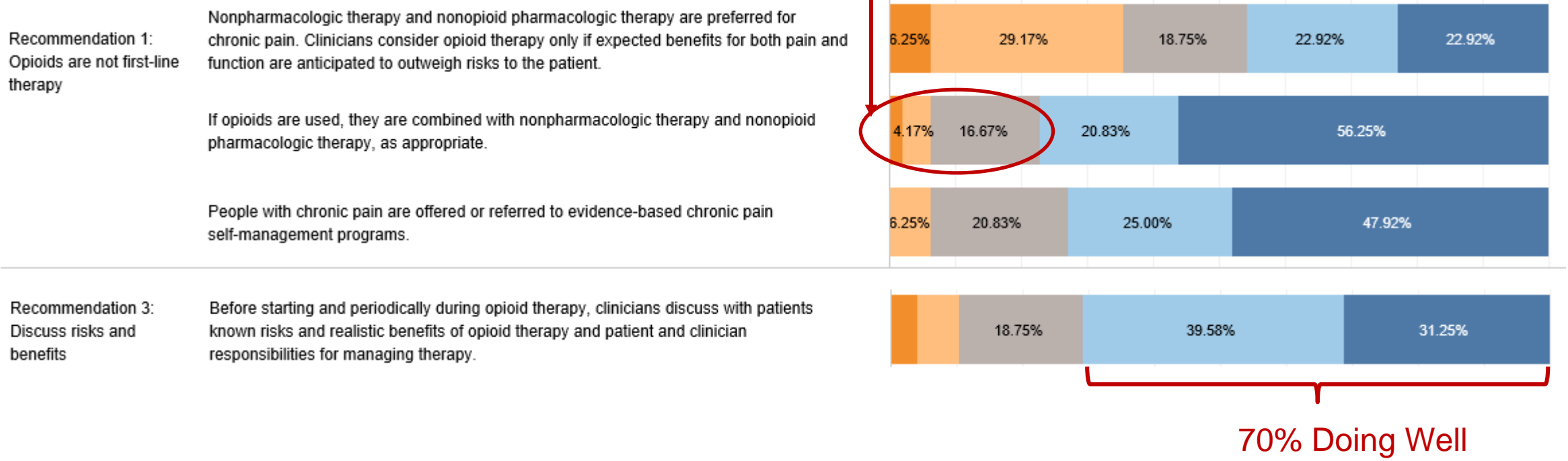
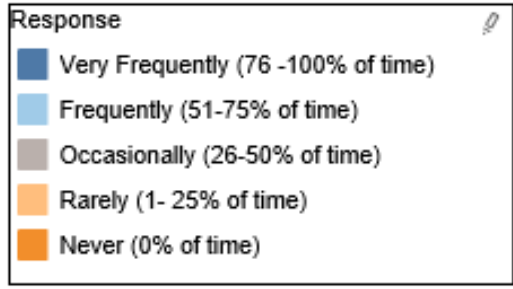
- Would you like education or assistance in this area?

- Yes [52.2%]
- No [47.8%] ?

Noticeable Results from a Similar Opioid Stewardship Hospital Assessment



IPRO QIO Task Order 1: Opioid & Pain Management Best Practice Assessment Aggregate Results, [here](#) (37 hospitals); Oct 2020
 Quality Improvement (QI) and Care Coordination: Implementing the CDC Guideline for Prescribing Opioids for Chronic Pain [here](#)



Upcoming **Antimicrobial Stewardship** Assessment

Housekeeping, Before We Move Ahead



PLEASE ENTER IN CHAT

(ONLY SEND TO MODERATOR- NOT ALL PARTICIPANTS)

- ✓ Name of Hospital Director of Pharmacy (or who you would like this **Antimicrobial Stewardship Assessment** sent to).
- ✓ Contact Email of Director of Pharmacy
- ✓ Your Hospital Name
- ✓ Your State

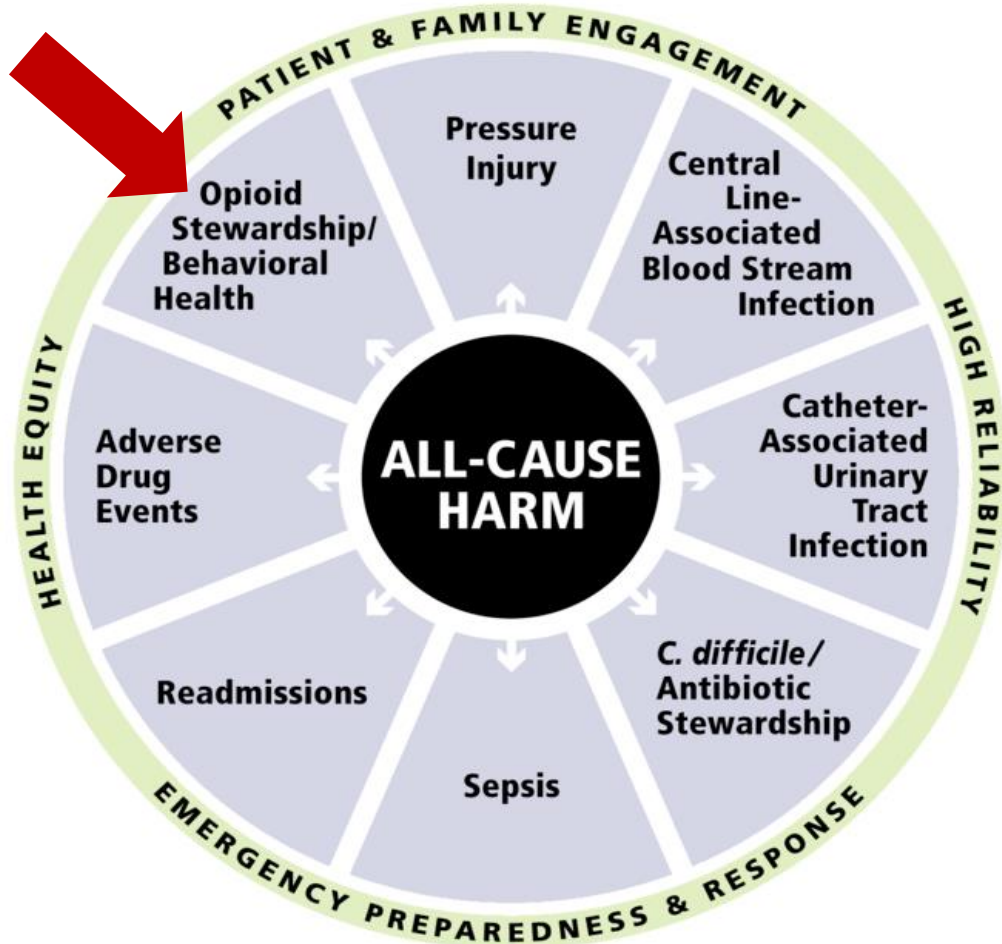
All-Cause Harm Resource: Opioid Stewardship

What?

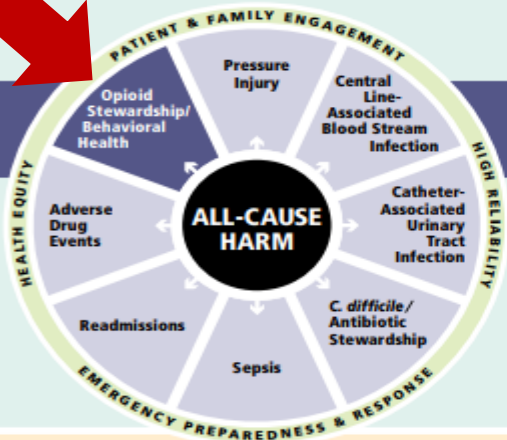
Why?



HQIC, Priority Focus Areas 2020-2024



- Causes Patients Undue Harm
- Increases Length of Stay
- Can Lead to Mortality
- Causes Healthcare Financial Burden



Opioid Stewardship/ Behavioral Health

EVIDENCE-BASED PROCESSES TO PREVENT HARM

OPIOID STEWARDSHIP

- Get executive support, identify a leader, pull together a multidisciplinary team
- Designated leader or team responsible for pain management and safe opioid prescribing
- Maximize appropriate use of non-opioid analgesics, non-pharmacologic therapies and multimodal pain therapy
- Process that allows for the use of the lowest effective dosage to be attempted first (with the intent of avoiding a dosage of greater than or equal to 90 MME per day)
- Process for management of acute pain and chronic pain which ensures that acute pain management opioid prescribing is targeted to three days or less with no refills until a follow-up visit
- Align standardized pain and vital sign assessments with patient-centered pain treatment plans and monitoring
- Use of a validated, standardized sedation scale to guide assessment and early detection of unintended sedation or respiratory depression
- Provider and patient and family education and engagement on impact/risks and expectation of opioid therapy to include signs of respiratory depression, potential for fall, etc.
- Prescribe naloxone with opioids and educate patient and family on use
- System that monitors the rate at which naloxone is given for opioid related adverse events that occur in the hospital setting
- System that allows for the monitoring of morphine milligram equivalent tiers and the prevention of co-prescribing with benzodiazepines and muscle relaxants.
- System that encourages prescribers to use state prescription drug monitoring programs (PDMPs)
- Established process to identify and offer/referral to access to medication assisted treatment (MAT) for opioid use disorder

continued on next page

Opioid Stewardship/Behavioral Health (continued)

REGULARLY MONITOR COMPLIANCE (strategies include)

- Monitor compliance to non-opioid or multi-modal attempts for initial pain control
- Monitor if naloxone was prescribed with opioids
- Use a dashboard to show clinicians percent or number of patients on high doses or MMEs
- Monitor co-prescribing, with clinician feedback

CITATIONS AND LINKED RESOURCES

- [CDC Guideline for Prescribing Opioids for Chronic Pain](https://www.cdc.gov/drugoverdose/prescribing/guideline.html)
- [Colorado ALTO Project](https://cha.com/opioid-safety/colorado-alto-project/)
- [E-Qual Opioids Toolkits, ACEP](https://www.acep.org/administration/quality/equal/emergency-quality-network-e-qual/e-qual-opioid-initiative/e-qual-opioid-toolkit/)
- [Improving Pain Management for Hospitalized Medical Patients, Society Hospitalist Medicine](https://www.hospitalmedicine.org/globalassets/clinical-topics/clinical-pdf/shm_painmanagement_guide.pdf)
- [Reducing Adverse Drug Events Related to Opioids \(RADEO\) Implementation Guide, Society Hospitalist Medicine](https://www.hospitalmedicine.org/globalassets/clinical-topics/clinical-pdf/shm_reducingopiodevents_guide.pdf)
- [Quality Improvement and Care Coordination: Implementing the CDC Guideline for Prescribing Opioids for Chronic Pain Centers for Disease Control and Prevention National Center for Injury Prevention and Control](https://www.cdc.gov/drugoverdose/prescribing/qi-cc.html)
- [The Role of Nonpharmacological Approaches to Pain Management: Proceedings of a Workshop \(2019\)](https://www.nap.edu/catalog/25406/the-role-of-nonpharmacological-approaches-to-pain-management-proceedings-of)
- [Addressing the Opioid Epidemic in Minority Communities \(CMS OMH\)](https://www.cms.gov/About-CMS/Agency-Information/OMH/resource-center/hcps-and-researchers/Opioid-Resources-Page)
- [Joint Commission: webinar-establishing-an-opioid-stewardship-program-in-your-health-system--october-10-2018-11--12-pm/](https://www.jointcommission.org/resources/patient-safety-topics/pain-management-standards-for-accredited-organizations/webinar-establishing-an-opioid-stewardship-program-in-your-health-system--october-10-2018-11--12-pm/)
- [Opioid Overdose Prevention TOOLKIT \(SAMHSA\)](https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA18-4742)

This material was developed by the IPRO Hospital Quality Improvement Contractor, a collaboration of Healthcentric Advisors, Qlarant, Superior Health Quality Alliance, Kentucky Hospital Association, Q3 Health Innovation Partners and IPRO, serving as the CMS Hospital Quality Improvement Contractor under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents do not necessarily reflect CMS policy.



CalvertHealth™

Promoting the Safe Use of Opioids: A Community Hospital's Response to a National Emergency



Kara Harrer, PharmD, Director of Pharmacy
KARA.HARRER@Calverthealthmed.org



Opioid Stewardship Team Goal

- ▶ The goal of the Opioid Stewardship Committee (OSC) is to ensure that opioids are used safely at Calvert Health Medical Center.
- ▶ Safe and appropriate pain control is one of our highest priorities and we are committed to following national best practice guidelines
- ▶ OSC optimizes clinical outcomes while minimizing risk of overuse and addiction
- ▶ Reduce opioid utilization in ED (20% year 1)
- ▶ Collaboration with Health Department – Peer Counselor and Medication Assisted Therapy (MAT)

Key Objectives for Opioid Safety

- ▶ Implement formal opioid prescribing policy and guideline
- ▶ Develop communication tools (Scripting, brochures, FAQ)
- ▶ Promote “ Alternative to Opioids” (ALTO)
- ▶ Become “Dilaudid Free”(ED- May 2017)
- ▶ Track and report prescribing practices
- ▶ Establish Naloxone prescribing practices, toolkits
- ▶ Develop referral resources network (addiction and pain management)
- ▶ Peer counselor – available in ED and inpatient
- ▶ MAT therapy- availability

Activities– Opioid Stewardship Committee and Leadership

- ▶ **Developed Prescribing Guidelines**

- Emergency Dept. & Inpatient

- ▶ **Patient and Family Education**

- Brochure, Flyers, Calvert Health Series

- ▶ **Physician & Staff Education**

- Emergency providers and staff have started training

- ▶ **Review Opioid Utilization (Starting with ED)**

- ▶ **Developed Discharge Policy, Instructions**

- ▶ **Community Meeting Participation (Leadership)**

Communication Tools: Aides for Clinicians & Patients

Substance Misuse Resources

OUTPATIENT SERVICES

Calvert Behavioral Health
Individual and group counseling, assessments and drug testing
Prince Frederick, MD
410.535.3079

Alcoholics Anonymous
Meetings run throughout the county at various locations. For an up-to-date listing, go to:
www.calvertaa.org
1.800.492.0209

Project Chesapeake
Prince Frederick, MD
443.968.8331

Project Phoenix
Substance Abuse and Mental Health Liaison for Calvert Behavioral Health
410.474.9964

Narcotics Anonymous
Another Chance Group
1.877.968.6518

SAMHSA's National Helpline
1.800.662.HELP (4537)

American Addiction Centers
888.779.6291

Recovery Centers of America
The Maryland Center for Addiction Treatment
Waldorf, MD
855.399.7002

Peer Recovery Support Specialist 410.535.3079

INPATIENT SERVICES

American Addiction Centers
Gina Carey, Treatment Consultant
703.403.1675 / 703.373.2631

Genesis House
Nicole Barker, Research and Program Development
(Cell) 561.699.7733

Pathways
Annapolis, MD
443.481.5400

Turning Point Hospital
(For Medicare Parts A and B)
Moultrie, GA
229.985.4815

Warwick Manor
(Will pick up patients from ER)
East New Market, MD
410.943.8108

OUTPATIENT & INPATIENT SERVICES

Avenues
Individual and group treatment, intensive outpatient services, Suboxone®/sebutex programs
Prince Frederick, MD
410.535.8930

Pyramid Walden
Groups, individual counseling, detox bed, inpatient treatment
Charlotte Hall, MD
301.997.1300
Walk-in assessments available. Call for hours.

FOR A FULL RESOURCE LIST, GO TO:
CalvertHealthMedicine.org/SubstanceMisuseResources



OPIOID SAFETY

Information and Resources
for Patients and Families

This facility is accredited by The Joint Commission on Accreditation of Healthcare Organizations. If you would like to report a concern about the quality of care you received here, you can contact The Joint Commission at **1.800.994.6610**.

CalvertHealth Medical Center does not discriminate with regard to patient admissions, room assignment, patient services or employment on the basis of race, color, national origin, age, gender identification, religion, disability or sexual orientation.

El Centro Médico de CalvertHealth no discrimina con respecto a admisiones de pacientes, asignaciones de habitaciones, servicios al paciente o empleo sobre la base de raza, color, origen nacional, religión, discapacidad, edad, sexo, incapacidad, identificación de género o sexual orientación.

Trung tâm Y tế CalvertHealth không phân biệt đối xử về việc nhập viện của bệnh nhân, phân công tại phòng, dịch vụ bệnh nhân hoặc việc làm dựa trên chủng tộc, màu da, nguồn gốc quốc gia, tôn giáo, khuyết tật, tuổi, giới tính, khuyết tật, nhân dạng giới tính hay khuynh hướng tình dục.

If you or a loved one struggle with substance misuse, please refer to the resources available in this pamphlet. For a complete listing of resources available, visit CalvertHealthMedicine.org/SubstanceMisuseResources.



CalvertHealth

100 Hospital Road, Prince Frederick, MD 20678
410.535.4000 301.855.1012

CalvertHealthMedicine.org



Pain Management at Calvert Health System

Your health and wellness are of great importance to us. Safe, appropriate pain control is one of our highest priorities and we are committed to following national best practice guidelines. Addressing acute pain is one focus of emergent and urgent care. Providing ongoing pain relief may be complex. We recommend this be done through your primary healthcare provider such as your family doctor or pain management specialist. Because mistakes or misuse of pain medication can cause addiction, serious health problems and even death, it is important that you provide accurate information about all medications you are taking. CalvertHealth would like to provide pain relief options that are safe and appropriate.



For your safety, we follow these guidelines when managing chronic pain:

1. We do not prescribe narcotic pain medicine for chronic pain if you have already received narcotic pain medication from another healthcare provider or emergency or acute care facility.
2. We may contact your primary care provider to discuss your care. We will not prescribe narcotic pain medicine if we cannot talk directly with your primary care provider. If you do not have a primary care provider, we will provide you with a list.
3. We may provide only enough pain medication to last until you can contact your primary care provider. We will prescribe pain medication with a lower risk of addiction and overdose whenever possible.
4. We are trained to look for and treat an emergency or urgent condition. We use our best judgment when treating pain and follow all legal and ethical guidelines. Our goal is to use non-narcotic options as a first line, when possible.
5. We may ask you to give a urine sample before prescribing narcotic pain medication.
6. Healthcare laws, including HIPAA, allow us to request your medical record and share information with other healthcare providers who are treating you.
7. Before prescribing a narcotic or other controlled substance, we may check the Chesapeake Regional Information System for our Patients (CRISP) portal or a similar database that tracks your narcotic and other controlled substance prescriptions.

8. For your safety, we do not:

- Routinely prescribe/utilize benzodiazepines and opioids together.
- Routinely give narcotic pain medication injections (shots or IV) for flare-ups of chronic pain.
- Refill stolen or lost prescriptions for narcotics or controlled substances.
- Provide missing Subutex, Suboxone® or methadone doses.
- Prescribe long-acting or controlled-release pain medication such as OxyContin®, MSContin®, Duragesic®, Methadone, Exalgo® and Opana® ER.

For your safety, we DO:

- Discourage the use of opioids for dental and back pain, whether acute or chronic.
- Use opioids only when appropriate. Opioids should not be used to treat migraines, gastroparesis, cyclic vomiting or chronic abdominal or pelvic pain.

Consider non-medication treatments for pain. In many studies, the following have been shown to help more than drugs: physical therapy, meditation techniques, massage and yoga. Talk to your health care provider about these options for pain.

DROP OFF LOCATIONS

(for expired and unused medications)

Calvert County: 24-hour drop boxes are available at the Sheriff's Department and Maryland State Police Barracks in Prince Frederick.

Charles County: 24-hour drop off at the La Plata and Waldorf Sheriff's Stations (by appointment at Bryan's Road).

St. Mary's County: 24-hour drop box at the Sheriff's Office in Leonardtown.

Dilaudid FREE ED

“SAFETY”

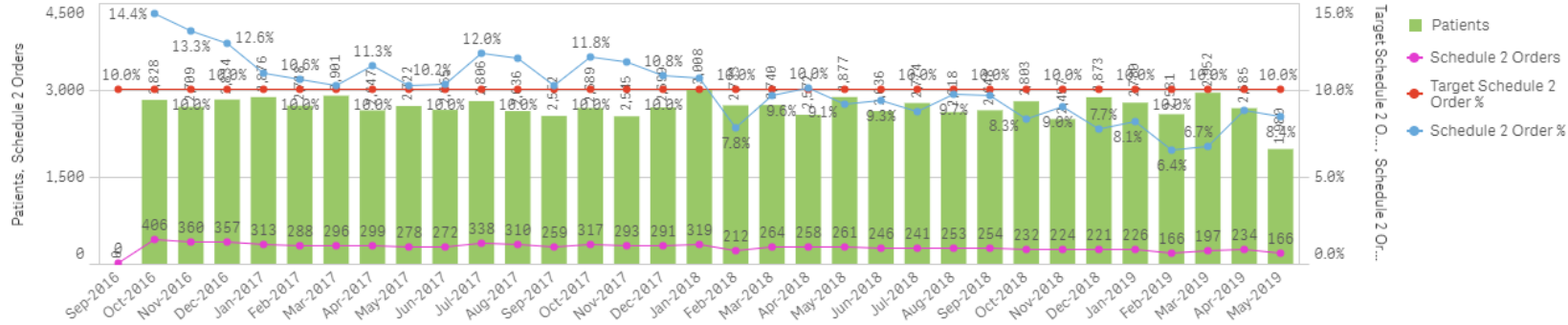
- ▶ Frequently listed by ISMP – High Risk
- ▶ Many EDs becoming Dilaudid (hydromorphone) “Free” or “Lite”
- ▶ Reduction in Dilaudid (hydromorphone) IV orders by 94% and sustaining
- ▶ Well received by clinicians, patients
 - Hardwired the system
 - Remove from ED Stock
 - Stock in pharmacy
 - Monitor & report prescribing

Overview - ED Only

| | | | | | |
|------------------------|---------------|----------------|--------------------|------------------|-------------------------|
| Patient Discharge Date | Provider Type | Provider Group | Provider Specialty | Provider Name | Provider Mnemonic |
| Order Date | Location | Order Name | Medication Status | Control Schedule | Schedule 2 Drug Roll-Up |

Schedule 2 Orders: Patients Discharged from ED

S2 New Home Medications Only



Schedule 2 Orders Over Time: Rx'd Su...

S2 New Home Medications for ED Patients

| Disch... | ED Patients (Exclu... | S2 Orders | Sche... 2 Subs... | Patie Rx |
|---------------|-----------------------|--------------|-------------------|------------|
| Totals | 86,584 | 8,651 | 1,345 | 1.6 |
| May-2019 | 1,980 | 166 | 2 | 0.1 |
| Apr-2019 | 2,685 | 234 | 7 | 0.3 |
| Mar-2019 | 2,952 | 197 | 1 | 0.6 |
| Feb-2019 | 2,581 | 166 | 2 | 0.1 |
| Jan-2019 | 2,780 | 226 | 9 | 0.3 |
| Dec-2018 | 2,873 | 221 | 5 | 0.2 |
| Nov-2018 | 2,497 | 224 | 6 | 0.2 |
| Oct-2018 | 2,803 | 232 | 13 | 0.5 |
| Sep-2018 | 2,648 | 254 | 20 | 0.8 |

Schedule 2 Orders Patient Detail: Rx'...

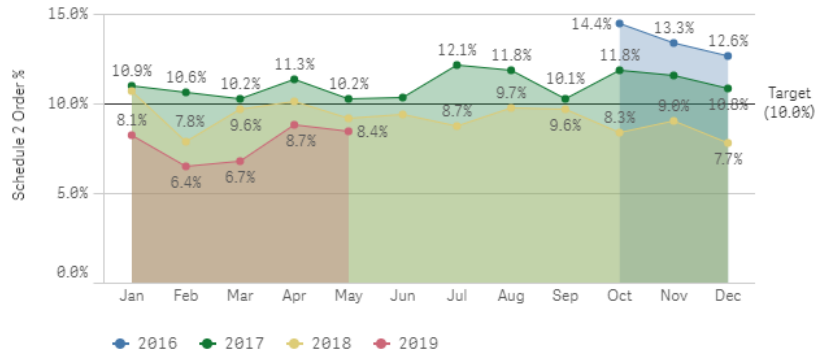
S2 New Home Medications for ED Patients

| Substance Name | Quantity |
|--------------------------------|----------|
| Lortab 7.5-325 mg/15 Oral Soln | 200.0000 |
| Percoctet 5-325 | 30.0000 |
| Percoctet 5-325 | 20.0000 |
| Morphine Oral Solution | 30.0000 |
| Percoctet 5-325 | 20.0000 |
| Lortab 7.5-325 mg/15 Oral Soln | 150.0000 |
| Lortab 7.5-325 mg/15 Oral Soln | 60.0000 |
| Lortab 7.5-325 mg/15 Oral Soln | 120.0000 |
| Ms Contin | 20.0000 |
| Oxycontin | 20.0000 |
| Percoctet 5-325 | 20.0000 |
| Norco 5-325 Tablet | 20.0000 |

ED Patients Admitted as an Inpatient not included

Schedule 2 Order Percentages: Trends Over Time

S2 New Home Medications Only



ED Patients Admitted as an Inpatient not included

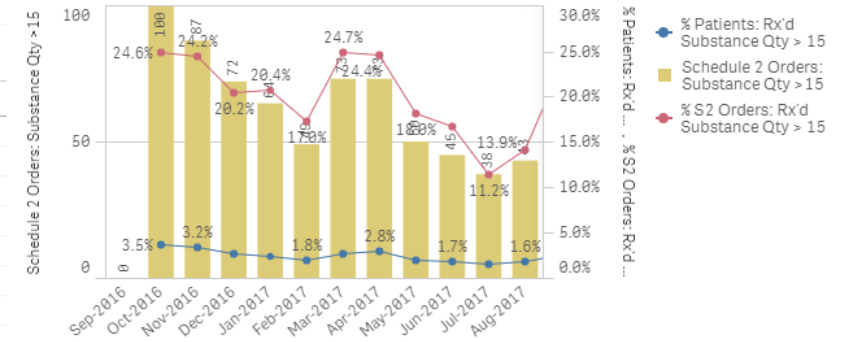
Schedule 2 Orders From ED: Percent Rx Discharge Controlled Substances (Target: <1...

S2 New Home Medications for ED Patients

| DischargeM... | ED Patients (Excludes those admitted as an Inpatient) | S2 Orders | ED Patients Discharged from ED S2 Order % |
|---------------|---|--------------|---|
| Totals | 86,584 | 8,651 | 10.0% |
| May-2019 | 1,980 | 166 | 8.4% |
| Apr-2019 | 2,685 | 234 | 8.7% |
| Mar-2019 | 2,952 | 197 | 6.7% |
| Feb-2019 | 2,581 | 166 | 6.4% |
| Jan-2019 | 2,780 | 226 | 8.1% |
| Dec-2018 | 2,873 | 221 | 7.7% |
| Nov-2018 | 2,497 | 224 | 9.0% |
| Oct-2018 | 2,803 | 232 | 8.3% |
| Sep-2018 | 2,648 | 254 | 9.6% |
| Aug-2018 | 2,618 | 253 | 9.7% |

ED Patients Admitted to Inpatient not included

Schedule 2 Orders Over Time: Rx'd Substance Quantity > 15



ED Patients Admitted to Inpatient not included

| 1. Measures 2019 |
|---|
| Percentage of Schedule 2 orders for patients discharged from ED |
| Percentage of Discharge RX with greater than 15 tablets of Schedule 2 orders written |
| Number of Dilaudid RX written in ED |
| Number of Narcan kits dispensed to Overdose patients from ED |
| Number of electronic referrals to Peer Recovery Specialists at Health Department |
| Number of electronic referrals to Peer Recovery Specialists at Health Department accepted |

| County Statistics- Health Department |
|--|
| Number of Non fatal Over doses in Calvert County |
| Number of fatal incident in Calvert County |
| Heroin |
| Prescription Medication |
| Fentanyl |
| Xanax |
| Marijuana |
| Other substances (Kratom) |
| Cocaine |

| PI/SAFETY- Clinical Pertinence Reviews |
|--|
| If pain medication was given, was the physicians order followed based on pain level reported |
| Was the patients pain level reassessed and documented within an hour after pain medication |

| Pharmacy/Diversion reviews |
|--|
| Pyxis versus C2 safe- after delivery in pharmacy |
| Controlled Substance discrepancies unresolved within 24 hours |
| Pyxis controlled substance inventory completed weekly |
| Number of canceled removal incidents of controlled substance per month from Pyxis machines |
| Controlled Substance (II-V) doses dispensed from Pyxis Med station |

| | | | |
|--|---|----------------------------|-----------------------------------|
| Findings/Conclusions/Actions/Responsibilities/Timeline | Process/system change ED: Education OT: Other | PI: PI Team/Initiative PC: | Evaluation/Follow-up as indicated |
|--|---|----------------------------|-----------------------------------|

Accomplishments

- ▶ Developed Opioid Stewardship Dashboard- 2019
- ▶ Expanded Initiatives Hospital Wide- Dilaudid Free, Order Sets, ALTO
- ▶ Integrated peer recovery specialist with Health Department -Implemented December 2018 in ED and September 2019 in Inpatient
- ▶ DEA Diversion Task force convened
- ▶ Medical Marijuana task force convened
- ▶ New Opioid brochures to address ED, inpatient, and outpatient

Recent Accomplishments

- ▶ Discharge RX Prescribing Metrics for primary practice providers and community providers
- ▶ Naloxone kit supply (intranasal) to overdose patients at risk for overdose – inpatients
- ▶ Strengthen referral base for patients OUD
- ▶ Medication Assisted Therapy (MAT) in ED
- ▶ Mobile Crisis Unit in Calvert County with Rapid Response to patient at home or in ED
- ▶ Additional providers waived to accept more patients for MAT therapy in community
- ▶ Continued hospital in collaboration with Health Department

Current Priorities

- ▶ Inpatient Medication Assisted Therapy (MAT) order sets developed and initiation of MAT before discharge
- ▶ Training for providers and ancillary staff on inpatient protocol
- ▶ Peer Recovery Specialist back in hospital to provide counseling
- ▶ Incorporate Opioid Stewardship best practices in conjunction with mobile health unit and outreach

Collaboration & Outreach

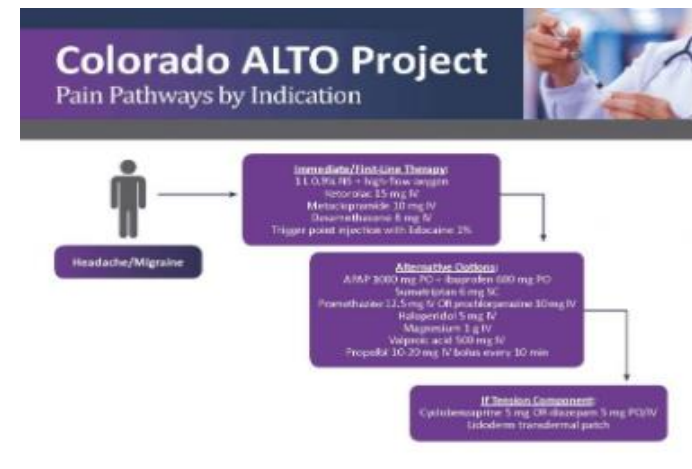
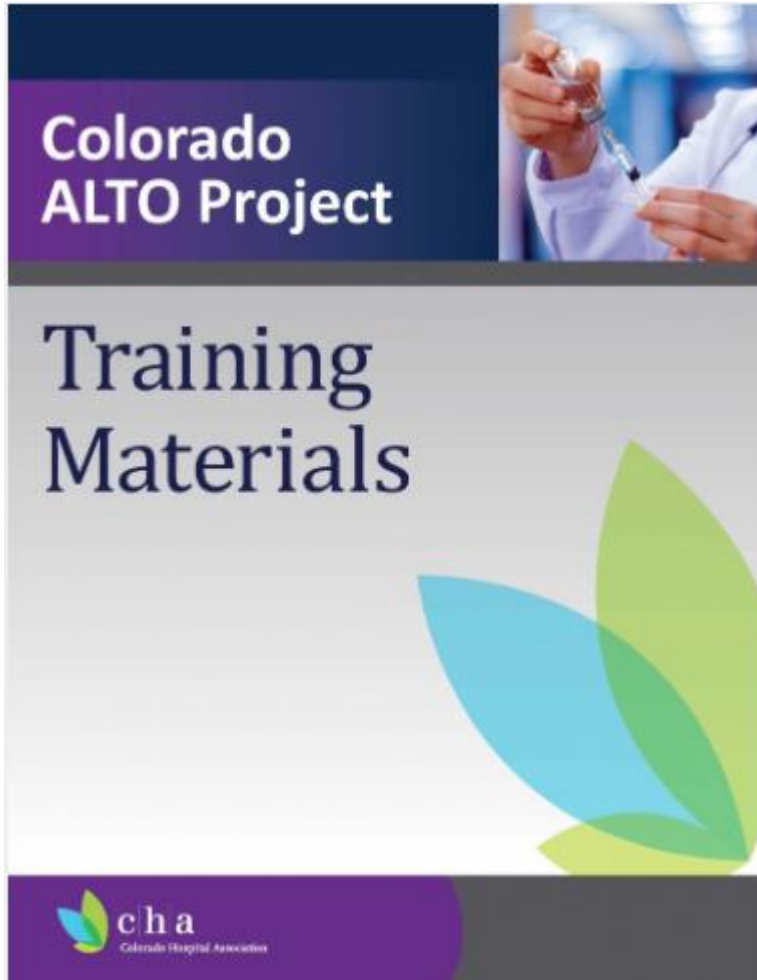
- ▶ Participate in county Overdose Fatality review and LDAC council
- ▶ Participate on Governor Hogan's task force in Calvert County (Opioid Intervention Team)
- ▶ Participate with community in overdose response training
- ▶ Regional partnerships continue to share best practices

Opioid Stewardship Resources

Colorado ALTO Project, [here](#)



- 10 hospital emergency departments (EDs) over a six-month span
- 36% reduction in the administration of opioids
- 31.4% increase in the administration of alternatives to opioids (ALTOs)



Opioid Stewardship Resources

Creating a Culture of Safety for Opioid Prescribing: A Handbook for Healthcare Executives
(CDC) [here](#)



- Insights/advice from healthcare executives and quality improvement leaders from four different health systems representing urban, suburban and rural settings.
- The Value of Evidence-Based Opioid Prescribing
- Collecting and Using Data
- Engaging with External Stakeholders
- Establishing Policies and Standards that Support Safer Opioid Prescribing Practices
- Training and Educating Providers
- Supporting the Continuum of Care



- ❑ CDC Guideline for Prescribing Opioids for Chronic Pain
www.cdc.gov/drugoverdose/prescribing/guideline.html
- ❑ Quality Improvement (QI) and Care Coordination: Implementing the CDC Guideline for Prescribing Opioids for Chronic Pain
www.cdc.gov/drugoverdose/prescribing/qi-cc.html
- ❑ Implementing CDC's Opioid Prescribing Guideline into Clinical Practice
www.cdc.gov/drugoverdose/training/implementing

Opioid Stewardship Resources

Kentucky Hospital Association, [here](#)



- ALTO 3 Part Series with Ryan Stanton, MD (Board of Directors, American College of Emergency Physicians)

Opioids 2020: Where Are We and What Are We Doing? (January 29)

OPIOIDS 2020:
WHERE ARE WE
AND WHAT ARE
WE DOING...

ALTO Part 2 (February 19)



Opioids 2020: Where Are We Now and ALTO (March 25)

OPIOIDS 2020:
WHERE ARE WE
AND WHAT ARE
WE DOING...

- An Epidemic Within an Epidemic: *How COVID-19 Has Impacted Substance Use Prevention, Treatment, & Recovery* (Alex Elswick, PhD)

An Epidemic Within a Pandemic

How COVID-19 Has Impacted Substance Use Prevention, Treatment, & Recovery

Dr. Alex Elswick
Assistant Extension Professor
Substance Use Prevention & Recovery

Building strong families. Building Kentucky. It starts with us.

What does a patient- and family-centered approach look like?

- Create opportunities to partner with patients and families
 - **Invite** patient perspectives on pain management and opioid use and misuse
 - **Educate** patients about opioids and alternatives to opioids
 - **Discuss** patient's preferences for pain management and make decision together
 - **Co-create** materials, practices, policies about pain management and opioid safety
- Use respectful language that does not reinforce stigma or stereotypes
 - *Examples:* **drug misuse** v. drug abuse, **person with a substance use disorder** v. drug-user
- Use positive and empowering language that can increase engagement in care
 - *Examples:* **support** v. require, **offer** v. allow

Source: P. Dardess, D. Dokken, M. Abraham, B. Johnson, L. Hoy, S. Hoy (2018). *Partnering with Patients and Families to Strengthen Approaches to the Opioid Epidemic*. Institute for Patient- and Family-Centered Care; 2018.

How to apply the PFE best practices to promote opioid stewardship?

- **PFE Practice 1: Preadmission Planning Checklist**
 - Educate patients and families about “what to expect” with regards to pain and encourage them to think about – and communicate – how they want to manage their pain
- **PFE Practice 2: Discharge Planning Checklist**
 - Talk with patients about how they will manage their pain after being discharged
- **PFE Metric 3: Shift Changes Huddles or Bedside Reporting**
 - Train staff to use positive and empowering language at the bedside
 - Engage patients and families in decisions about pain management
- **PFE Practice 4: Designated PFE Leader**
 - Expand patient and family engagement efforts to include those in recovery
- **PFE Metric 5: Patient and Family Advisory Council (PFAC) or Representatives on Committee**
 - Partner with PFACs to co-create strategies and information campaigns

“We don’t call people with diabetes ‘sugar abusers.’”

Sarah Wakeman, MD, Medical
Director, Massachusetts
General Hospital Substance
Use Disorder Initiative

Example: AMITA Health St. Alexius and Alexian Brothers Medical Centers (Illinois)

- *Problem:* Identified pain management as a top priority through its HCAHPS scores
- *Approach:* Developed a PFAC to address pain management
 - Gathered the patient perspective on “help with pain” to develop strategies for a pilot
 - Redesigned the pain management assessment form
 - Developed a “Menu of Pain Control and Comfort Options”
 - Partnered with hospital volunteers to offer items on the Menu through a “Comfort Cart”
 - Developed a pre-surgery guidebook to educate orthopedic patients about “what to expect” (<https://www.amitahealth.org/assets/documents/ortho/hip-replacement-guide-south.pdf>)
- *Impact:* Pain management score and overall HCAHPS rating improved within three months

Source: M. Bookout, B. Staffileno, and C. Budzinsky (2016). Partnering with a Patient and Family Advisory Council to Improve Patient Care Experiences with Pain Management. *Journal of Nursing Administration*, Volume 46, Number 4, pp 181-186.

Example: Beaumont Hospital (Michigan)

- Patient and Family Advisors (PFAs) helped develop a letter to educate patients about the state's new law to promote opioid safety
- The letter emphasizes patient safety and includes supportive language (e.g., “we are here to help”)

Source: P. Dardess, D. Dokken, M. Abraham, B. Johnson, L. Hoy, S. Hoy (2018). *Partnering with Patients and Families to Strengthen Approaches to the Opioid Epidemic*. Institute for Patient- and Family-Centered Care; 2018.

IT'S A MICHIGAN LAW

Because of the rising deaths from the use of Opioids and to improve the safety of patients taking these medications, the State of Michigan in a new law now requires us to:

- To prescribe a lesser number of opioid pills following injuries or surgeries
- To check the state database for all the opioid medications that you are taking

At Beaumont Health your safety is our number one priority. If you are prescribed an opioid, and to comply with the new law, and before you are given your prescription, you should:

- Receive an education about the risks and safety when taking opioids
- Sign a consent that the education was provided to you
- If you are prescribed more than 3 days' worth of opioids, your name will be checked with the state database to see what other pain medications, sleeping pills, anxiety medications you are taking.
- If you had an injury or surgery, you will be prescribed no more than 7 days' worth of opioids, additional prescriptions beyond the 7 days will depend on the complexity of your injury or surgery.
- You will receive education about the treatment and community resources available to patients hospitalized due to opioid misuse and abuse.

We at Beaumont are here to help. Please feel free to reach out to your care giver with your questions and concerns about these new requirements.

We encourage you to visit a website that Beaumont Health has established (www.beaumont.org/pain). It contains a variety of resources and strategies for coping with and self-managing pain.

Leaving unused controlled substances at home without security present a risk to other family members or individuals visiting the home. It is important to keep your prescribed opioids and controlled substances secure **at all times**.

When you stop taking these medications, it is equally important to properly dispose them to ensure the safety of those around you. For more information on how to dispose these substances please visit www.beaumont.org/drug-disposal.

Sincerely
Your Beaumont Health Team

Questions ???

Upcoming Learning & Action Networks (LANs) & Resources



- May 24th 11am ET: Pressure Injury LAN (stay tuned for details)
- **Stigma Kills: Addressing Opioid Use Disorder By Changing Culture** (IPRO) LAN (View Recording and Slides, March 2021)
<https://qi.ipro.org/2021/02/19/webinar-on-march-23-stigma-kills-oud/>
- Addressing the **Opioid** Epidemic in **Minority Communities**, CMS Office Minority Health <https://www.cms.gov/About-CMS/Agency-Information/OMH/resource-center/hcps-and-researchers/Opioid-Resources-Page>
- IPRO HQIC **Resource Library** <https://hqic-library.ipro.org/>
- IPRO HQIC **Website** <https://qi.ipro.org/about-us/hqic/>
- Join the IPRO HQIC **On-Line Community** to **engage with other quality leaders** in the IPRO HQIC region. Reach out to your IPRO HQIC state representative.

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