OHIO HOSPITAL ASSOCIATION

OPIOID STEWARDSHIP: ACTION

October 21, 2021

CONTINUING EDUCATION

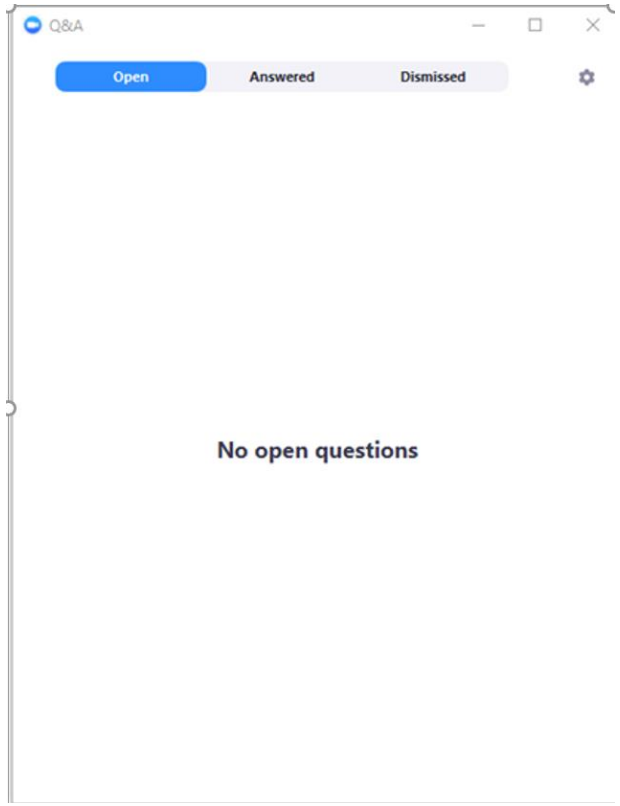
- The link for the evaluation of today's program is: https://www.surveymonkey.com/r/Opioid-Action-Oct20

- Please be sure to access the link, complete the evaluation form, and request your certificate. The evaluation process will remain open **two weeks** following the webcast. Your certificate will be emailed to you when the evaluation process closes after the 2-week process.

- If you have any questions, please contact Dorothy Aldridge (Dorothy.Aldridge@ohiohospitals.org)

The Ohio Pharmacists Foundation, Inc. is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.

SUBMITTING QUESTIONS



ACKNOWLEDGEMENT

The Ohio Hospital Association received a grant from Covery's Community Healthcare Foundation to support this opioid stewardship effort.

NCH Opioid Stewardship: Reduction of Home Going Opioid Prescriptions and Improving Opioid Safety

Ohio Hospital Association Opioid Stewardship Webinar Series
October 21, 2021

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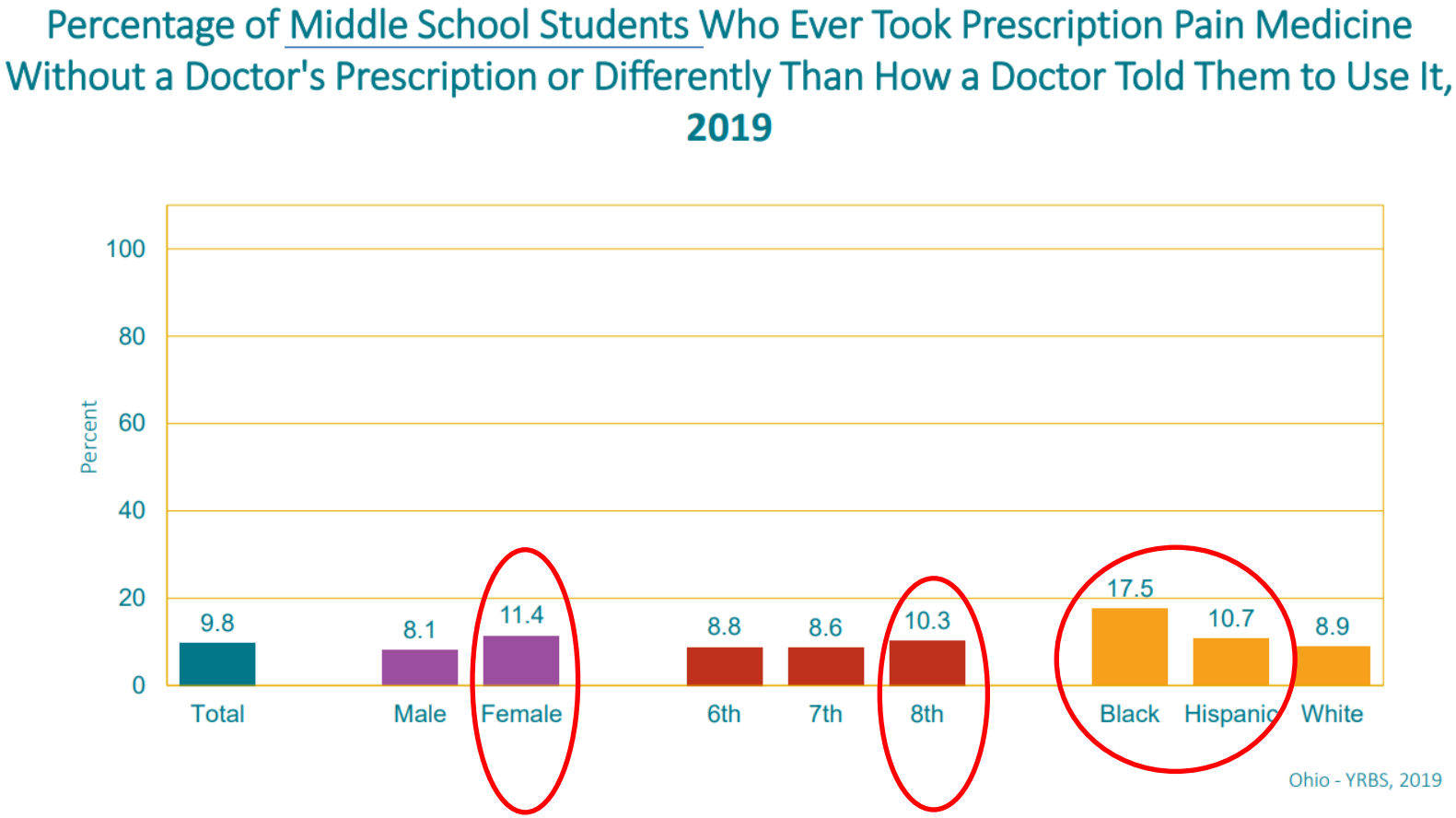
Objectives

1. Explain the rationale for opioid stewardship within pediatrics.
2. Describe the strategies for opioid reduction in pediatrics.
3. Employ strategies to safely prescribe, manage, and dispose opioids.
4. Utilize modalities to increase education to patients and families on safe use of opioids.

Prescription Opioid Misuse in Ohio Kids



https://nccd.cdc.gov/youthonline/app/Results.aspx?LID=OH

A Call to Action

- Children use **less than 50%** of opioids prescribed for acute pain
- **70%** of misused opioids are from a friend, relative, or their own prescriptions
- **32** calls a day to Poison Control Centers due to prescription opioid ingestions
- In 2015, **> 40 people died each day** in the U.S. from prescription opioid misuse

Our community is asking for help!

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Close to Home

We were contributing to a potential harm for our patients and families and to the opioid epidemic in our communities

- **< 25%** of prescribers and nurses discussed locking up and disposal of opioids
- Prescribers discussed benefits and risk of opioids **< 50%** of the time
- Prescribers asked **< 25%** about patient/family history of opioid misuse
- ***No formal process*** *for opioid safety education*
- Post op appendectomy patients reported **using only ~ 3 doses (30%)** of home going opioids prescribed for pain

Opioid Safety Task Force

Co-Chairs:

- Erin McKnight, MD, MPH
- Sharon Wrona, DNP, PNP, FAAN
- Lisa Kluchurosky, M.Ed., AT, ATC

Goals

Decrease amount of opioids prescribed

Improve safety around opioids when they are prescribed

Pediatric Opioid Prescribing – A Look Back

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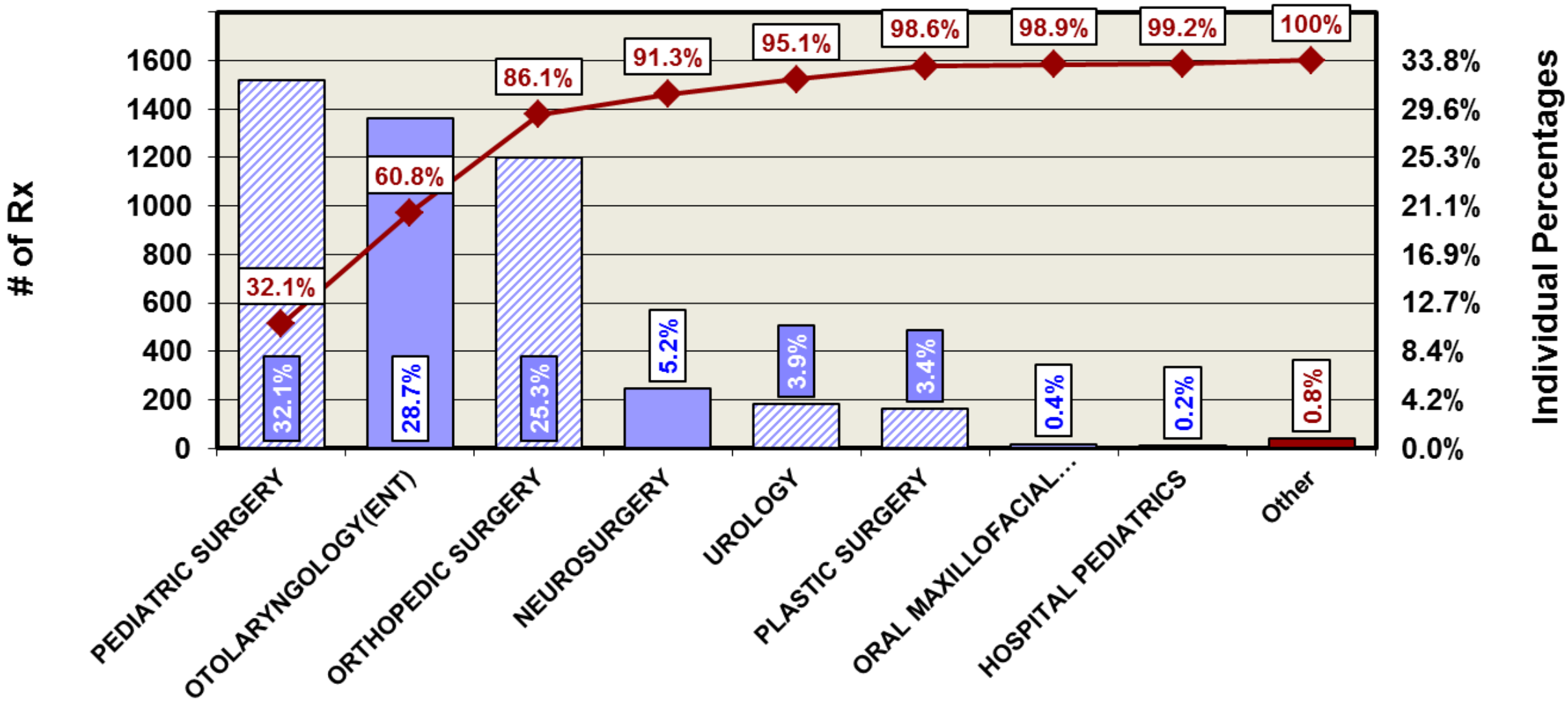
Opioid Rx by Discharge Service
2015



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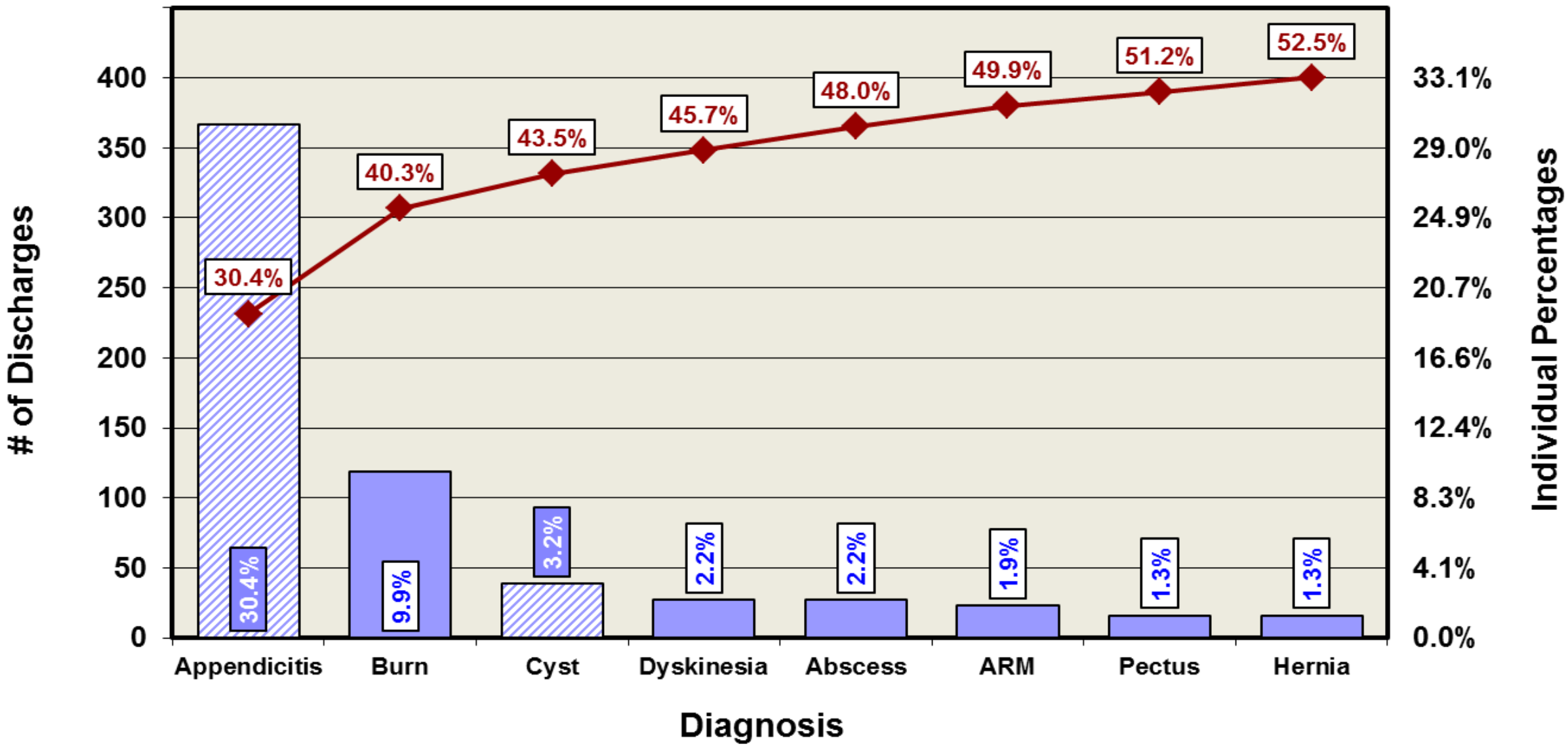
Ped Surg Discharge Diagnosis with Opioid Prescribed - 2015



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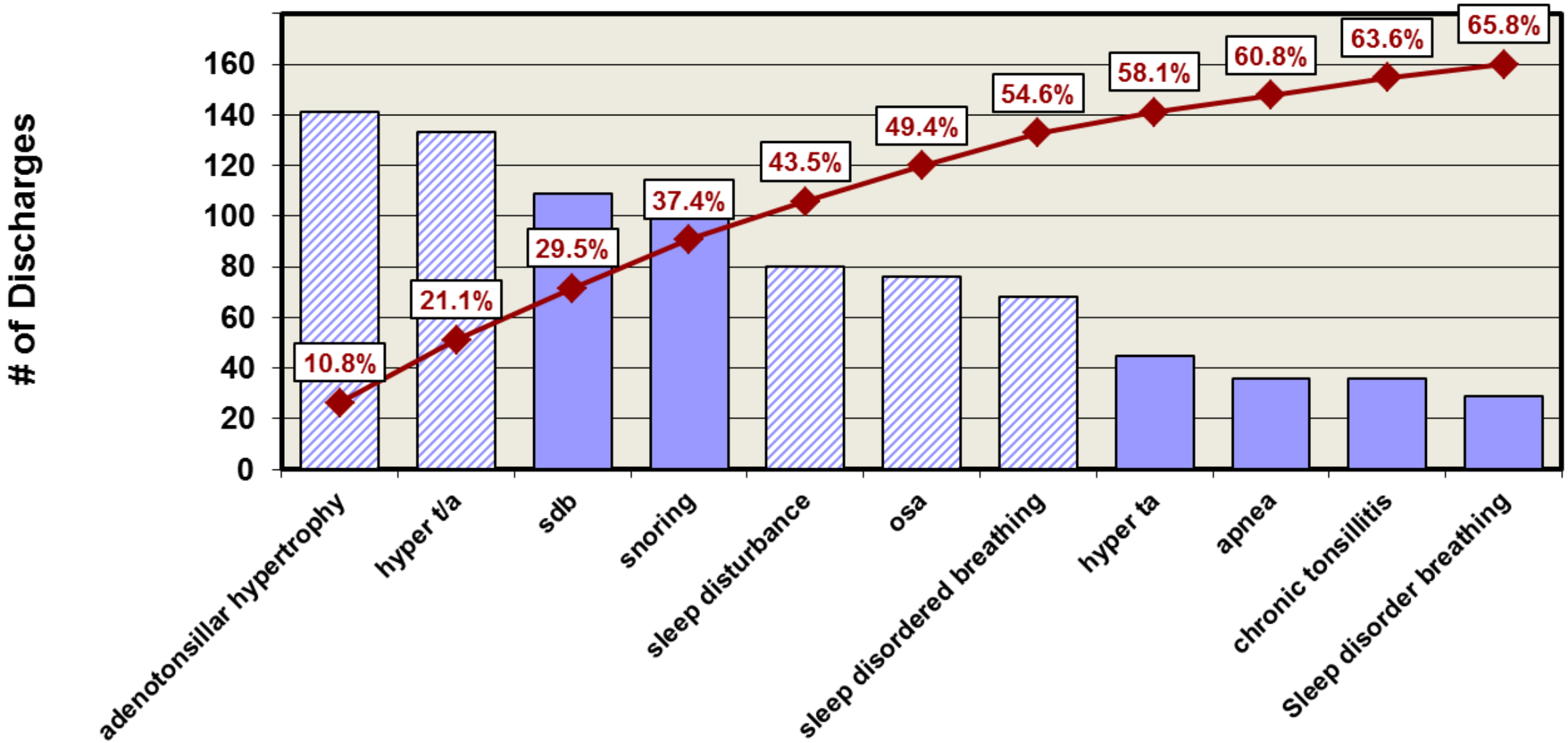
ENT Admit Diagnosis with Opioid Prescribed - 2015



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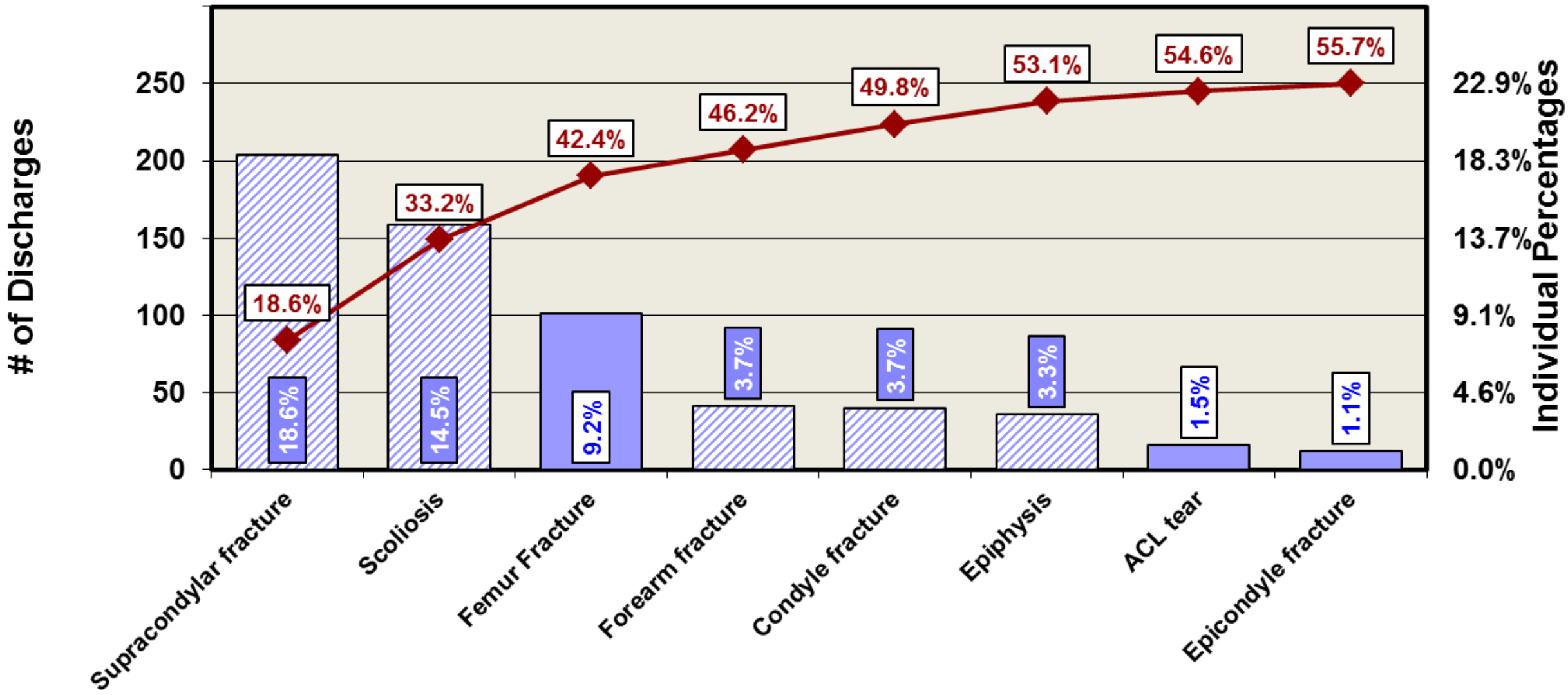
Ortho Surgery Discharge Diagnosis with Opioid Prescribed - 2015



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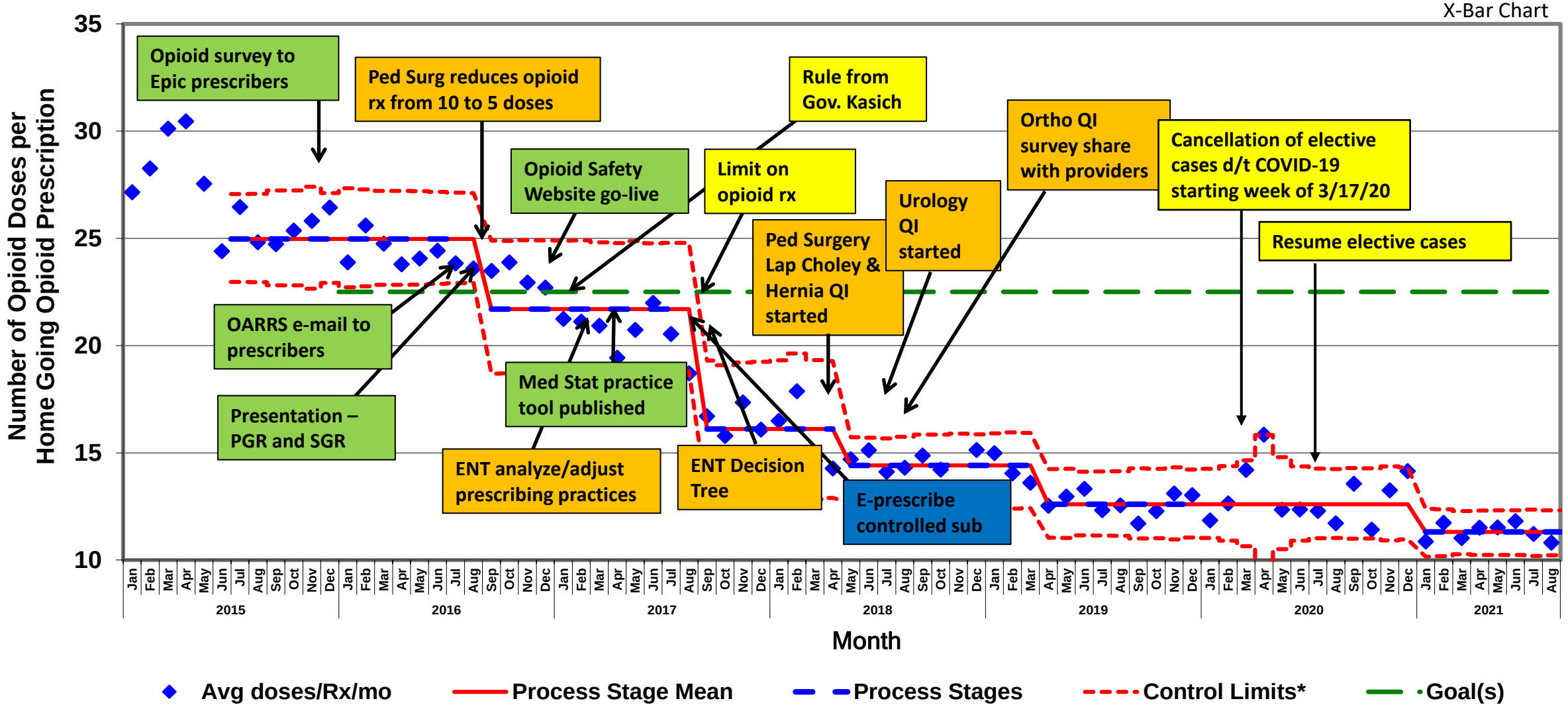
NCH Wide* Average Number of Opioid Doses per Home Going Opioid Prescription

Desired Direction

X-Bar Chart



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*excludes Hem/Onc Clinics, Pain Service, H11A, H12A/B, Apheresis, BMT Clinic, Aim Team and Palliative Care, Complex Care Clinic, South High PC

Based on prescriptions with a single electronically documented dose size (approx. 98% sample)

Prescriber Education

Utilize Guidelines to Improve Pain Management

Opioid Decision Making Tree

1. PAIN ASSESSMENT

- Medical history and physical examination
- Location, intensity, severity, and associated symptoms
- Quality of pain (somatic, visceral or neuropathic)
- Psychological factors, personal/family history of addiction

2. DEVELOP A PLAN

- Educate patient and family and develop goals for treatment
- Discuss risk/benefits of non-pharmacologic and pharmacologic therapies
- Set patient expectation for the degree and duration of the pain

GOAL: Improvement of function to baseline as opposed to complete resolution of pain

OPTIONS

NON-PHARMACOLOGIC TREATMENT

1) Ice, heat, positioning, bracing, wrapping, splints, stretching
2) Massage therapy, tactile stimulation, acupuncture/ acupressure, chiropractic adjustment, osteopathic neuromusculoskeletal medicine
3) Biofeedback
4) Directed exercise such as physical therapy

NON-OPIOID PHARMACOLOGIC TREATMENT

1) **Somatic (Sharp or Stabbing)**
   First Line: Acetaminophen, NSAIDs, Corticosteroids
   Alternatives: Gabapentin/pregabalin, skeletal muscle relaxants, SSRIs/SNRIs/TCAs
2) **Visceral (Ache or Pressure)**
   First Line: Acetaminophen, NSAIDs, Corticosteroids
   Alternatives: SNRIs/TCAs
3) **Neuropathic (Burning or Tingling)**
   First Line: Gabapentin/pregabalin/TCAs/SNRIs
   Alternatives: Anti-epileptics, baclofen, SSRIs, topical lidocaine, block

For more information and patient resources regarding safe opioid usage, visit **NationwideChildrens.org/Opioid-Safety.**

Opioid Pharmacologic Treatment

(in conjunction with non-pharmacological and non-opioid treatment)

	Acute outside ED	Emergency/UC	Chronic
MONITOR			
Complete risk screening (e.g. age, pregnancy, high-risk psychosocial environment, personal/family history of substance use disorder)	X	X	X
Checking OARRS for patients who will receive	X	X	each visit - mandated every 90 days
Review Minor Opioid Consent with parent and patient	X mandated if > 7 days	X consider contacting other provider if being prescribed opioids	X
Consider Urine Drug Screen	if positive risk screen	if positive risk screen	Initially if positive risk screen and at least yearly
Avoid prescribing long acting opioids	X	X	Initially
Use caution when prescribing opioids with patients on benzodiazepines and sedative-hypnotics or patient know to use alcohol or illegal substances	X	X	X
Provide the patient with the least potent opioid to effectively manage pain	X	X	X
Prescribe the minimum quantity needed with no refills	Consider limiting to 3 day supply	limit to 3 day supply	X
Consider Opioid Agreement with patient and family	If more than one script given		X
Remind that it is unsafe and unlawful to give away or sell their opioids	X	X	X
TRANSITION			
Discuss how to safely and effectively wean patient off opioid medication	X	X	X
Coordinate care and communication of complex patients with other clinicians	X	X	X
SECURE AND DISPOSAL			
Give Opioid Safety Helping Hand "Important Facts to Know When Taking Opioids"	X	X	X
Discuss proper storage and disposal of opioid medications. Discuss "Seeker" - relatives, friends, neighbors, etc.	X	X	X
FOLLOW UP VISIT			
Ask how many medications used of script	X		X
Ask about disposal of unused medications	X	X	X
Review Goal of Improving Function and pain tolerance progress	X	X	X
If pain unresolved, reassess:	X		
Pain, consider standardized tool for assessment	X		X
Treatment method	X		X
Context and reason for continued pain	X		X

NCH Practice Toolkit

Guidelines for Safe Opioid Prescribing

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Opioid abuse and prescription drug abuse is an epidemic throughout the United States for all ages and patients. According to the Center for Disease Control, 17.3% of those who abuse prescription painkillers are prescribed medication from a physician. This is why it is important to know all the facts about opioids and safety.

Adolescents and young adults have been shown to be particularly susceptible to nonmedical use of prescription medications:

- Peak risk at age 16
- Nonmedical use of prescription medications by 12th graders at highest level in 15 years
- Have shown to have a briefer substance abuse interval before transitioning to injection of other substances.

There is a mismatch between the amount of opioids needed to treat pediatric acute pain, with children using less than 50% of prescribed opioids.

- Leftover prescription opioids from previous prescriptions account for a substantial source of nonmedical use of prescription opioids among high school seniors.
- 8 out of 10 adolescents who report misusing prescription opioids report that their access to these drugs comes from leftover prescriptions from friends and family members.

The Nationwide Children's Hospital Opioid Task Force

At Nationwide Children's Hospital, our clinicians have created an Opioid Task Force consisting of pediatric physicians, nurse practitioners, pharmacists, community educators, nurses, and quality improvement specialists to address this issue and to educate prescribing clinicians locally and nationally on best practices.

For more information and patient resources regarding safe opioid usage, visit
NationwideChildrens.org/Opioid-Safety.

Guidelines for Opioid Prescribing

Non-pharmacological therapy and non-opioid pharmacological therapy are preferred for chronic pain. Providers should only consider adding opioid therapy if expected benefits for both pain and function are anticipated to outweigh risks. Providers should avoid prescribing of opioid pain medication and benzodiazepines concurrently whenever possible.

Before starting opioids for acute pain and periodically during opioid therapy:

1. Prescribe short-acting opioids. Extended-release/long acting opioids should not be prescribed for acute pain.
2. When opioids are used for acute pain, providers should prescribe the lowest effective dose of short-acting opioids and should prescribe no greater quantity than needed for the expected duration of pain.
    a. Leftover opioids from legitimate prescriptions are a major source of opioid misuse in adolescents.
3. At follow up visits ask about medication use and disposal.
4. Incorporate strategies to mitigate risk including mental health concerns, patient or family risk of addiction.
5. Three or fewer days will usually be sufficient for non-traumatic pain not related to major surgery.

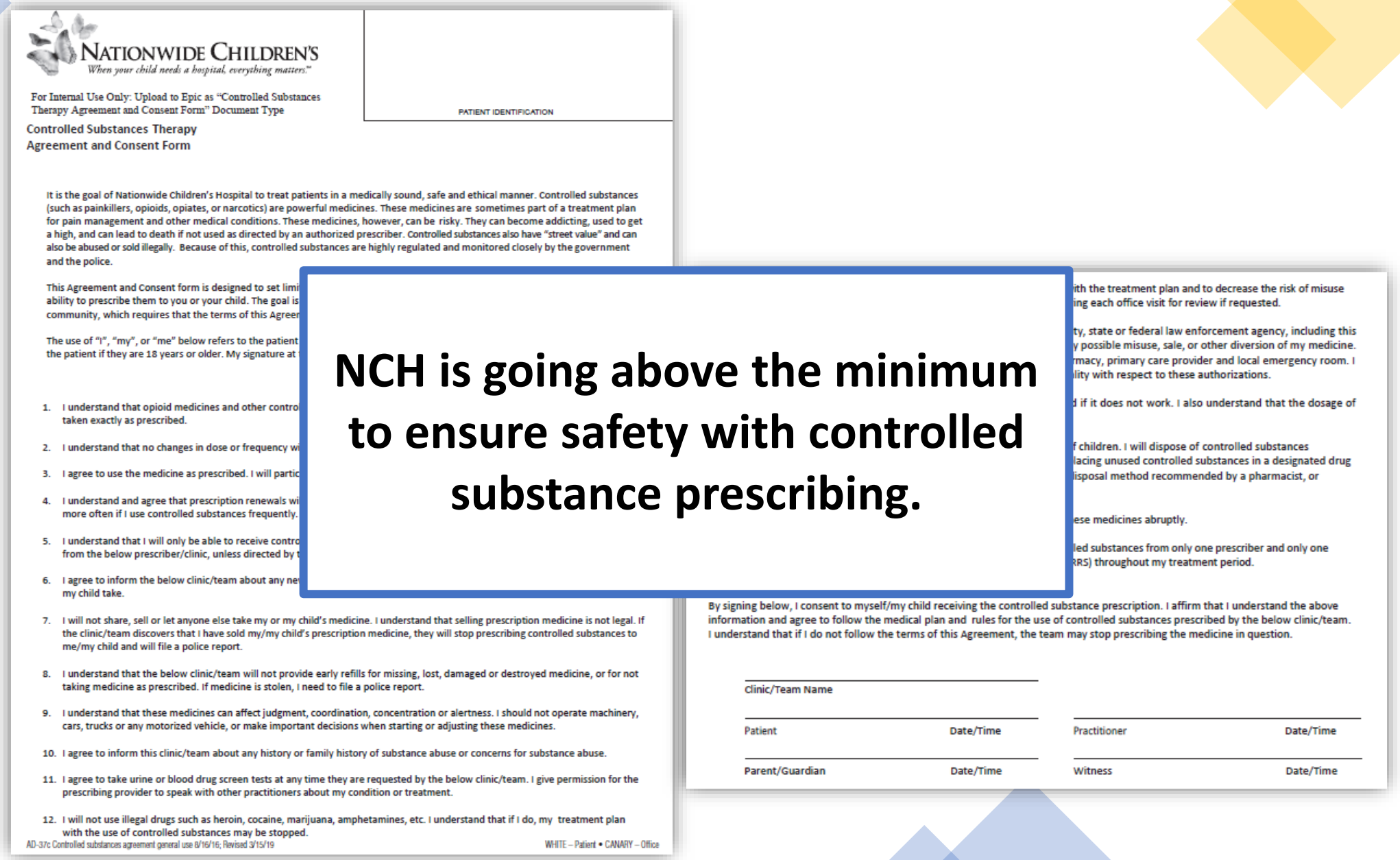
Before starting long term opioid therapy:

1. Discuss and establish treatment goals, risks, and realistic benefits with your patient.
2. Incorporate strategies to mitigate risk including mental health concerns, patient or family risk of addiction.
3. Review the patient's history of controlled substance prescriptions to determine whether the patient is receiving excessive opioid dosages or dangerous combinations that put him/her at high risk for overdose.
4. Use urine drug testing before starting opioids for chronic pain and consider urine drug testing at least annually for all patients on long-term opioid therapy to assess for prescribed medications as well as other controlled substances and illicit drugs.
5. Use an opioid agreement with patient and family.
6. Offer or arrange evidence-based treatment for patients with opioid use disorder.

When opioids are started:

1. Prescribe the lowest possible effective dosage
2. Continue opioid therapy only if there is clinically meaningful improvement in pain and function that outweighs risks to patient safety.
3. Instruct patients and families on Monitoring, Securing, Transitioning, and Disposal.
4. Obtain a Minor Opioid Consent if < 18 years old

Providers should evaluate patients within 1 to 4 weeks of starting long-term opioid therapy or of dose escalation to assess benefits and harms of continued opioid therapy. Providers should evaluate patients receiving long-term opioid therapy every 3 months or more frequently for benefits and harms of continued opioid therapy. If benefits do not outweigh harms of continued opioid therapy, providers should work with patients to reduce opioid dosage and to discontinue opioids when possible.



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For Internal Use Only: Upload to Epic as "Controlled Substances Therapy Agreement and Consent Form" Document Type

PATIENT IDENTIFICATION

Controlled Substances Therapy Agreement and Consent Form

It is the goal of Nationwide Children's Hospital to treat patients in a medically sound, safe and ethical manner. Controlled substances (such as painkillers, opioids, opiates, or narcotics) are powerful medicines. These medicines are sometimes part of a treatment plan for pain management and other medical conditions. These medicines, however, can be risky. They can become addicting, used to get a high, and can lead to death if not used as directed by an authorized prescriber. Controlled substances also have "street value" and can also be abused or sold illegally. Because of this, controlled substances are highly regulated and monitored closely by the government and the police.

This Agreement and Consent form is designed to set limi
ability to prescribe them to you or your child. The goal is
community, which requires that the terms of this Agreer

The use of "I", "my", or "me" below refers to the patient
the patient if they are 18 years or older. My signature at

1. I understand that opioid medicines and other contro
taken exactly as prescribed.
2. I understand that no changes in dose or frequency wi
3. I agree to use the medicine as prescribed. I will partic
4. I understand and agree that prescription renewals wi
more often if I use controlled substances frequently.
5. I understand that I will only be able to receive contro
from the below prescriber/clinic, unless directed by t
6. I agree to inform the below clinic/team about any ne
my child take.
7. I will not share, sell or let anyone else take my or my child's medicine. I understand that selling prescription medicine is not legal. If the clinic/team discovers that I have sold my/my child's prescription medicine, they will stop prescribing controlled substances to me/my child and will file a police report.
8. I understand that the below clinic/team will not provide early refills for missing, lost, damaged or destroyed medicine, or for not taking medicine as prescribed. If medicine is stolen, I need to file a police report.
9. I understand that these medicines can affect judgment, coordination, concentration or alertness. I should not operate machinery, cars, trucks or any motorized vehicle, or make important decisions when starting or adjusting these medicines.
10. I agree to inform this clinic/team about any history or family history of substance abuse or concerns for substance abuse.
11. I agree to take urine or blood drug screen tests at any time they are requested by the below clinic/team. I give permission for the prescribing provider to speak with other practitioners about my condition or treatment.
12. I will not use illegal drugs such as heroin, cocaine, marijuana, amphetamines, etc. I understand that if I do, my treatment plan with the use of controlled substances may be stopped.

AD-37c Controlled substances agreement general use 8/16/16; Revised 3/15/19

WHITE – Patient • CANARY – Office

ith the treatment plan and to decrease the risk of misuse
ing each office visit for review if requested.

ty, state or federal law enforcement agency, including this
y possible misuse, sale, or other diversion of my medicine.
rmacy, primary care provider and local emergency room. I
lity with respect to these authorizations.

d if it does not work. I also understand that the dosage of

f children. I will dispose of controlled substances
lacing unused controlled substances in a designated drug
isposal method recommended by a pharmacist, or

ese medicines abruptly.

led substances from only one prescriber and only one
RRS) throughout my treatment period.

By signing below, I consent to myself/my child receiving the controlled substance prescription. I affirm that I understand the above information and agree to follow the medical plan and rules for the use of controlled substances prescribed by the below clinic/team. I understand that if I do not follow the terms of this Agreement, the team may stop prescribing the medicine in question.

Clinic/Team Name

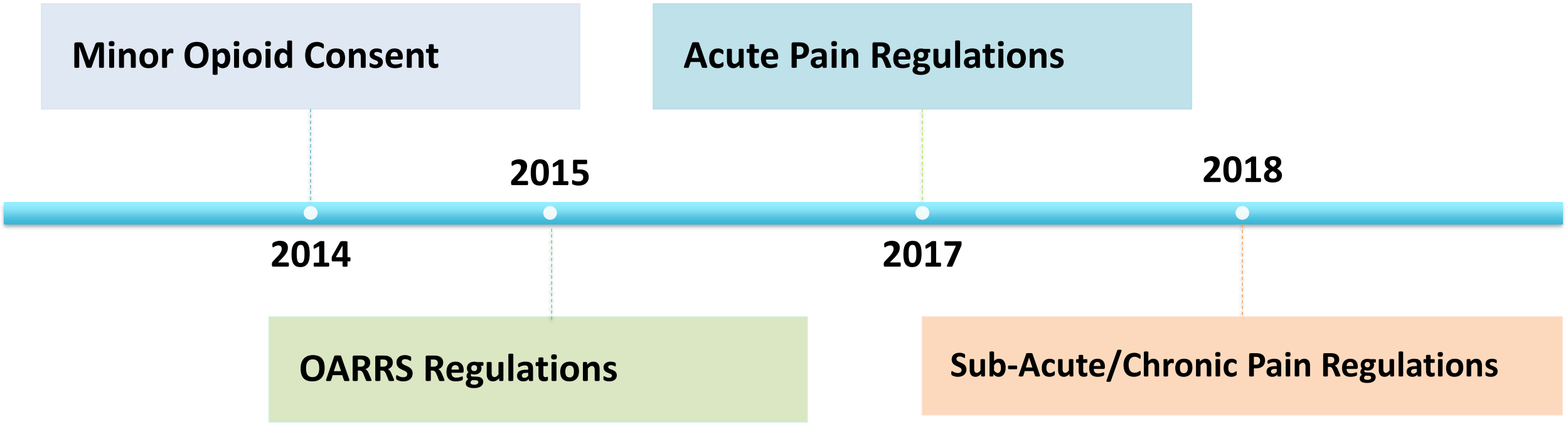
Patient Date/Time Practitioner Date/Time

Parent/Guardian Date/Time Witness Date/Time

NCH is going above the minimum to ensure safety with controlled substance prescribing.

Legislation Review

State of Ohio Regulations



Acute Pain Prescribing Guidelines

No use of long-acting or extended-release opioids.

No more than **5 (minors)/7 (adults) day supply**.

Must **document** reason if exceeding above limits.

Sub-Acute/Chronic Prescribing Guidelines

Any chronic opioid you must document:

1. Alternative modalities tried
2. History and Physical
3. UDS if applicable
4. OARRS assessment
5. Functional Pain Assessment
6. Treatment Plan
7. Risk/Benefit Discussion
8. Medication Disposal

Other recommendations depending on MEDD (50/80/120):

- Additional **documentation**
- Obtain **written consent**
- Prescribe **Narcan**
- Specialist consultation
- Board certified in **pain medicine or hospice/palliative** care (>120)

Epic Tools

Goals

DECREASE COGNITIVE BURDEN

MAKE IT EASY TO DO THE RIGHT THING

IMPROVE OPIOID PRESCRIBING PATTERNS

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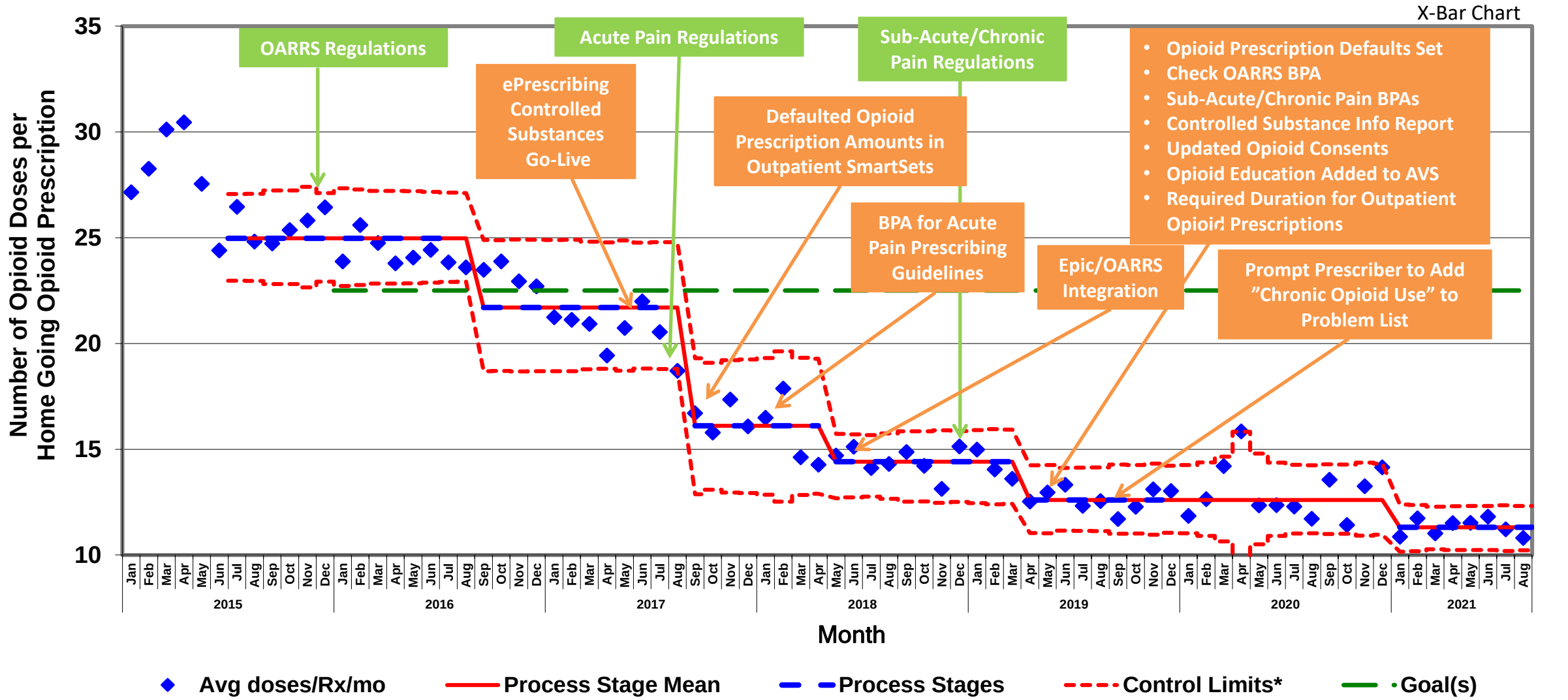
NCH Wide* Average Number of Opioid Doses per Home Going Opioid Prescription

Desired Direction



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Exclusions: Hem/Onc Clinics, Pain Service, H11A, H12A/B, Apheresis, BMT Clinic, Aim Team and Palliative Care, Complex Care Clinic, South High PC

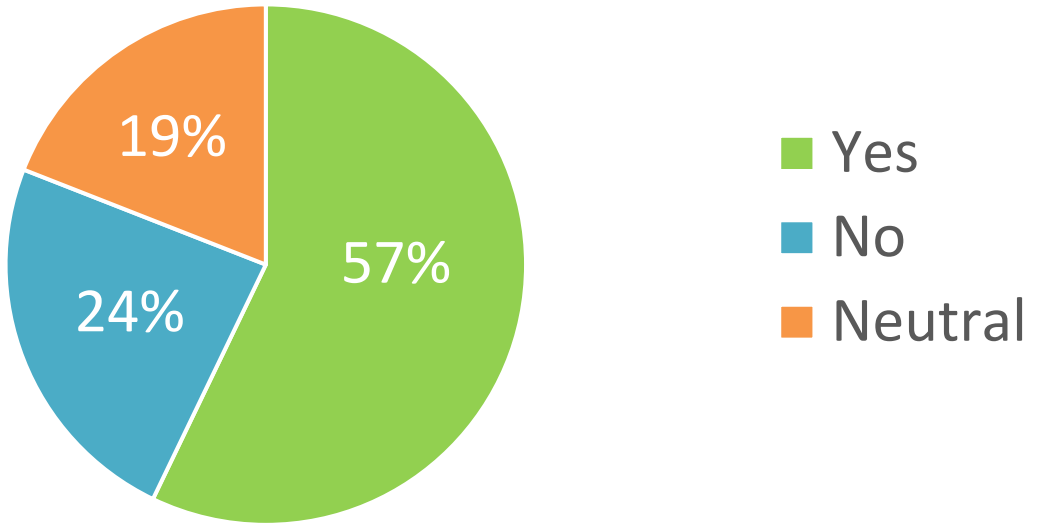
Based on prescriptions with a single electronically documented dose size (approx. 98% sample)

Electronic Prescribing of Controlled Substances

Electronic Prescribing of Controlled Substances

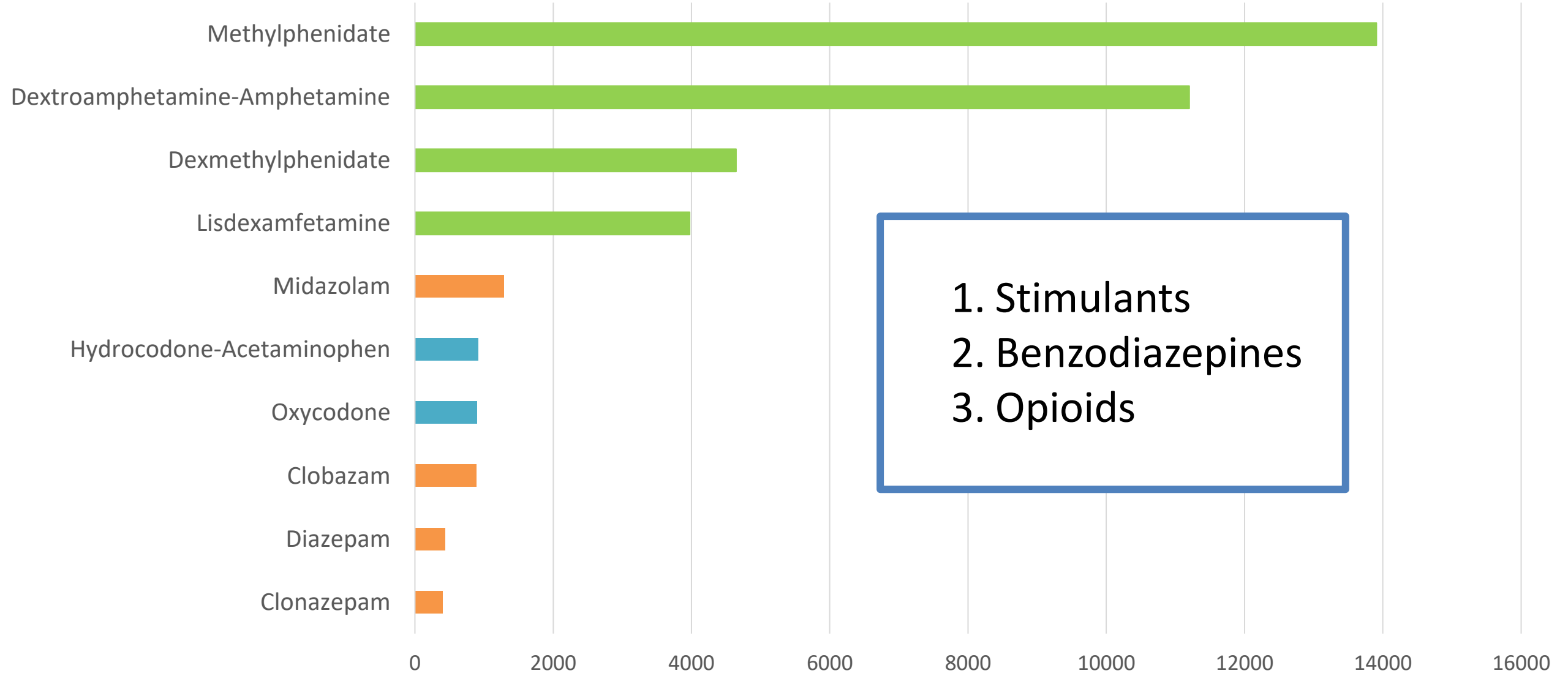
- **2010** – Approved by federal legislation
- **2015** – Legalized by all 50 states
- **2017** – NCH became the ***first*** children's hospital in Ohio to go-live

NCH Survey:
Will EPCS decrease the initial amount of CS you prescribe?



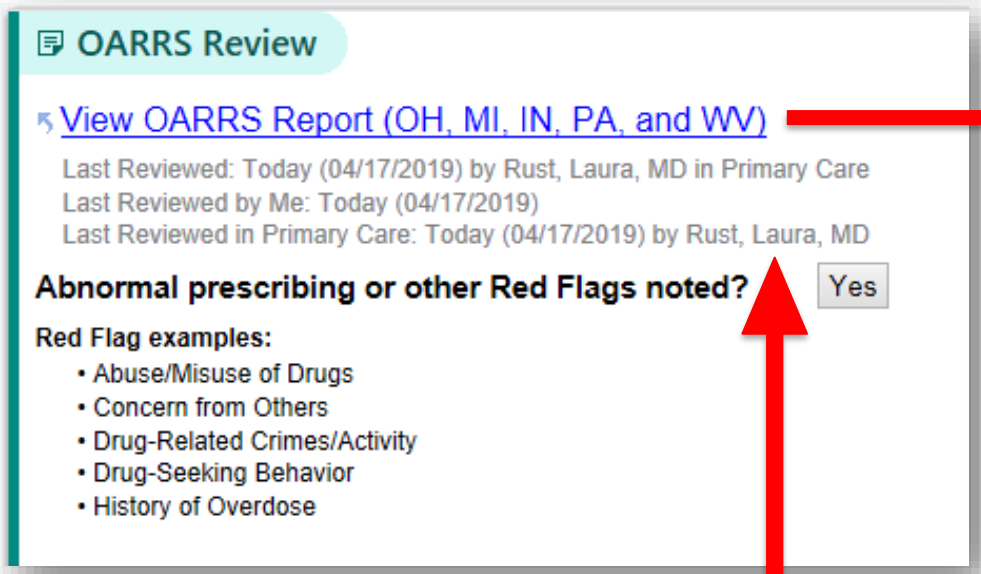
Top 10 ePrescribed Controlled Substances

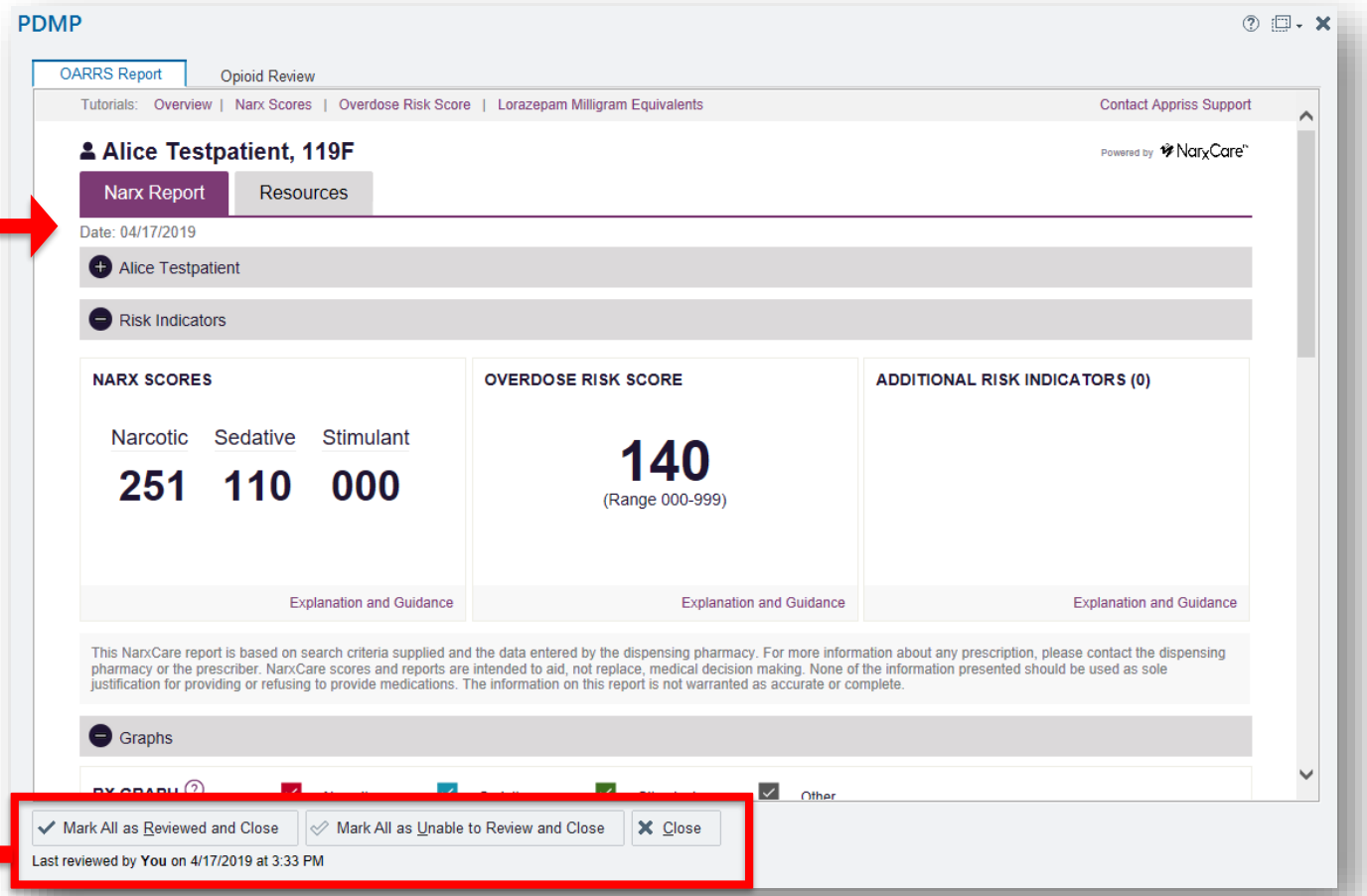
2017



Epic/OARRS Integration

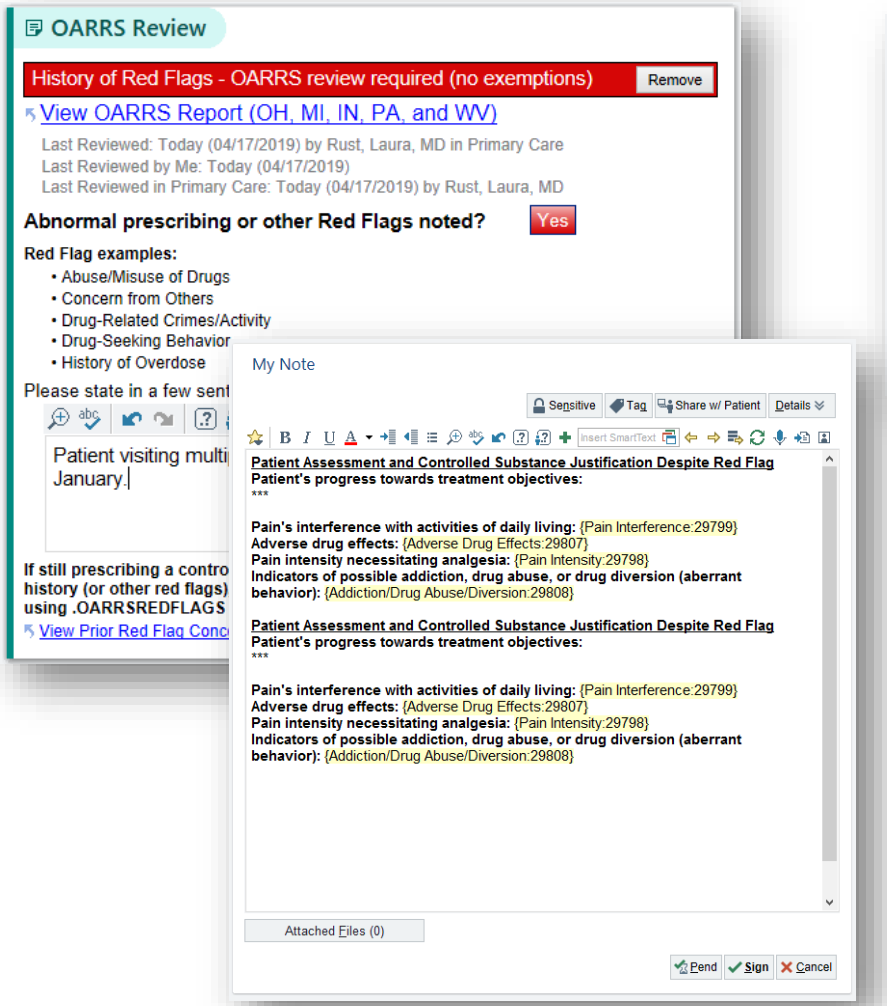
Epic/OARRS Integration



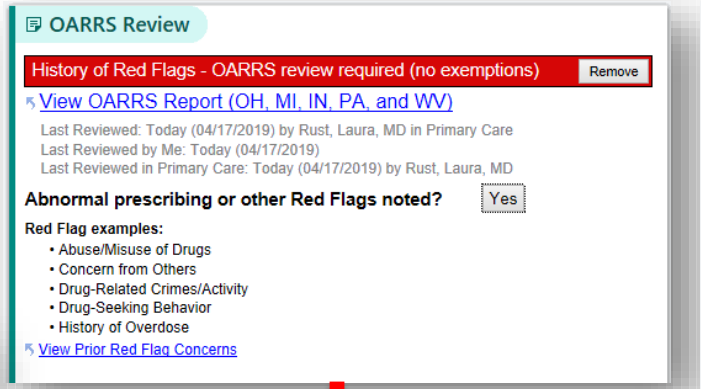


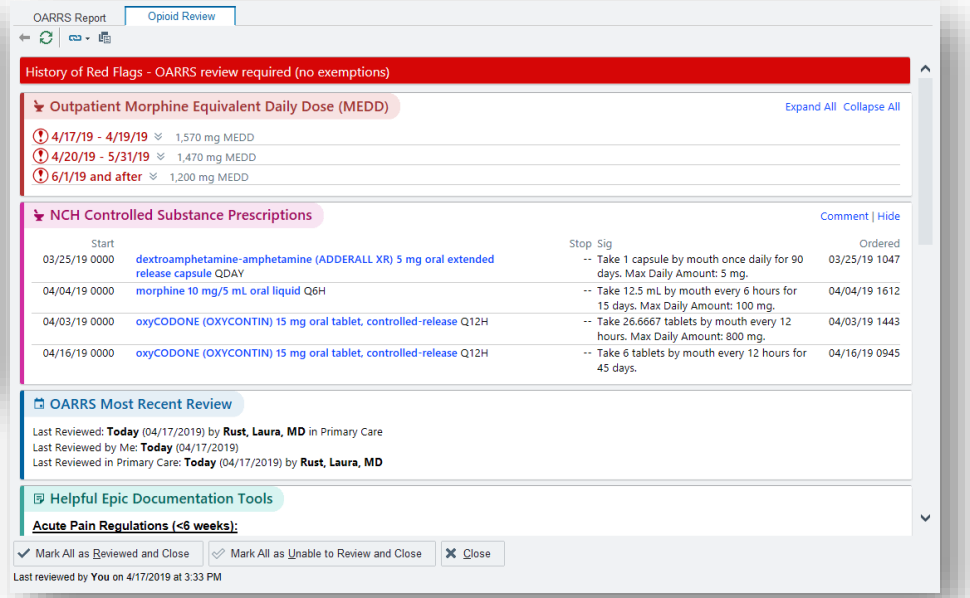
Communicating Concerns

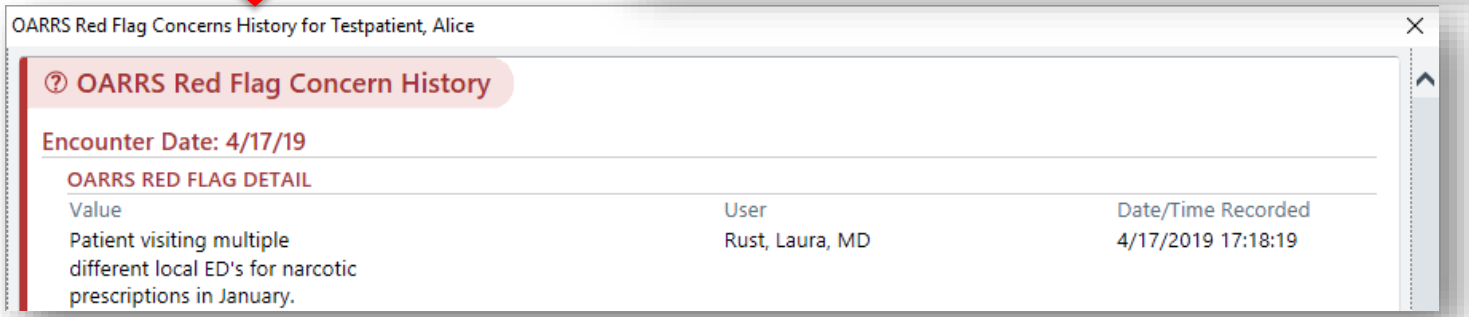
Current Encounter



Future Encounters







Check OARRS Reminder

OARRS Review Required

Per Ohio law, **OARRS review is required** if prescribing *any* controlled substance **more than 7 days** (unless exception met).

What do I need to do?

- Complete OARRS review using the OARRS Review hyperlink below

Remove the following orders?

Remove | Keep

oxyCODONE (ROXICODONE) 10 mg oral tablet
Take 2.1 tablets by mouth every 6 hours for 9 days., Disp-76 tablet, R-0, Maximum MEDD: 126 mg MEDD for this order

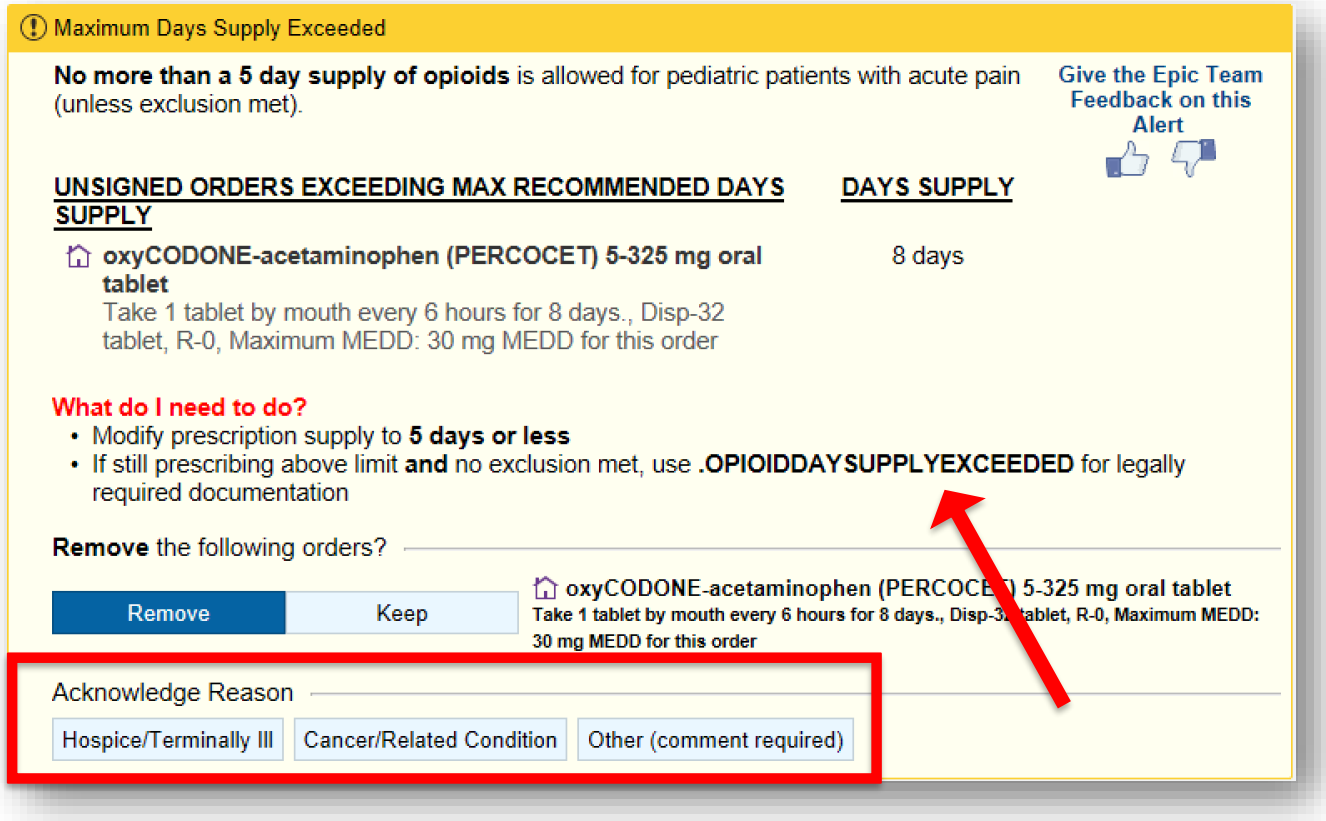
OARRS REVIEW

Acknowledge Reason

Hospice/Terminally Ill | Cancer/Related Condition | Surgical Procedure | Other

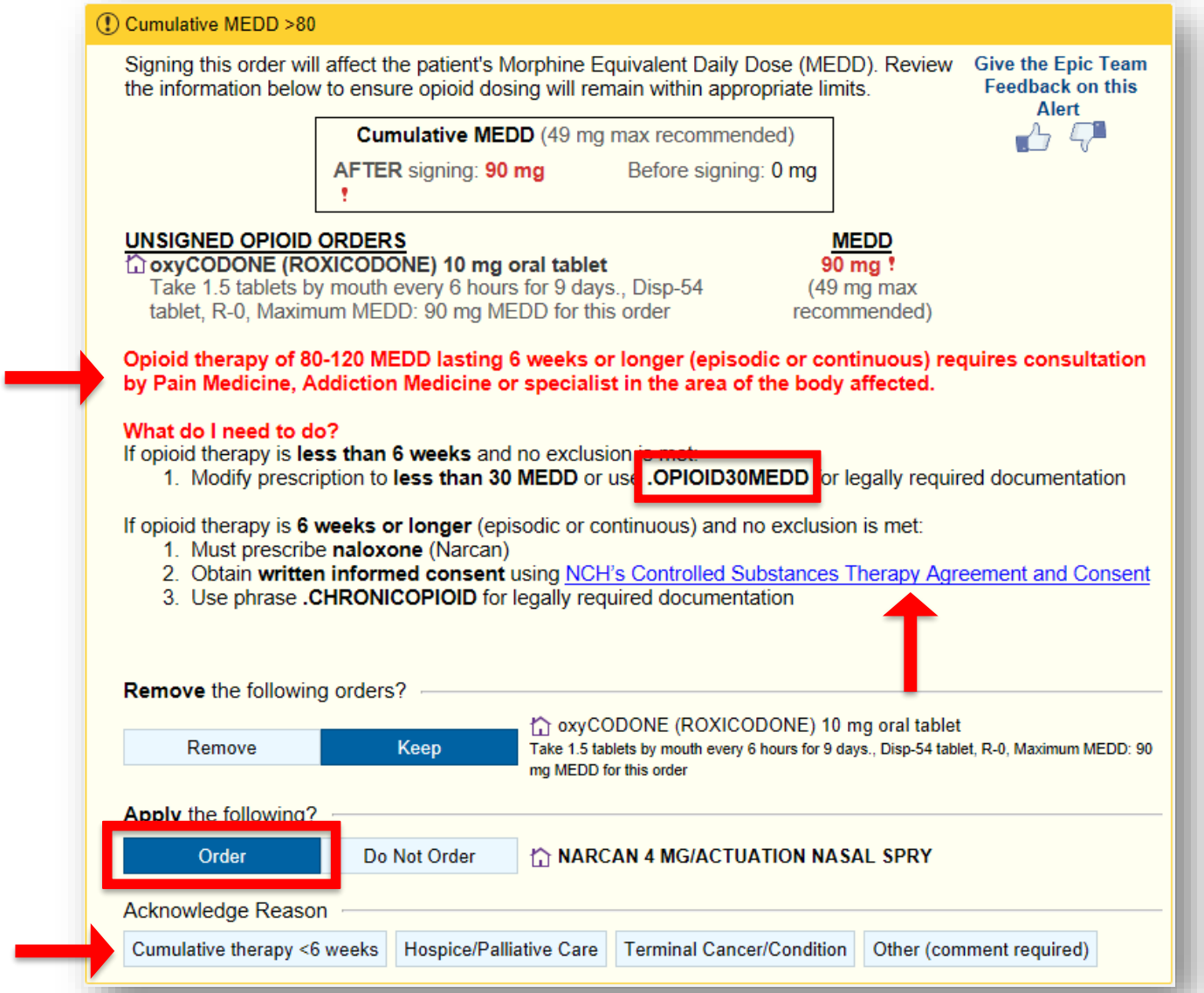
Acute/Chronic Pain Legislation Tools

- Alerting
- Documentation Tools
- Easier Information Review
- Order Updates

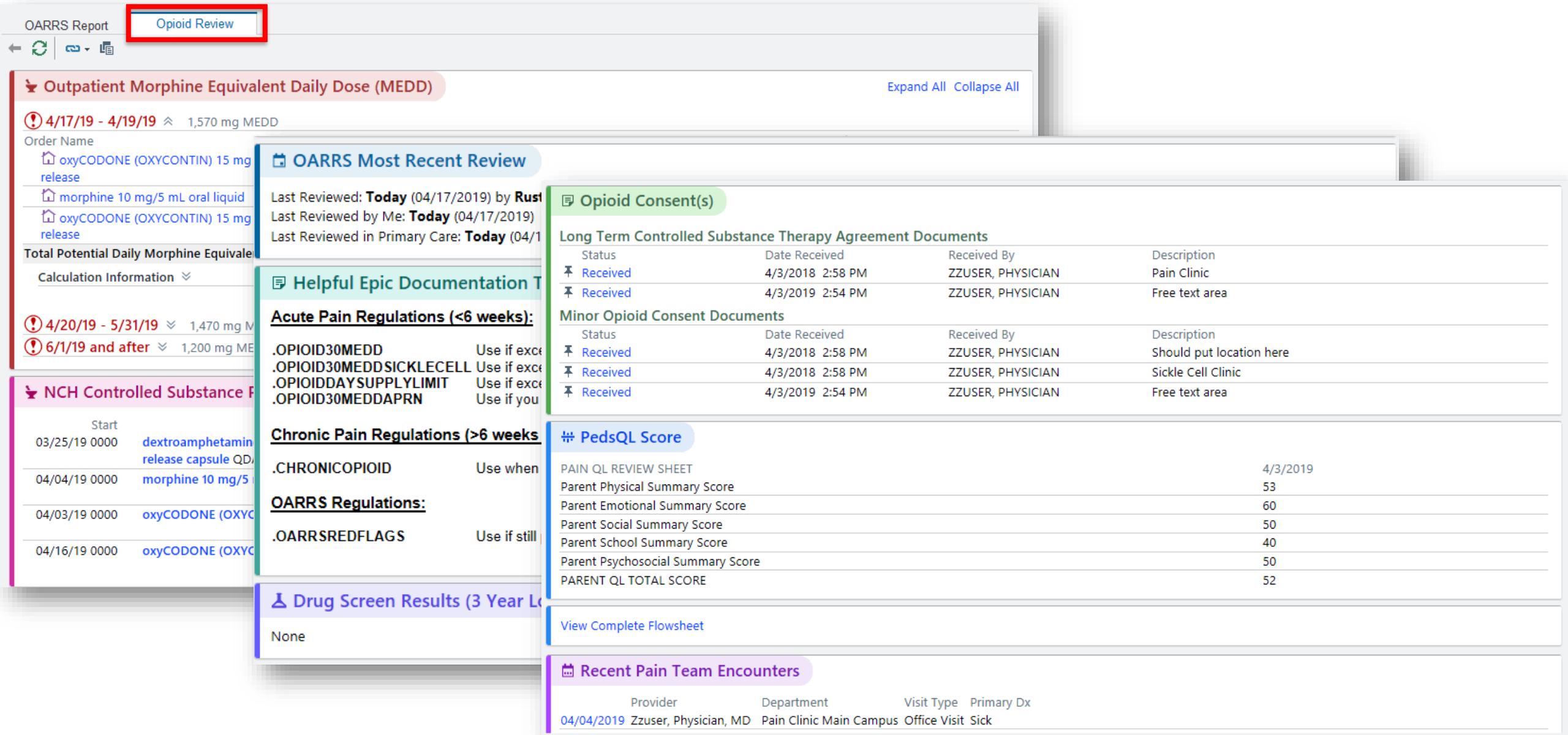


Sub-Acute/Chronic Pain Legislation

- Legislation Reminders
- Documentation Tools
- Easy Consent Access
- Narcan Reminders



Easier Information Review



Standardized Consents

For Internal Use Only: Upload to Epic as "Controlled Substances Therapy Agreement and Consent Form" Document Type

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Controlled Substances Therapy Agreement and Consent Form

PATIENT IDENTIFICATION

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(such as painkillers, opioids, opia
for pain management and other
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taken exactly as prescribed.
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4. I understand and agree that
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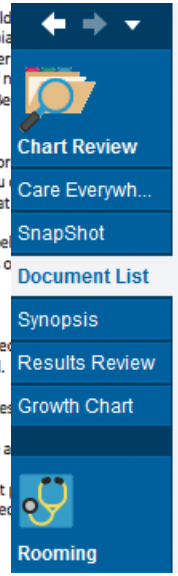


Document List

Level	Group	Type of Document	Description	Status	Date Rec...	Received By	Location
Patient		Controlled Substance Therapy Agreement and Conse	Pain Clinic	Received [10]	4/30/2019	ZZUSER, PHYSICIAN [75]	Pain Clinic
Patient		Minor Opioid Consent	Sickle Cell Clinic	Received [10]	4/30/2019	ZZUSER, PHYSICIAN [75]	Sickle Cell Clinic
Patient		Prescription Insurance Card					
Patient		2018 HIPAA Privacy					
Patient		Driver License/Photo ID					
Patient		Coverage ID Card					
Patient		HIE Authorization					
Patient		Advanced Directives and Living Will Packet		Not Received [1			
Patient		1 Year Ambulatory General Consent					

Opioid Consent(s)

Controlled Substance Therapy Agreement and Consent Form Documents

Status	Date Received	Received By	Description
Received	4/30/2019 2:06 PM	ZZUSER, PHYSICIAN	Pain Clinic

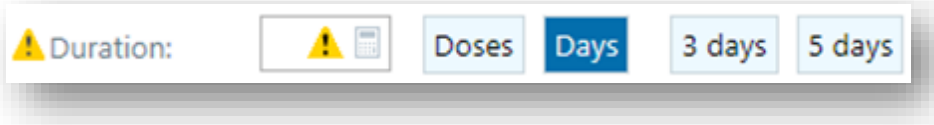
Minor Opioid Consent Documents

Status	Date Received	Received By	Description
Received	4/30/2019 2:07 PM	ZZUSER, PHYSICIAN	Sickle Cell Clinic

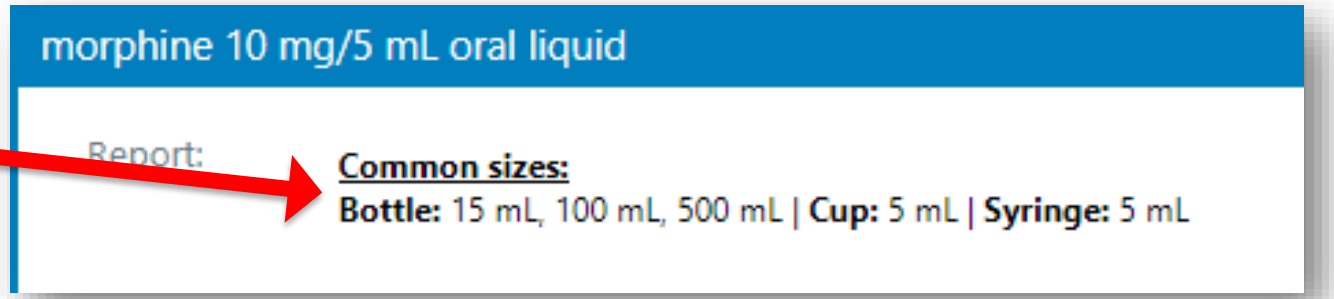
Order Updates: Duration & Refills

Immediate-Release Opioids

1. Duration REQUIRED with a suggestion of 3 or 5 days



2. Zero refills defaulted for C-II
3. Common sizes removed



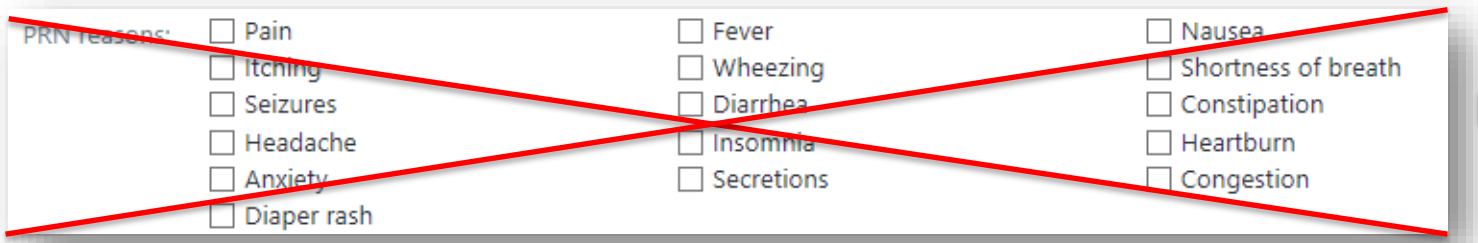
Extended-Release Opioids

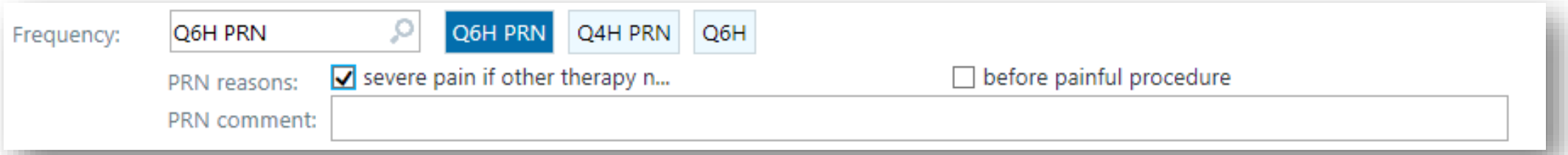
1. Updated order instructions reminder to not use for acute pain
2. Removed all PRN frequency buttons and indications

Order Updates: PRN Reasons

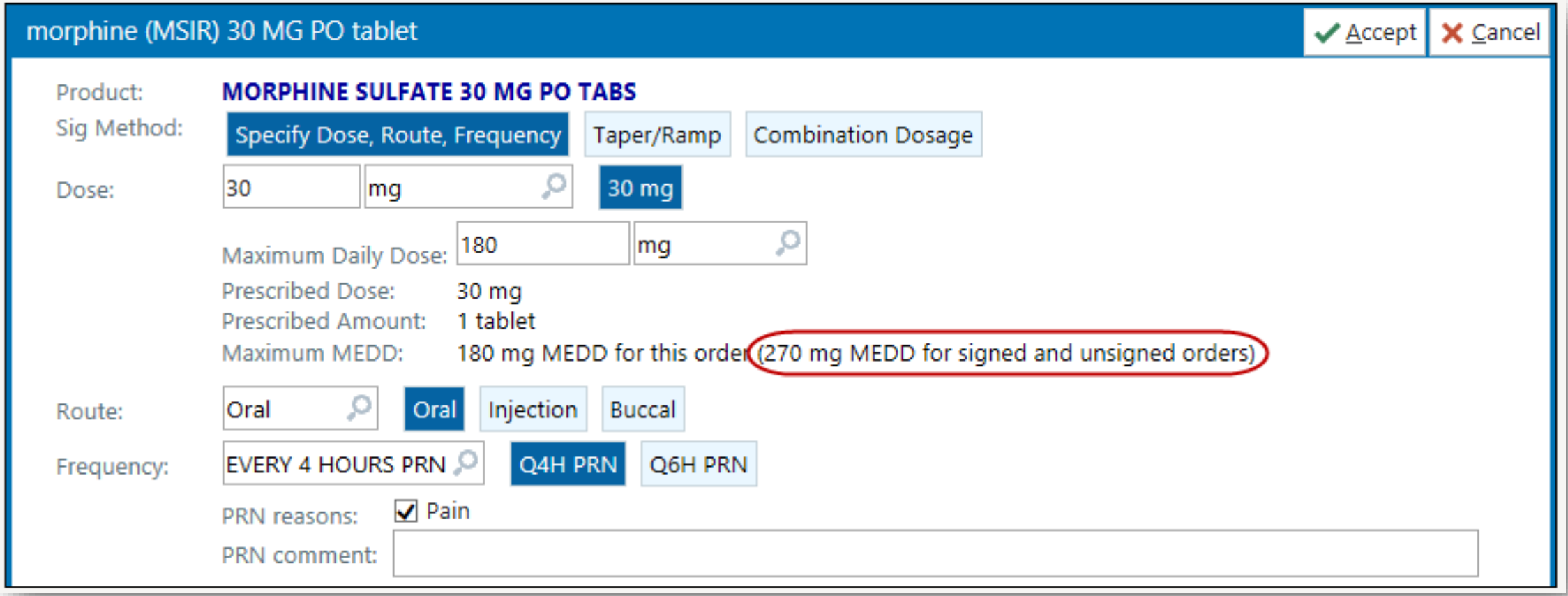
New PRN Reasons

1. Severe pain if other therapy not working
2. Before painful procedure
3. Other (comment)





Order Updates: MEDD



Patient & Family Education

Formal process for opioid safety education

NATIONWIDE CHILDREN'S
When your child needs a hospital, everything matters.

Helping Hand™

Important Facts to Know When Taking Opioids

Opioid (OH pee awid) is the generic word that refers to a whole group of medicines. Opioid medicines are used for pain control. They work best when used with other non-medicine treatments for pain, in combination with acetaminophen and ibuprofen. Some of these are exercise, massage, heat, ice, relaxation techniques, deep breathing, and distraction.

There are 4 important points to remember when your child is taking opioids: Monitor, Secure, Transition, and Disposal.

Monitor

- There are laws that control the possession and use of opioids. Your child's medical provider has ordered this medicine for **your child only**. They should be taken **only as prescribed** because they can be harmful and habit-forming. **Do not** let anyone else take this medicine.
- Know where the medicines are at all times. Keep a count of how much you have so you will always know how much is left.
- There is potential for abuse of these medicines. Opioid medicines should only be used when needed because they can be addictive. Even though this does not happen to everyone, opioid addiction can happen to anyone and can lead to permanent illness, injury and even death.
- **Be on the lookout for "Seekers"** – siblings, relatives, friends, neighbors, or strangers - who are looking to steal opioid medicines.
- **It is important to keep a record of when the medicine is given**. Use a calendar or Helping Hand HH-V-1, *Medication Record*.
- Possible side effects (from most common to least common):
  - Constipation - It is recommended your child take medicine to help prevent or treat constipation while taking opioids.
  - Nausea or vomiting - Your child may need to take medicine to help control nausea and vomiting.
  - Drowsiness - If your child becomes drowsy or sleepy, do not let them ride a bike or operate machinery (such as a lawnmower or car), or take part in any activities where they must stay alert and awake.
  - Itchiness

Instructions for Opioid Medications

Remember Home Opioid and Medication Safety Practices

MONITOR amount of medications you have on hand at all times

SECURE medications in a locked box or cabinet

TRANSITION off medications as instructed. For acute pain, you should keep giving acetaminophen and ibuprofen if your child's healthcare provider recommends this, while cutting back on the dose and how often you give the opioid medicine. Some medications may require a slow decrease to be weaned off.

DISPOSE of all unused medications properly as soon as no longer needed. Your best choices for disposal of unused or expired medicines are:

Instructions for Opioid Medications (continued)

Medicine take-back options
- Visit www.rxdrugdropbox.org or Food and Drug (FDA) website to find a nearby collection location
- Nationwide Children's Hospital outpatient pharmacies have drug disposal boxes during pharmacy hours

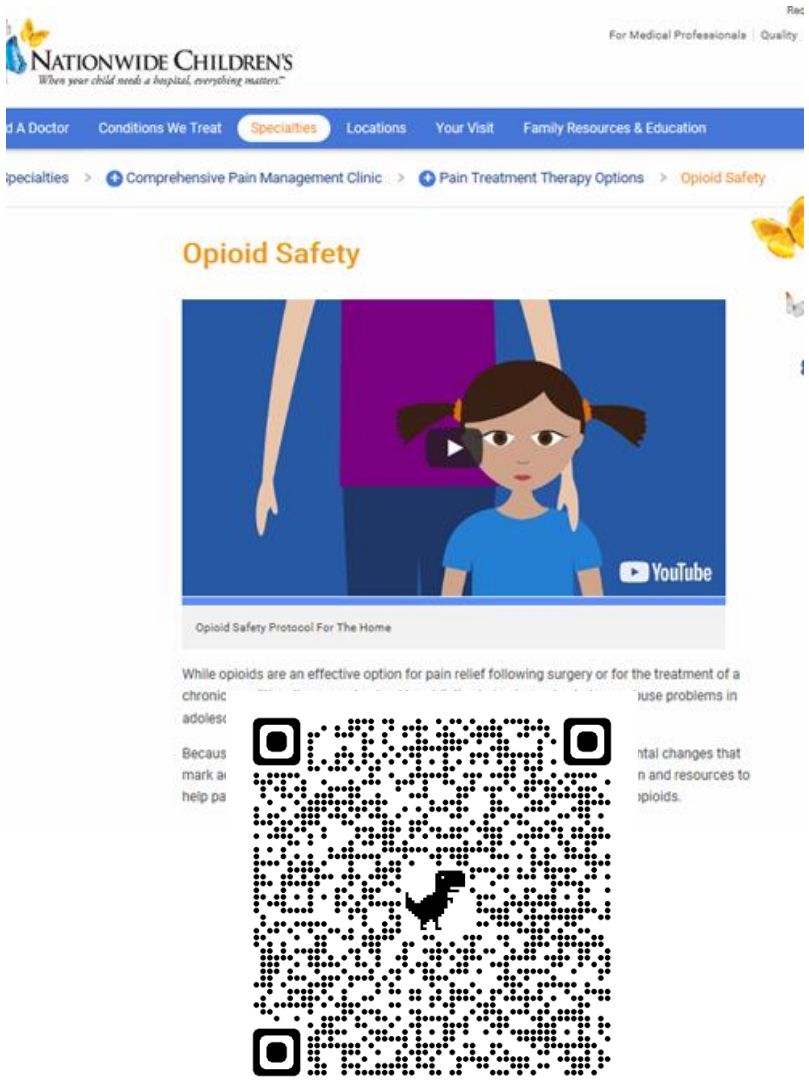
Disposal in household trash
- If no take-back options are available, and there are no specific disposal instructions in the product package insert, such as flushing, you can also follow these simple steps to dispose of most medicines in the household trash:
- 1) Mix medicines (do not crush tablets or capsules) with an unpalatable substance such as dirt, cat litter, or used coffee grounds;
- 2) Place the mixture in a container such as a sealed plastic bag;
- 3) Throw the container in your household trash; and
- 4) Delete all personal information on the prescription label of empty pill bottles or medicine packaging, then dispose of the container(s)
- Commercially made Drug Disposal bags are available that deactivate the drug and can be disposed in household trash

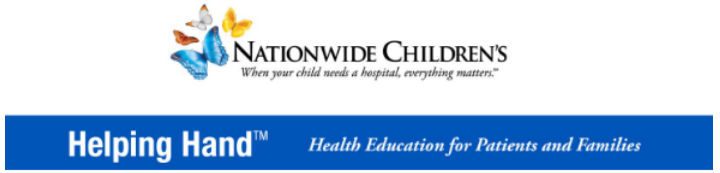
Flush certain potentially dangerous medicines in the toilet
- A small number of medicines have specific instructions to immediately flush down the toilet when no longer needed and a take-back option is not readily available. These medicines may be especially harmful and, in some cases, fatal with just one dose if they are used by someone other than the person for whom they were prescribed.

When to call for emergency help

Call for emergency help if:
- Your child becomes very sleepy and is difficult to awaken
- Your child's breathing slows or stops

For more information visit the Nationwide Children's Hospital Opioid Safety Website at https://www.nationwidechildrens.org/opioid-safety





Treating Pain after Outpatient Surgery

Nationwide Children's Hospital wants to make your child as comfortable as possible. Having pain is normal after surgery, but there are ways to ease the pain.

How pain is evaluated

Sometimes it can be hard to know what is causing your child's behavior or mood. It could be pain, anxiety, stress, or confusion.

Possible signs of pain include:

- crying
- facial cues (frown, wide eyes, grimaces)
- leg movement
- irritability
- shaking or twitching
- how hard or easy it is to soothe your child
- favoring a certain part of the body.

You can use the scale below to help you figure out pain in your child. Ask how he or she feels, how bad the pain hurts, or which face looks like the child feels. This may give you a better idea of your child's pain level and help you to know what to do to help.

Remember that you know your child best. Trust your instincts regarding your child's pain. (See the *Faces* chart at the top of Page 2.)

Treating Pain After Inpatient Surgery

Nationwide Children's Hospital wants to make our patients as comfortable as possible. Having pain is normal after surgery, but there are ways to decrease the pain.

How is pain evaluated?

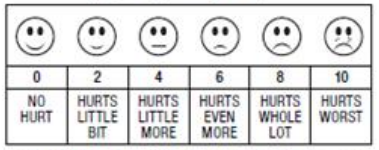
Sometimes it can be hard to know if pain, anxiety or stress is causing discomfort.

Possible signs of pain are crying, facial cues, leg movement and how easily the patient can be comforted. Parents can also help us understand their own child's needs. Nurses and doctors use guides called pain scales to measure pain. There are different pain scales that can be used based on the patient's age. For younger children, the pain scale uses visual signs to evaluate pain (see chart below).

Subjective pain scales:

Faces: More appropriate for preschool and young school children.

Show me how you feel by pointing to the face:



0	2	4	6	8	10
NO HURT	HURTS LITTLE BIT	HURTS LITTLE MORE	HURTS EVEN MORE	HURTS WHOLE LOT	HURTS WORST

Older children and adults can rate their pain on a scale of 0 to 10, with 0 being in no pain and 10 being the

What can you do to help?

It is important to take deep breaths and cough from time to time. Blowing bubbles can be fun and help the lungs too. If there is a surgical wound, try splinting the affected area. Splinting is holding a pillow or folded blanket and gently applying pressure over the wound. The patient should cough or take a deep breath during splinting.

Try different positions to decide what is most comfortable. Your nurse can make suggestions about safe positions. It is also important to move while in bed, and walk when allowed to get out of bed.

Stroking your child's hands, arms, legs or head may be comforting. Small children may be more comfortable when someone holds them.

Try to distract your child from the pain and make him or her as comfortable as possible. Suggestions include:

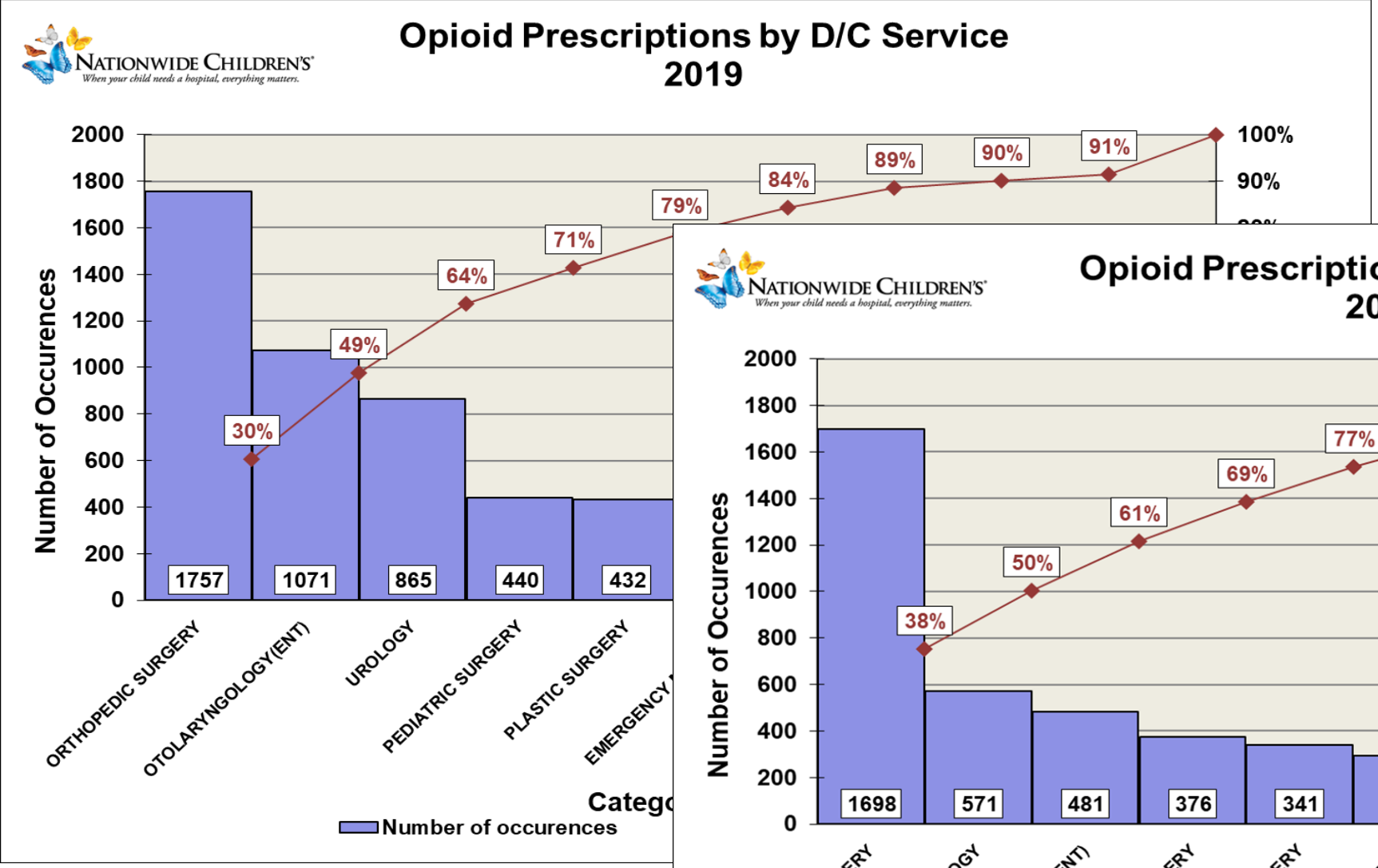
- Keep the room quiet and dim the lights
- Play soft music
- Watch a favorite movie or television show
- Read books
- Ask about Child Life Services
- Massage therapy, acupuncture, aromatherapy, hypnosis (ask your nurse about these therapies)
- Bring comfort items from home, such as stuffed animals or a music device with headphones
- Ask your nurse if it is safe to place a warm or cold pad on the area that hurts.

Patient & Family Communication Efforts

NATIONWIDE CHILDREN'S®
When your child needs a hospital, everything matters.

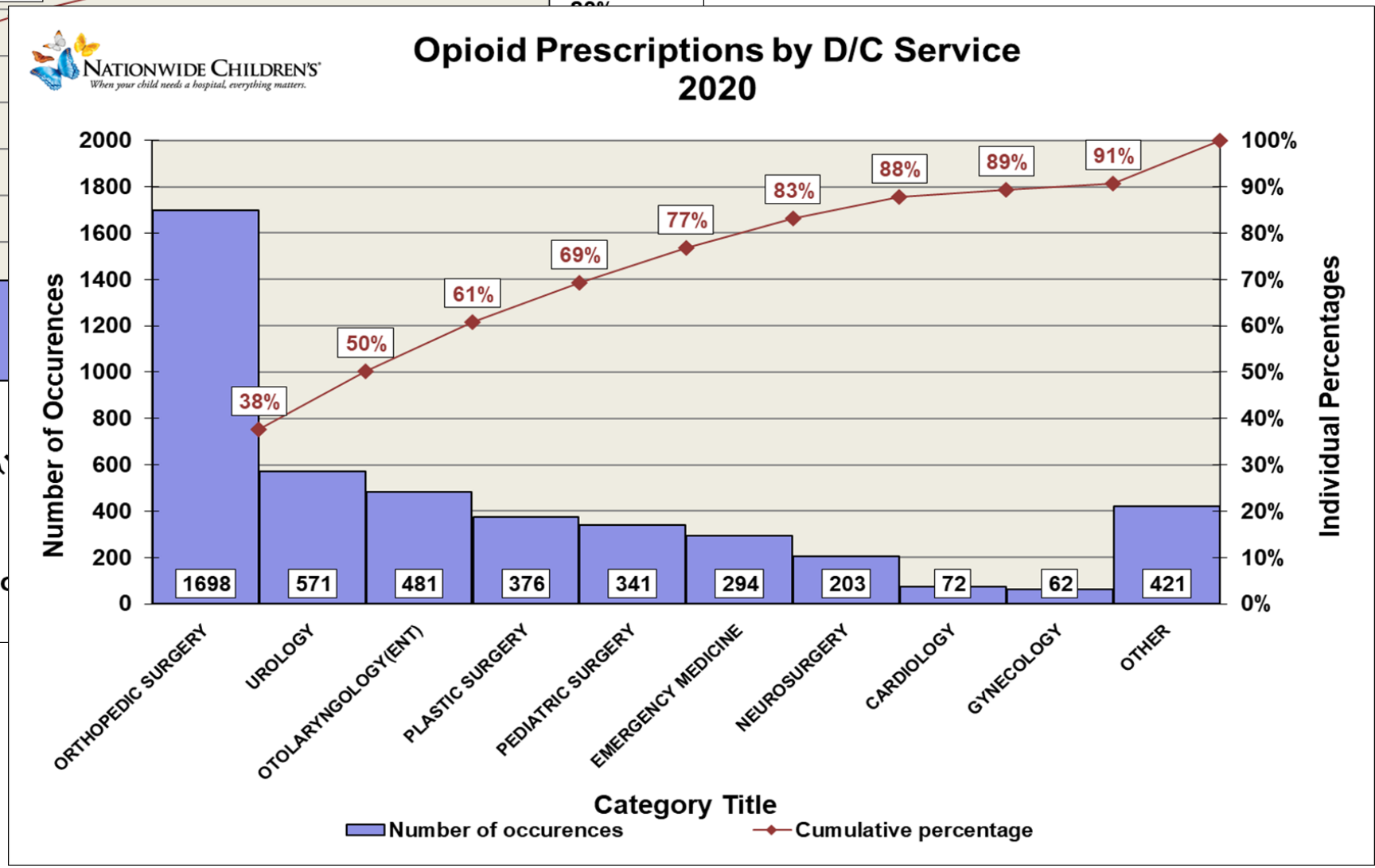
100 % of prescribers are alerted to provide opioid education with each homegoing prescription.

Current Prescribing Trends

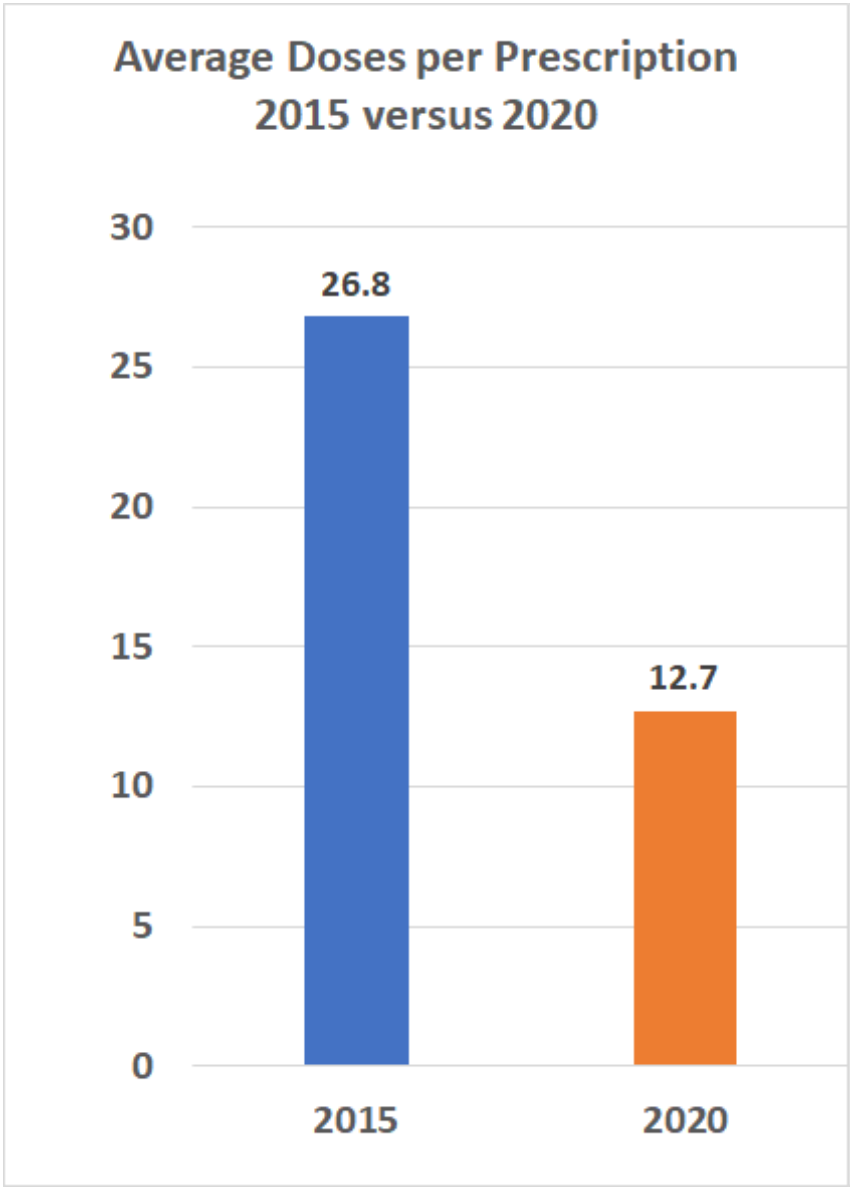


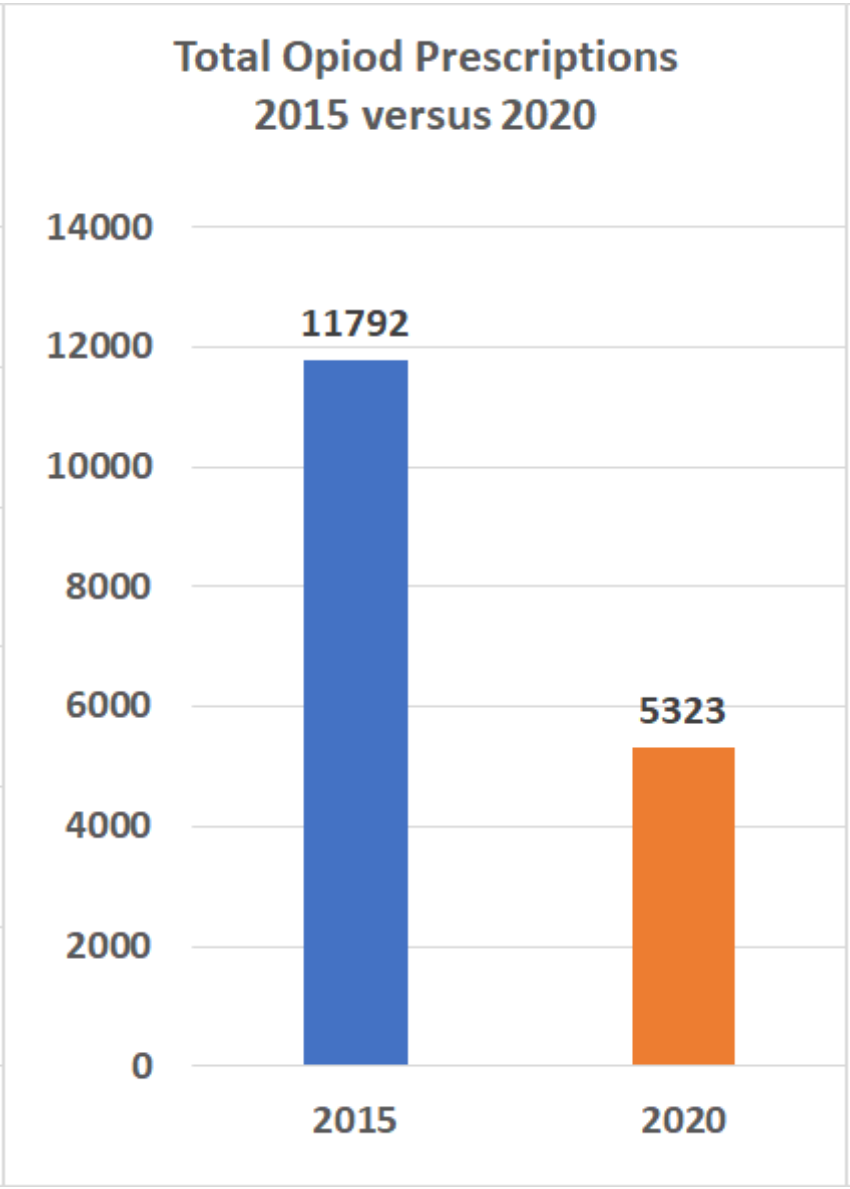
ENT: 1300 → 481

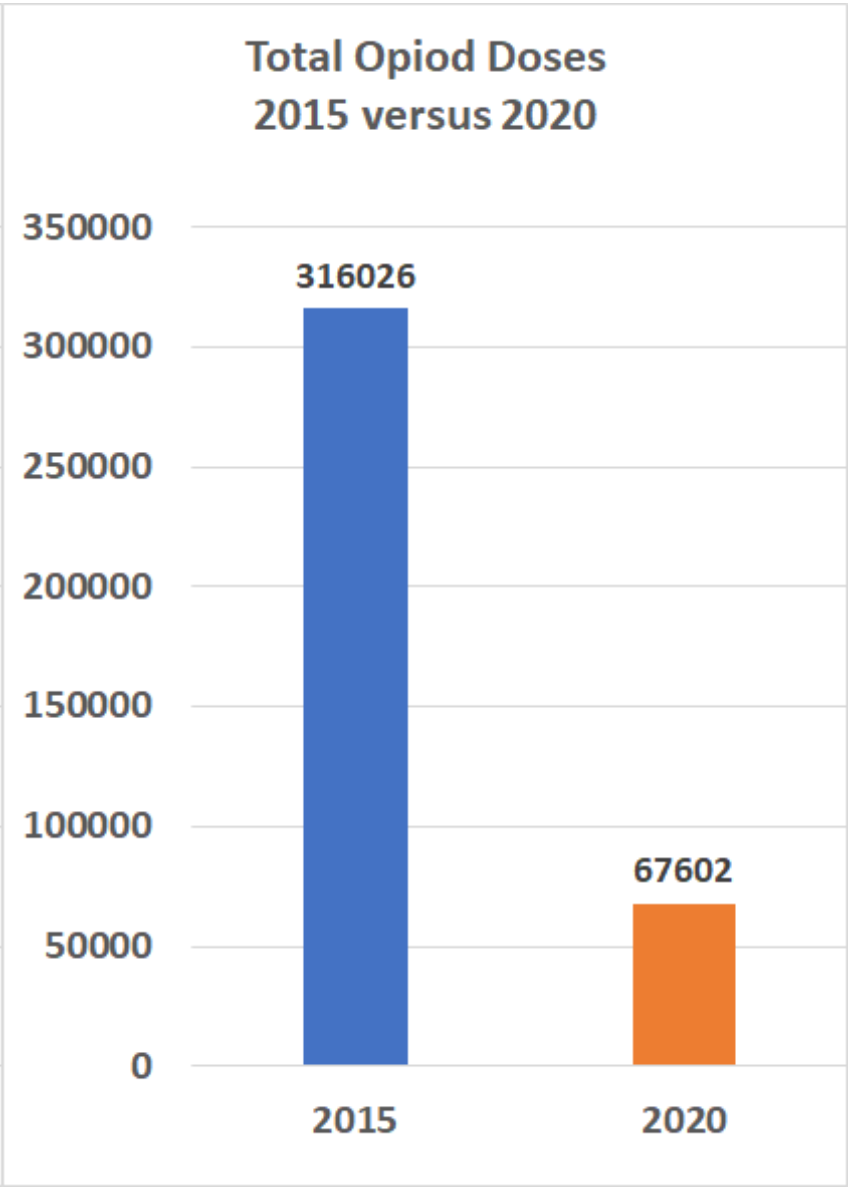
Pediatric Surgery: >1500 → 341



*excludes Hem/Onc Clinics, Pain Service, H11A, H12A/B, Apheresis, BMT Clinic, Aim Team and Palliative Care, Complex Care Clinic, South High PC

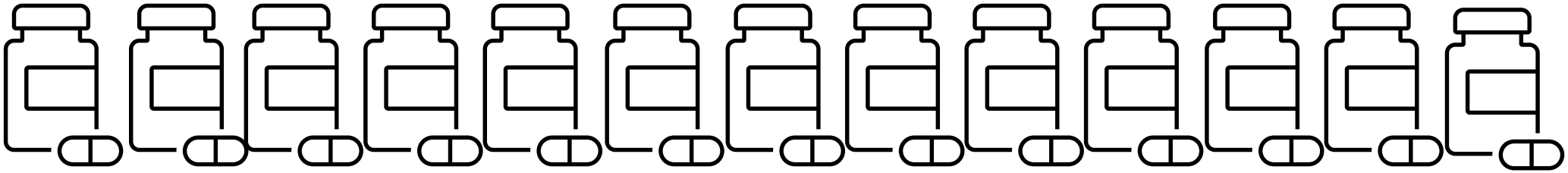

Average Doses per Prescription
2015 versus 2020
30
25
20
15
10
5
0
26.8
12.7
2015
2020


Total Opiod Prescriptions
2015 versus 2020
14000
12000
10000
8000
6000
4000
2000
0
11792
5323
2015
2020


Total Opiod Doses
2015 versus 2020
350000
300000
250000
200000
150000
100000
50000
0
316026
67602
2015
2020

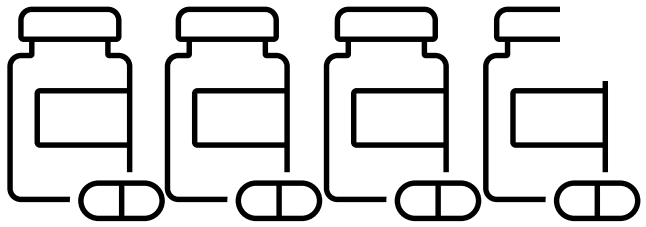
Prescribing Impact - Tablets

2015



128,057 tablets

2020



36,592 tablets

1 bottle = 10,000 tablets

Prescribing Impact - Liquid

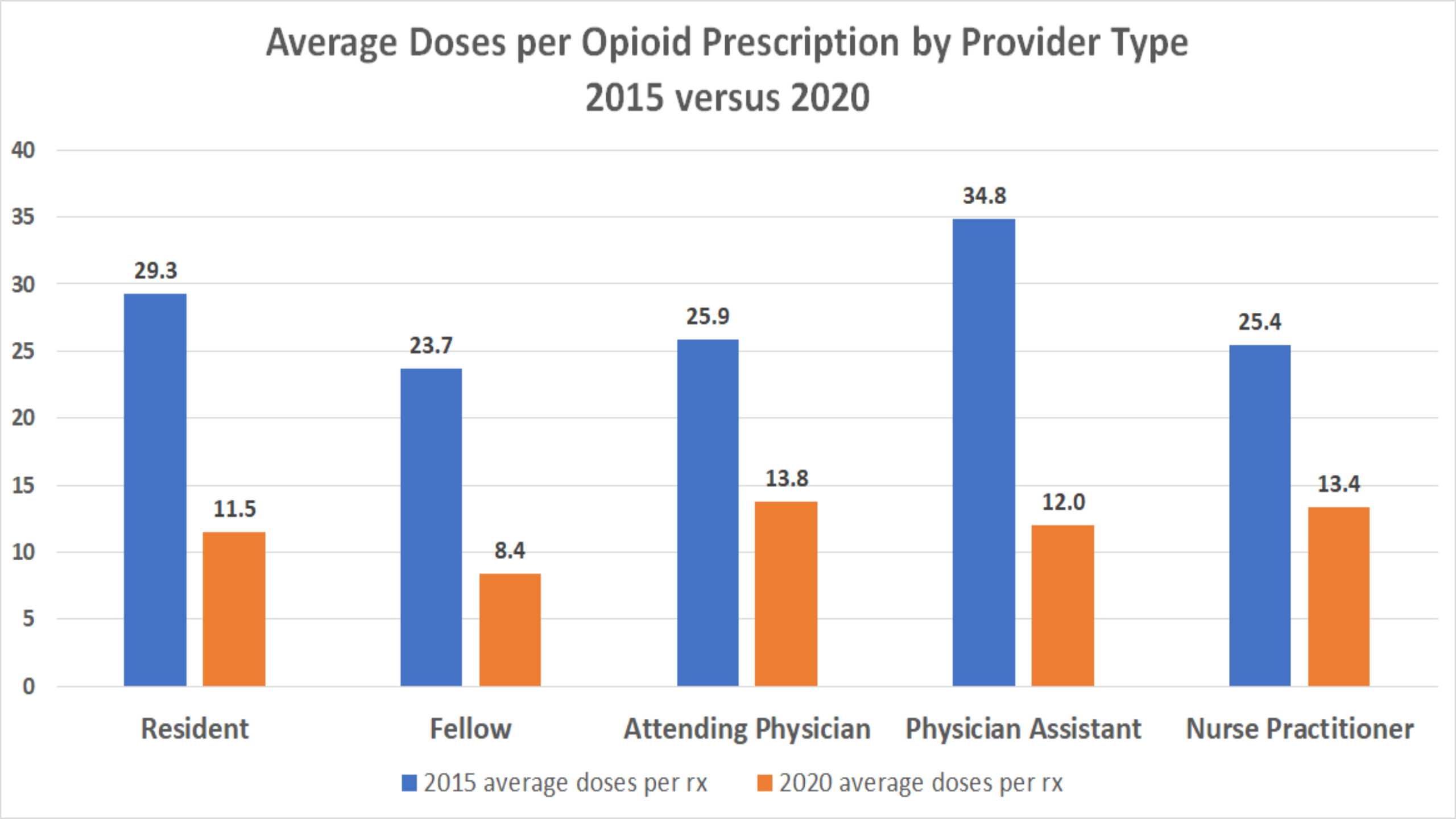
2015

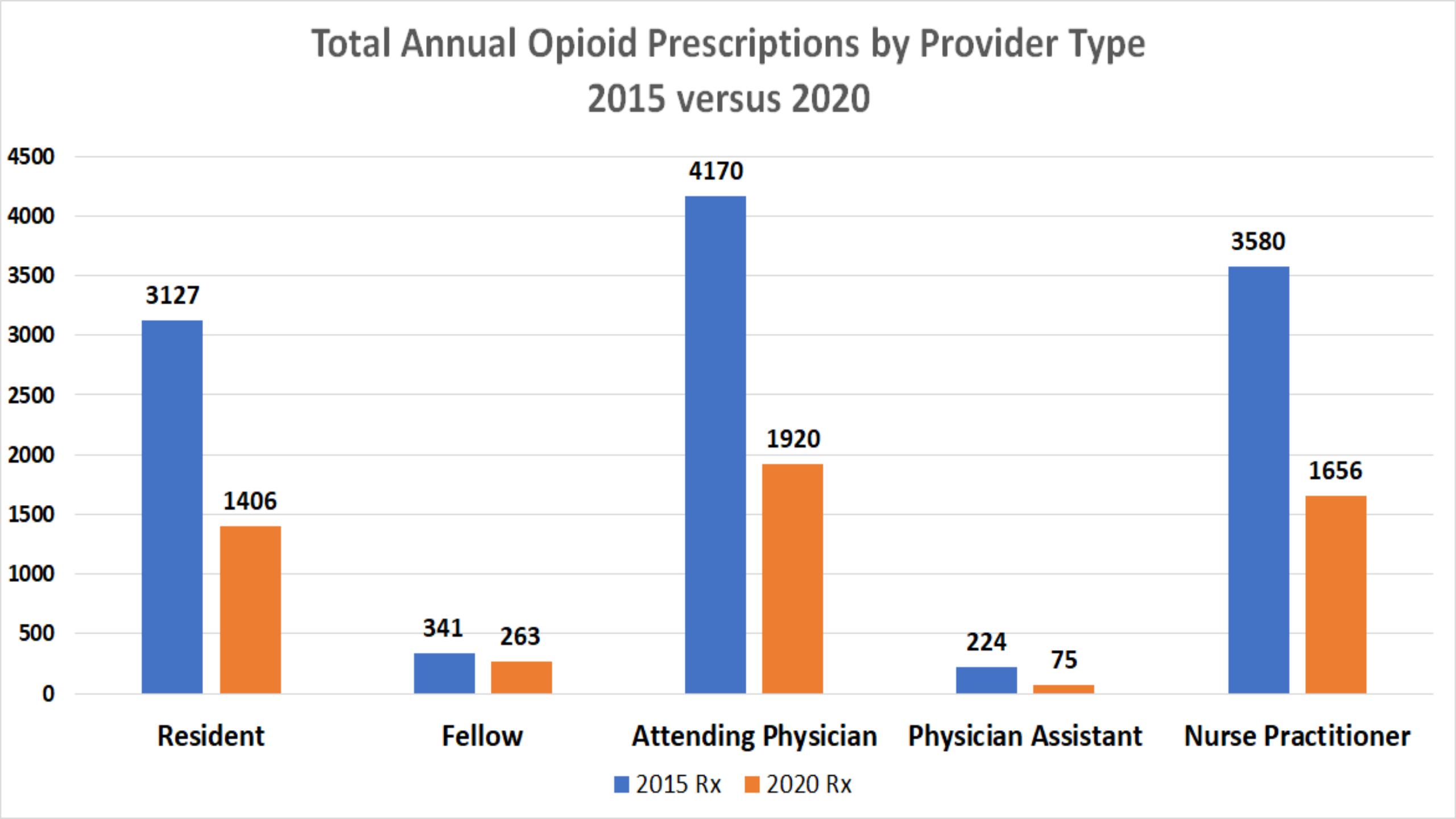
177,136 mL

2020

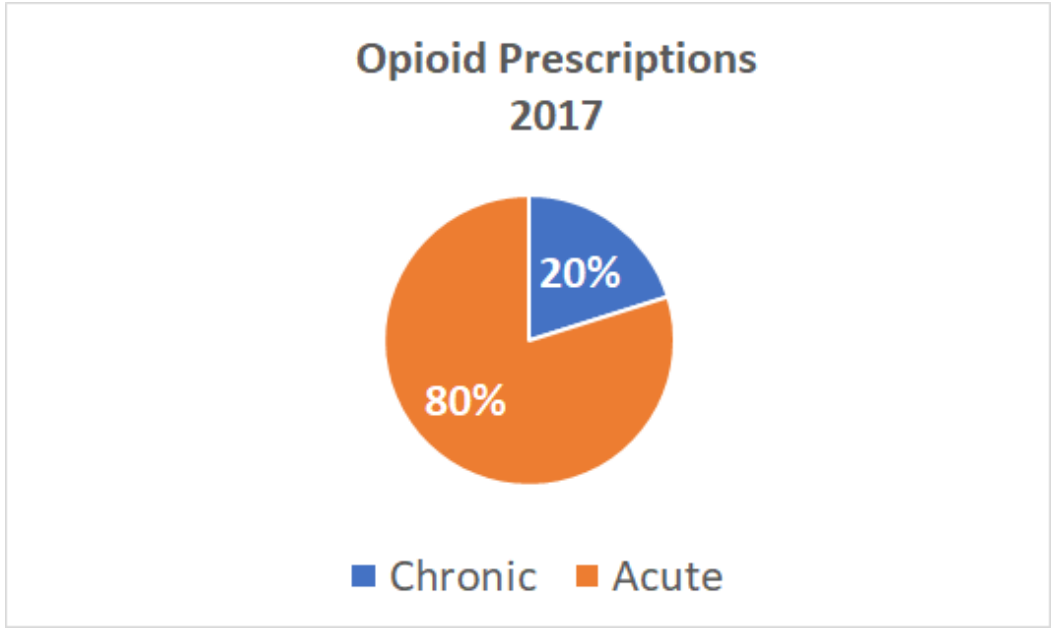
31,095 mL

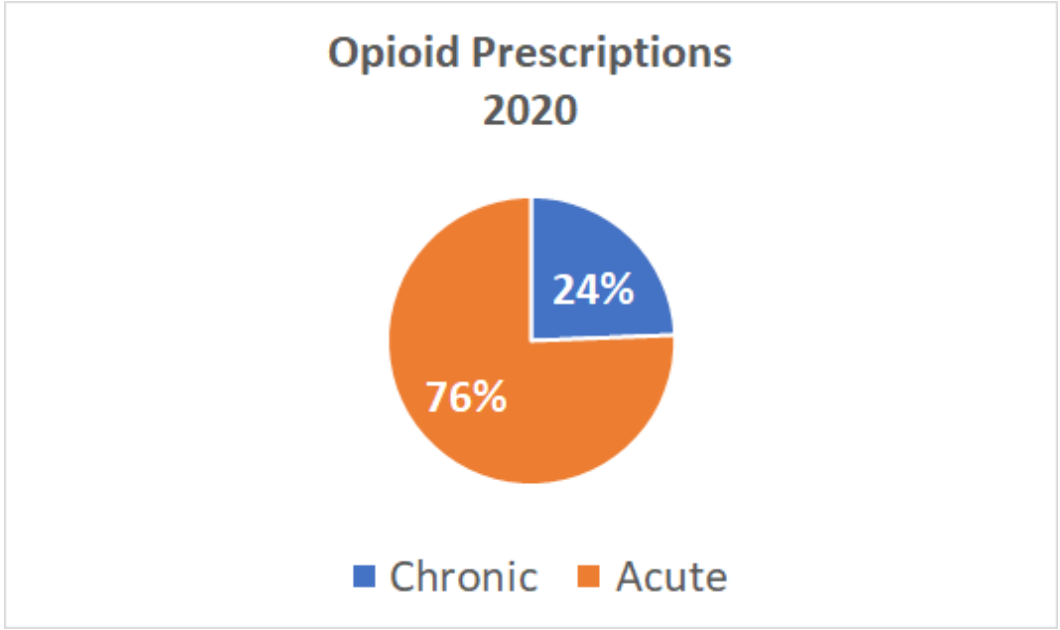
1 bottle = 10,000 mL


Average Doses per Opioid Prescription by Provider Type
2015 versus 2020
40
35
30
25
20
15
10
5
0
29.3
11.5
23.7
8.4
25.9
13.8
34.8
12.0
25.4
13.4
Resident
Fellow
Attending Physician
Physician Assistant
Nurse Practitioner
2015 average doses per rx
2020 average doses per rx


Total Annual Opioid Prescriptions by Provider Type
2015 versus 2020
4500
4000
3500
3000
2500
2000
1500
1000
500
0
3127
1406
341
263
4170
1920
224
75
3580
1656
Resident
Fellow
Attending Physician
Physician Assistant
Nurse Practitioner
2015 Rx
2020 Rx

Acute vs Chronic Opioid Rx





Patient-Friendly Analgesic Tracking

Post-Op Medicine Chart: Please use this table to write down when medicine is given.

	Give _____ mL of acetaminophen (also called Children's Tylenol 160mg/5mL) every 6 hours *as needed for mild to moderate pain.* 1 Acetaminophen/**Tylenol**	May rotate with _____ mL of Children's Motrin (Children's Ibuprofen 100mg/5 mL) every 6 hours *as needed for mild to moderate pain if not controlled with acetaminophen/Tylenol alone.* 2 Ibuprofen/**Motrin**
Day 8	1. _____ 3. _____ 2. _____ 4. _____	1. _____ 3. _____ 2. _____ 4. _____
Day 9	1. _____ 3. _____ 2. _____ 4. _____	1. _____ 3. _____ 2. _____ 4. _____
Day 10	1. _____ 3. _____ 2. _____ 4. _____	1. _____ 3. _____ 2. _____ 4. _____
Day 11	1. _____ 3. _____ 2. _____ 4. _____	1. _____ 3. _____ 2. _____ 4. _____
Day 12	1. _____ 3. _____ 2. _____ 4. _____	1. _____ 3. _____ 2. _____ 4. _____
Day 13	1. _____ 3. _____ 2. _____ 4. _____	1. _____ 3. _____ 2. _____ 4. _____
Day 14	1. _____ 3. _____ 2. _____ 4. _____	1. _____ 3. _____ 2. _____ 4. _____

For Questions:
WEEKDAYS BETWEEN 8:30 A.M.- 4:00 P.M., CALL THE ENT CLINIC NURSE TRIAGE LINE: 614-722-6547
AFTER 4:00 P.M. WEEDAYS OR ON WEEKENDS, CALL 614-722-2000, ASK FOR "ENT DOCTOR ON-CALL"

PLACE PATIENT STICKER HERE

Post-Op Medicine Chart: Please use this table write down when medicine is given.

	Give _____ capsule(s) of celecoxib (also called Celebrex) every morning and evening for 10 days. 1 Celecoxib/**Celebrex**	Give _____ mL of acetaminophen (also called Children's Tylenol 160mg/5mL) every 6 hours *as needed for mild to moderate pain not controlled by celecoxib (Celebrex).* 2 Acetaminophen/**Tylenol**	May give _____ mL of oxycodone (also called Roxicodone 1 mg/ml oral solution) every 6 hours *as needed for severe pain not controlled by acetaminophen and celecoxib.* 3 Oxycodone/**Roxicodone**
Day 1	AM: _____ PM: _____	1. _____ 3. _____ 2. _____ 4. _____	
Day 2	AM: _____ PM: _____	1. _____ 3. _____ 2. _____ 4. _____	
Day 3	AM: _____ PM: _____	1. _____ 3. _____ 2. _____ 4. _____	
Day 4	AM: _____ PM: _____	1. _____ 3. _____ 2. _____ 4. _____	
Day 5	AM: _____ PM: _____	1. _____ 3. _____ 2. _____ 4. _____	
Day 6	AM: _____ PM: _____	1. _____ 3. _____ 2. _____ 4. _____	
Day 7	AM: _____ PM: _____	1. _____ 3. _____ 2. _____ 4. _____	

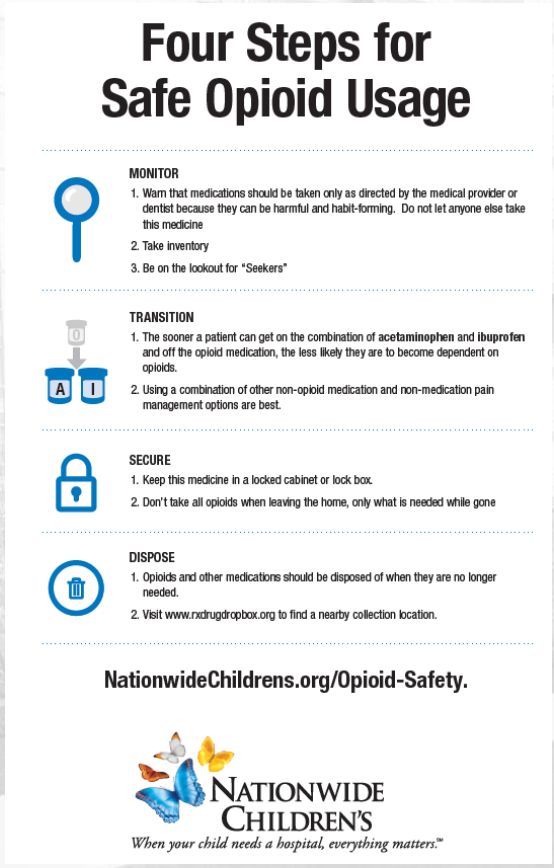
For Questions:
WEEKDAYS BETWEEN 8:30 A.M.- 4:00 P.M., CALL THE ENT CLINIC NURSE TRIAGE LINE: 614-722-6547
AFTER 4:00 P.M. WEEDAYS OR ON WEEKENDS, CALL 614-722-2000, ASK FOR "ENT DOCTOR ON-CALL"

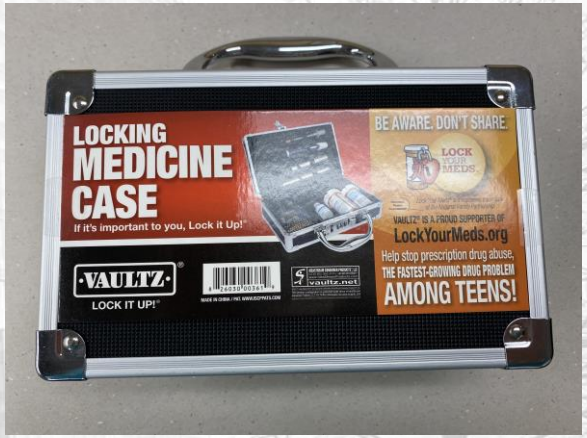
Specialty-Specific Outcomes

- Balancing measures to make sure pain control adequate
  - **No increased phone calls** for pain medications after discharge
  - **No change in Press Ganey scores** for patient/caregiver satisfaction with pain control

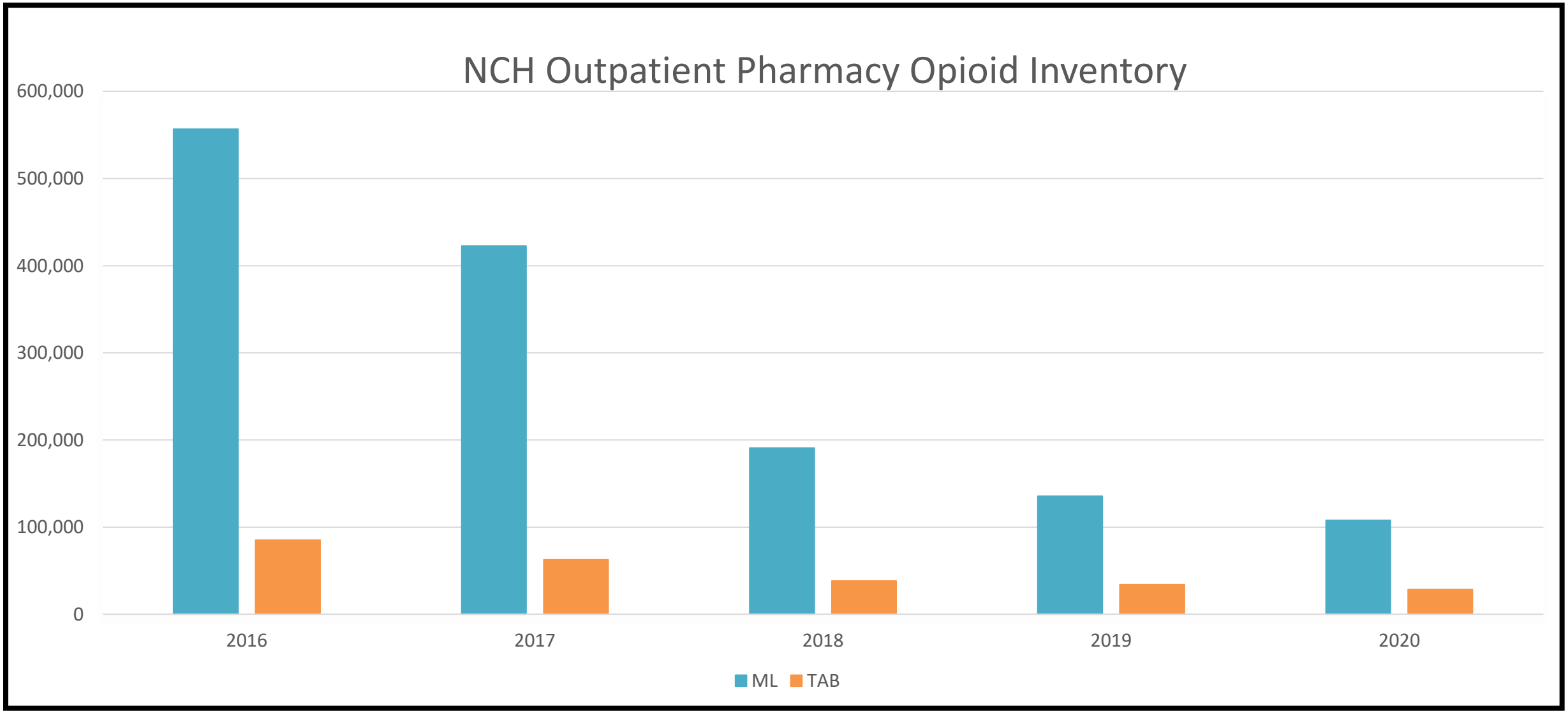
Pharmacy Interventions for Opioid Safety

- Lock boxes
- Deterra bags
- Dispense Narcan without prescription
- Prescription Drug Drop Boxes
  - Located at each NCH Outpatient Pharmacy
  - Installed on 03/24/2019
  - Collected about 500 pound of unwanted medication (~20 lbs/month)





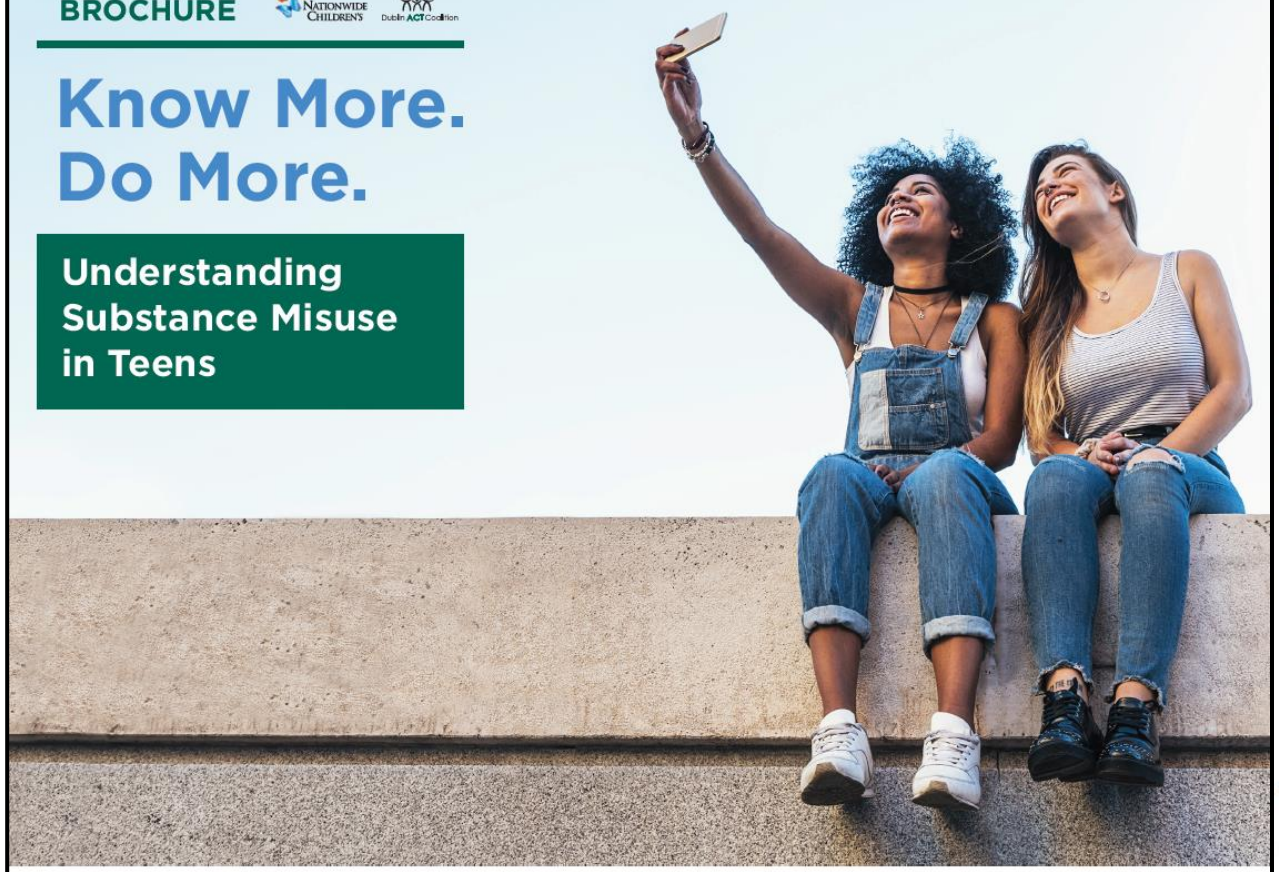
Less Unnecessary Opioids Ordered and Dispensed



BROCHURE

Know More. Do More.

Understanding Substance Misuse in Teens



This information was made possible by the Dublin ACT Coalition in partnership with Nationwide Children's Hospital.

1

Know More. Do More.

Understanding Substance Misuse in Teens

Participating in sports is good for a student athlete's health and self-esteem, yet it also comes with the risk of painful injury that sometimes requires surgery and treatment with opioid pain medicines.

When this is the case, they need others on their team to help them get well and keep them that way — including their parents, doctor, athletic trainer and coaches.

This information was made possible by the Dublin ACT Coalition in partnership with Nationwide Children's Hospital.

Join us in protecting our student athletes from dangerous opioid pain meds.

When student athletes are prescribed opioid pain medicine for an injury or after surgery — sports-related or not — they need others on their team to help them get well and keep them that way.

For this reason, Nationwide Children's Hospital, in partnership with the Dublin ACT Coalition, has developed a toolkit for parents, athletic trainers and coaches which is designed to:

- Underscore the safe use of opioids and other prescription medicines
- Educate about the risk factors that increase teen risk for addiction and how to know signs of misuse
- Provide a clear and consistent no-use message regarding alcohol and other drugs and the misuse of prescription medicines
- Empower everyone in your sphere of influence to say something when they see something to save a life

On and off the field or court, athletes need to be 100% to be successful, achieve their dreams and thrive not just athletically but also academically, psychologically and socially. **We all need to be involved to make this happen.**

WHEN A CHILD OR TEEN HAS BEEN PRESCRIBED OPIOIDS:

MONITOR
Only allow your child to take medicines as prescribed. No one else should take this medicine.

SECURE
Keep your child's medicine in a locked cabinet or lock box AND out of the reach of children.

TRANSITION
Get your child off an opioid medicine as soon as you can.

DISPOSE
Medicine should be disposed of responsibly when it is no longer needed.

Download Our Guides

Resources to Prevent Student Athlete Substance Misuse

Parent and Community Resources to Prevent Youth Substance Misuse

School and Administrator Resources to Prevent Youth Substance Misuse

Making a Bigger Impact in Ohio

Central Ohio Hospital Council

- Narcan Prescription Standards
- Opioid Prescription Reduction Projects
- Drug Drop Boxes

Ohio Hospital Association

- Opioid Stewardship Webcast Series
- Future resource for other hospitals in Ohio

Ohio Opioid Education Alliance

- Denial, OH

Future Steps

- Continue efforts to decrease number of opioids prescribed while balancing pain control
- Continue education efforts hospital wide on opioid safety education
- Review minor opioid consent laws and standardize consent procedures across NCH
- Expand naloxone prescribing
- Increase community education efforts
- Expand opioid stewardship tool kit to other institutions

Thank you

Sharon Wrona DNP – Sharon.Wrona@nationwidechildrens.org

Laura Rust MD – Laura.Rust@nationwidechildrens.org

Erin McKnight MD – Erin.McKnight@nationwidechildrens.org

Ohio Hospital Association

Standardizing Primary Care Prescribing, Monitoring and Diagnosing

Sarah Porter, DO

SOMC Senior Medical Director of Family Practice

October 21, 2021

Southern Ohio Medical Center

very Good things are happening here

Controlled Medication Prescribing (Overprescribing)

TJC: Pain and Opioids															
Indicator	Average	Goal	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	YTD
Opioid Prescriptions in MCF															
Overall Controlled Rx in MCF				28.43%											28.43%
Num				1027											1027
Den				3612											3612

As in all things, the providers were on a bell curve of prescribing, some at almost 0% and one at or above 30%.

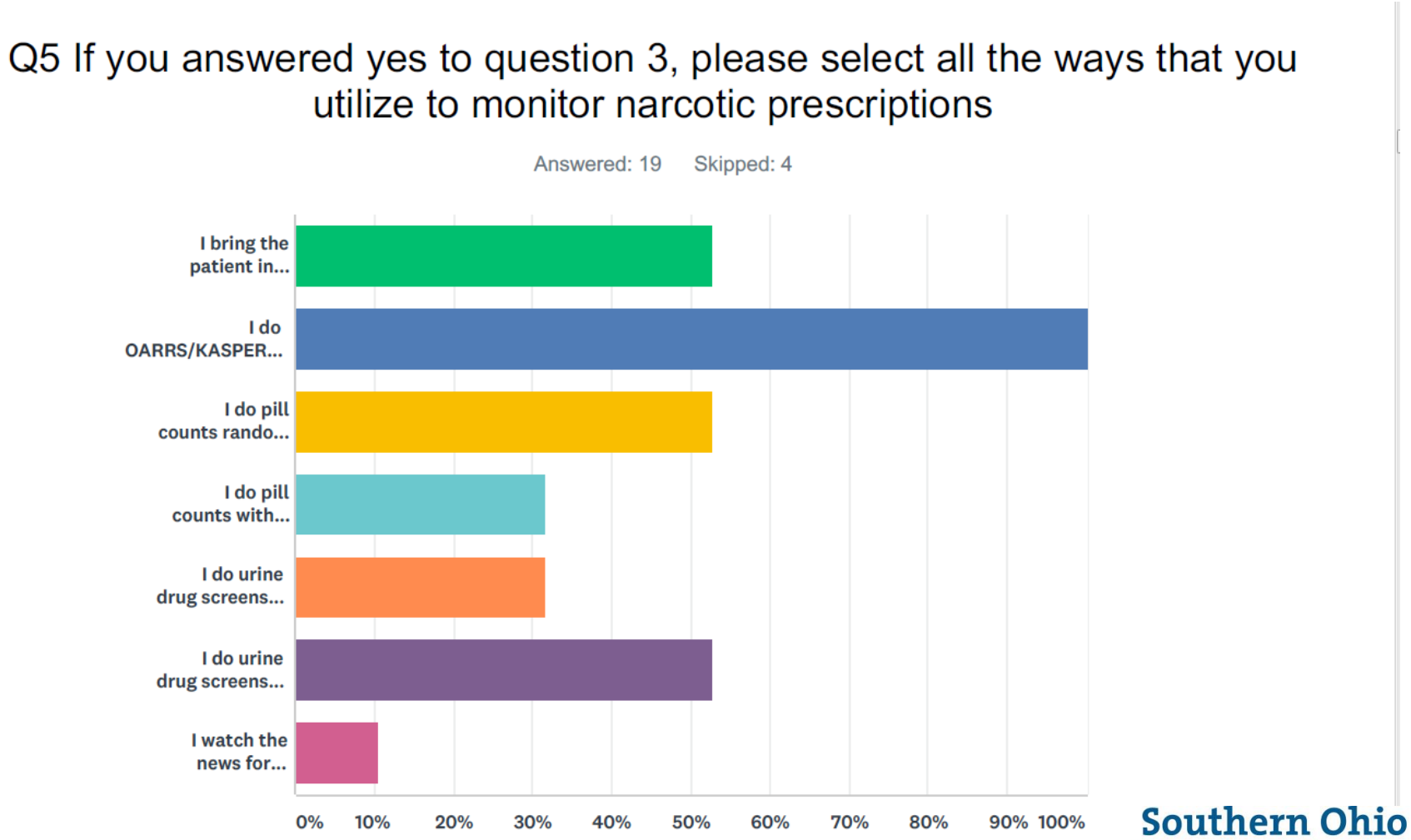
The toolkit provided 2016 guidelines for opioid prescribing.

Southern Ohio Medical Center

very Good things are happening here

1. An estimated 2.4% of patients within the MCF were prescribed opioids in 2017.
2. An estimated 8.4% of patients within the MCF PCP group were prescribed a controlled medication.

Opioid Monitoring: Provider Self-reporting



Southern Ohio Medical Center

Very Good things are happening here

Controlled Prescription Monitoring: Standardization with the Opioid Risk Tool[1]

- Providers had been prescribing opioids with minimal monitoring parameters, other than regular Prescription Drug Monitoring Program reports (PDMP), which are now embedded in the EMR.
- The Opioid Risk Tool was provided initially as a paper questionnaire, it is now embedded in our EMR.
- Based on the score of the ORT, monitoring parameters have been recommended for urine drug screens and pill counts.

OPIOID RISK TOOL PATIENT FORM

Name:_____ _____
Age:_____

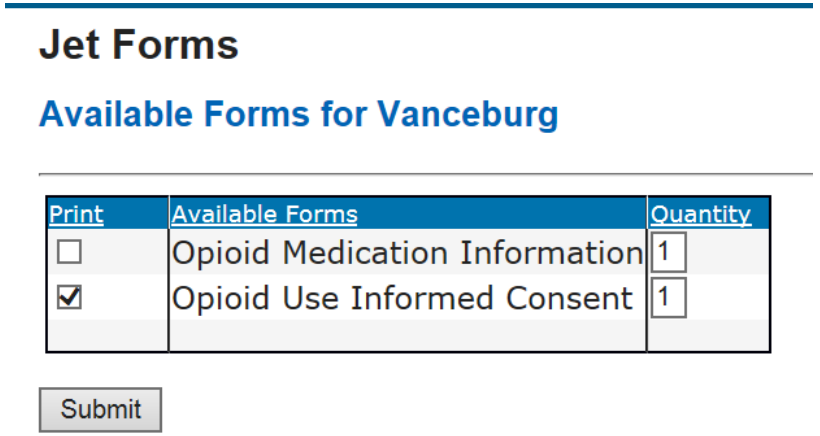
		Mark Each Box That Applies	Score if Female	Score if Male
1. Family History of Substance Abuse	• Alcohol • Illegal Drugs • Prescription Drugs	☐ ☐ ☐	1 2 4	3 3 4
2. Personal History of Substance Abuse	• Alcohol • Illegal Drugs • Prescription Drugs	☐ ☐ ☐	3 4 5	3 4 5
3. Age (Mark Box if 16-45 years)		☐	1	1
4. History of Preadolescence Sexual Abuse		☐	3	0
5. Psychological Disease	• Attention-Deficit/Hyperactivity Disorder; Obsessive Compulsive Disorder; Bipolar Disorder; Schizophrenia • Depression	☐ ☐	2 1	2 1

Total Score _____ **Risk Category**_____

Low Risk 0-3
Moderate Risk 4-7
High Risk >7

Opioid Informed Consent Standardization

- Controlled contracts in the past were one sided and punitive to patients, often leading to terminations.
- Current consent is risk (including ORT), benefit, alternatives, and patient expectations.
- The opioid informed consent is to be utilized by all primary care providers and specialists when prescribing long-term opioids.



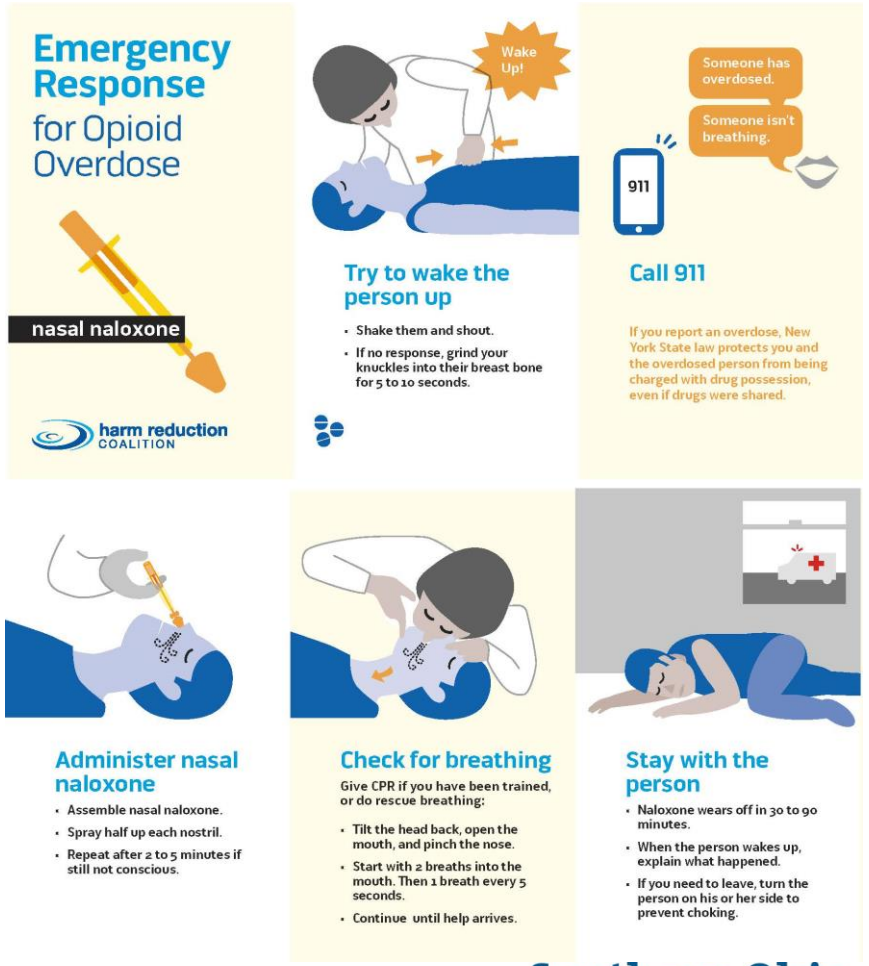
Narcan Prescribing (Under-prescribing)

TJC: Pain and Opioids															
Indicator	Average	Goal	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	YTD
Narcan Usage															
Narcan Prescriptions in MCF															0.05%
Num											20				20
Den											43227				43227

Narcan/naloxone was not being utilized.

Narcan Prescribing Addressed

- Guidelines were given to providers for prescribing Narcan/naloxone.
- Patient education sheets were included in the toolkit on how to administer Narcan/naloxone.



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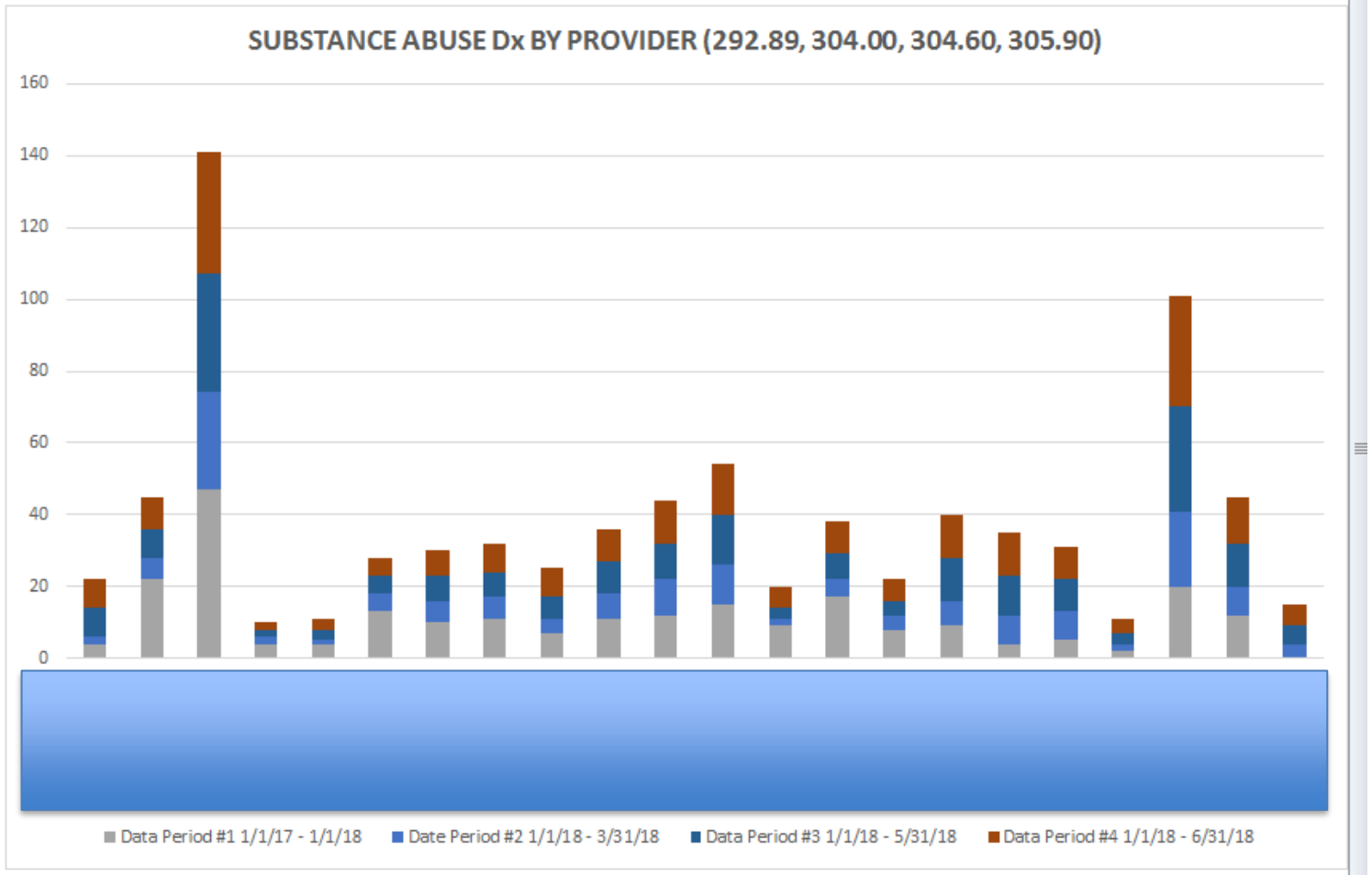
Substance Use Disorder

Diagnosing Chronic Disease

IF WE BELIEVE ADDICTION IS A CHRONIC ILLNESS, THEN WE SHOULD TREAT IT AS A

Substance Use Disorder: Diagnosis across the MCF PCP[1]



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[1] PCP: Primary Care Provider

Substance Use Disorder: Standardization in the Outpatient Setting

- The toolkit included:
  - -DSM IV criteria
  - -Difficult conversation template
  - -Patient handouts for family members of patients with substance use disorder
- Development of a template for controlled prescription encounters
- A list of addiction treatment centers are updated regularly and housed within the Intranet.

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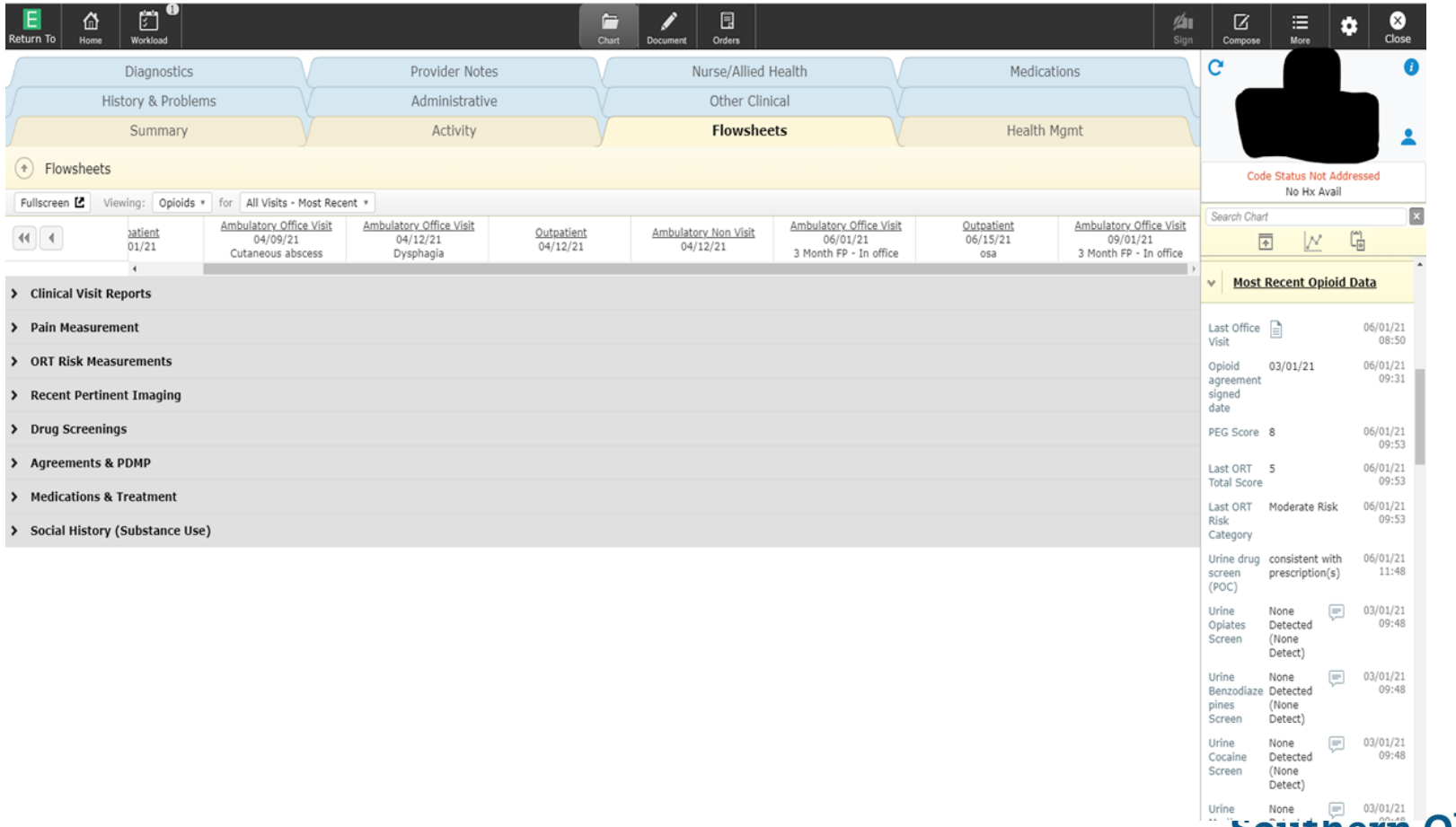
Statement on the Ethical Treatment of Patients with Substance Use Disorders

- We recognize that many of those we serve are suffering with substance use disorders.
- We are ethically obligated to diagnose and treat these disorders, or to refer these patients for appropriate care.
- Based on the current evidence, we view substance use disorders as chronic, relapsing brain diseases, and we agree that patients suffering from these disorders deserve ready access to the best-possible medical care.
- We understand that some substance use disorders, i.e., caffeine use disorder, carry much less social stigma and morbidity and mortality than others, i.e., heroin use disorder; some of these disorders are devastating and life-threatening.
- **We accept that our patients have the right to seek or refuse treatment for their substance use disorders**, and the right to decide what treatment to pursue, and that we are obligated to accept their decisions even when we believe their informed decisions are not in their best interests.
- **We are ethically obligated to educate our patients so they may give their informed consent for the treatment option(s) they choose.**
- Some may choose to stop using on their own; these patients have the best outcomes.
- Some may choose no treatment; these patients have the worst outcomes.
- Some may choose the counseling and abstinence option; some will recover, but most will relapse.
- Some may choose the medication-assisted treatment (MAT) option; these patients have better outcomes than those who choose abstinence alone, but many will still relapse.
- While we may ethically discharge patients for failure to keep their appointments or for threatening behavior, **we may not ethically discharge them just because they have a substance use disorder**, whether they have chosen to pursue treatment for that disorder or not.
- **While many patients do not achieve sustained remission from their substance use disorders, some do, and it is our ethical obligation to remain patient, hopeful and supportive.**

Standardization in the EHR



1. A missing piece in our initial stewardship initiative was analytics.
2. With the implementation of Meditech in 2020, we are making large strides in the analytics to make measurable progress.

Acknowledgement for Accountability

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Pain & Opioid Use Toolkit Acknowledgement

I have read and been informed about the content, requirements, and expectations of the Pain & Opioid Use Toolkit along with the Southern Ohio Medical Center statement on the Ethical Treatment of Patients with Substance Use Disorder.

I have received a copy of the Pain & Opioid Use Toolkit and agree to the following;

- I will use the opioid informed consent
- I will diagnose substance abuse disorder and refer when appropriate
- I will consider narcan/naloxone prescribing based on guidelines
- I will keep up with state laws
- I will use OARRS / KASPER
- I will use the controlled prescription flowsheet

Provider Name: _____

Provider Signature: _____

Date: _____

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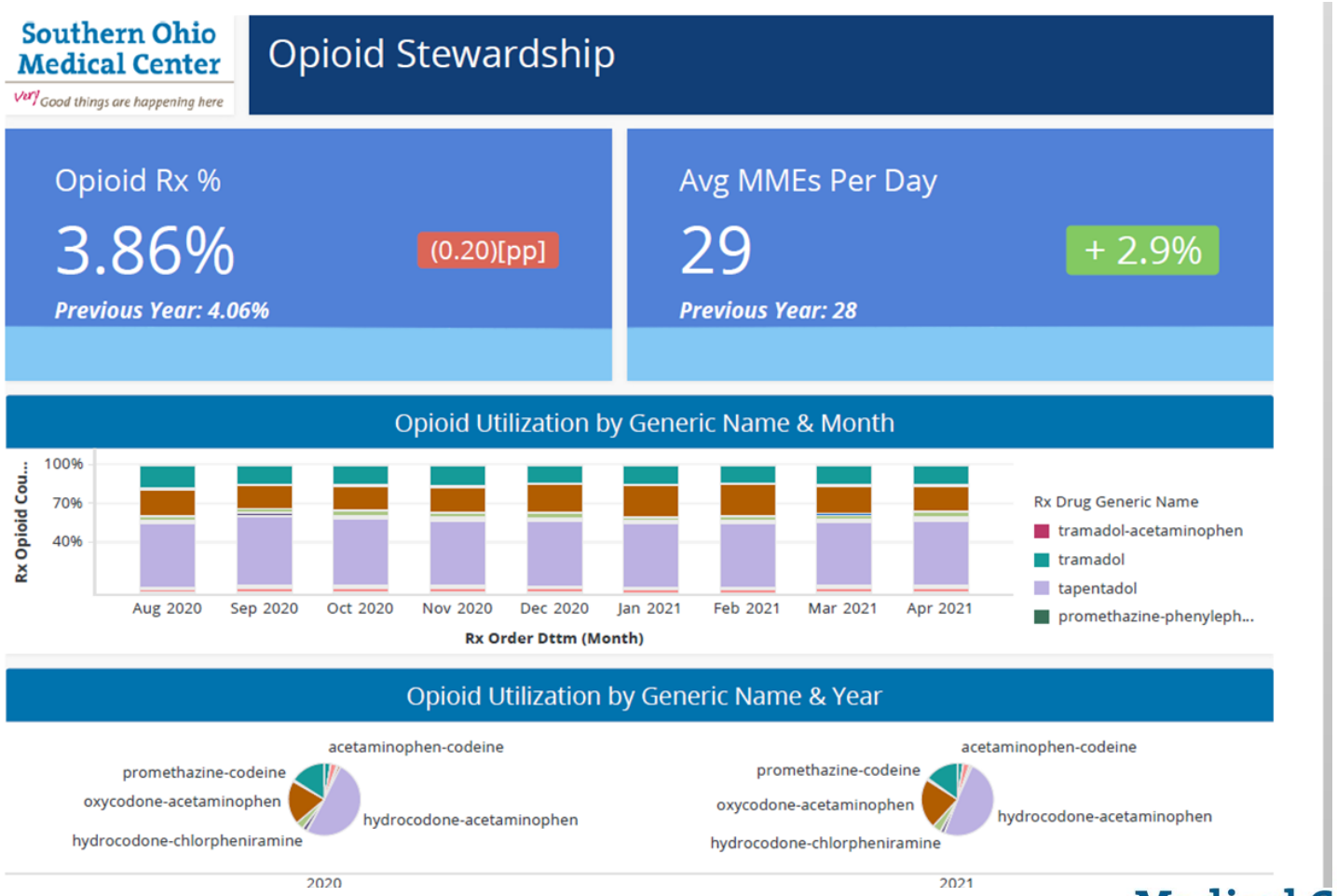
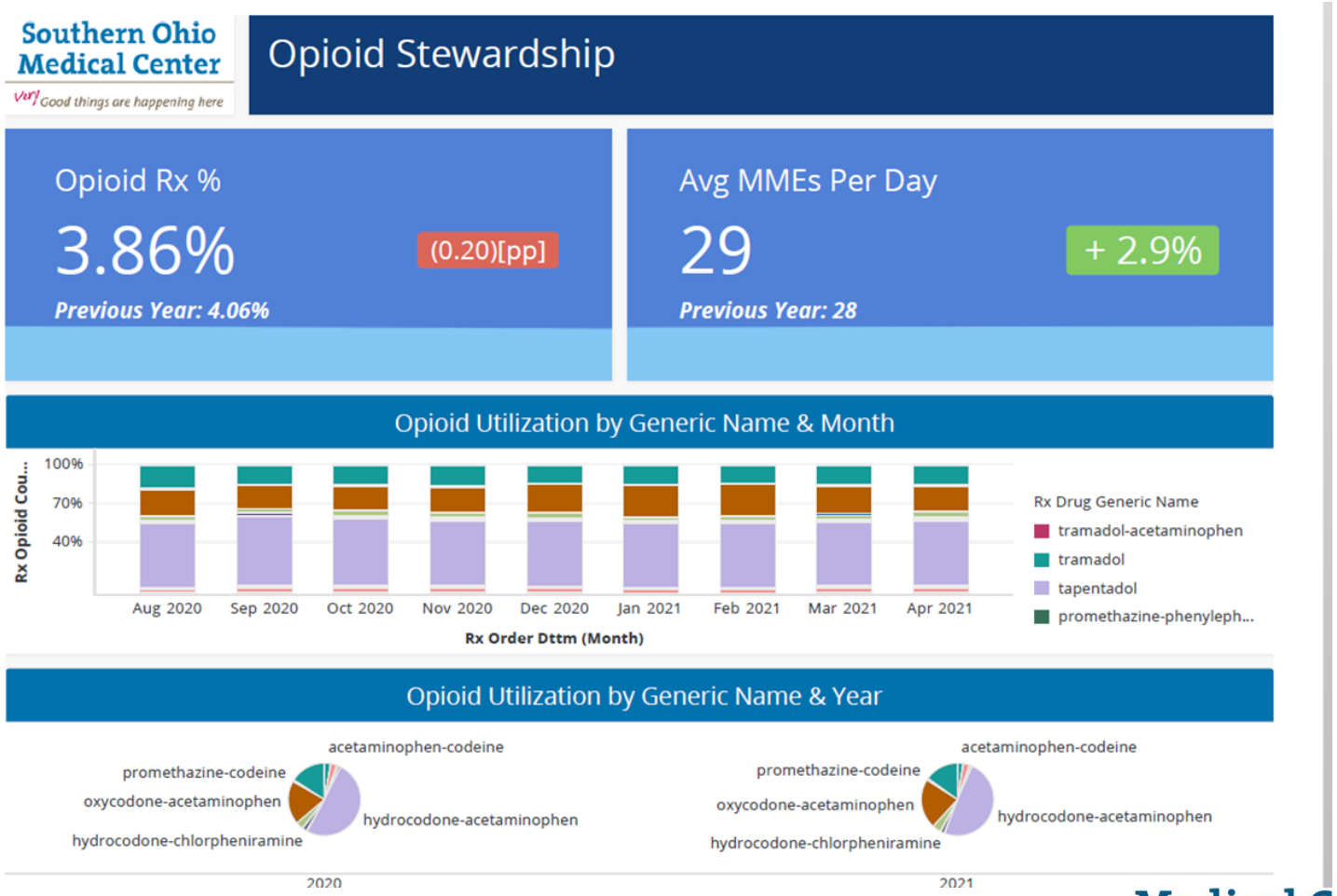
Standardization in the EMR



Standardization in the EMR



Next Steps:

- ❑ Use lessons learned in the Outpatient setting to implement Opioid Stewardship in the Acute setting.
- ❑ Pilot the use of the ORT for risk stratification of post-operative narcotic prescribing. (CT/vascular surgeons) to decrease the number and quantity of opioids written post-operatively.
- ❑ Decrease MED to <90.
- ❑ Increase recognition and documentation of SUD across the organization.
- ❑ Increase naloxone prescribing.
- ❑ Decrease number of opioid fatal and non-fatal overdoses.
- ❑ Share dashboard data with each provider to continue performance improvement.

Any Questions?

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Modern Healthcare BEST PLACES TO WORK 2016 — MULTIYEAR HONOREE 2010 2011 2012 2013 2014 2015

MAGNET RECOGNIZED — AMERICAN NURSES CREDENTIALING CENTER

VPP Voluntary Protection Programs — An OSHA Cooperative Program

FORTUNE 100 BEST COMPANIES TO WORK FOR 2017

Safety ♦ Quality ♦ Service ♦ Relationships ♦ Performance

OPIOID GAP ANALYSIS

Opioid Stewardship Program Leadership Assessment

1. Contact Information

Name

Title

Email Address

Hospital Name

Health System Name

* 2. State in which your hospital is located:

- New Jersey
- Ohio
- Pennsylvania

3. Has your facility's leadership identified opioid stewardship as a facility/system priority supported by strategic and operational planning?

- Yes
- No

https://www.surveymonkey.com/r/OPIOID2021

2021 OPIOID STEWARDSHIP WEBCAST SERIES

Opioid Stewardship: Tracking/Reporting
November 18, 2021
11:30 a.m. – 12:30 p.m.

Opioid Stewardship: Education
December 16, 2021
11:30 a.m. – 12:30 p.m.

OHA collaborates with member hospitals and health systems to ensure a healthy Ohio

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