



OPIOID STEWARDSHIP: ACTION

October 21, 2021

CONTINUING EDUCATION

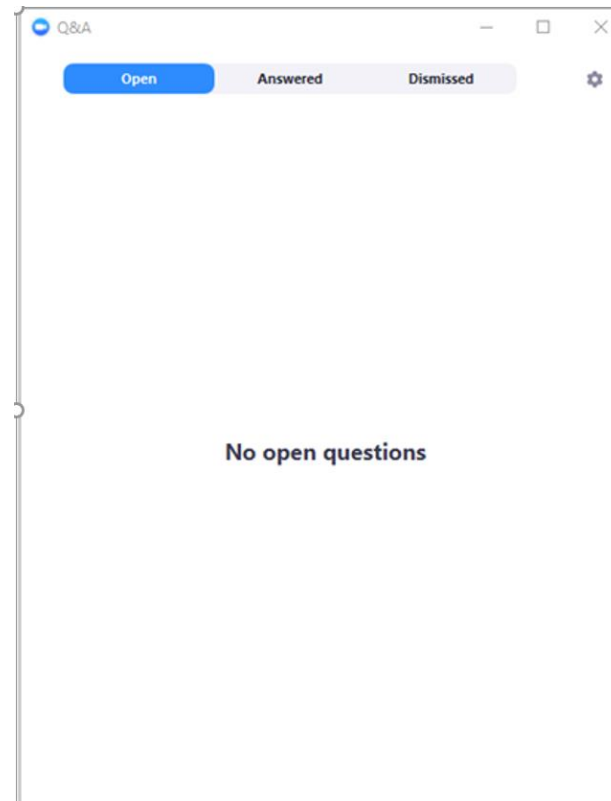
- The link for the evaluation of today's program is: <https://www.surveymonkey.com/r/Opioid-Action-Oct20>
- Please be sure to access the link, complete the evaluation form, and request your certificate. The evaluation process will remain open **two weeks** following the webcast. Your certificate will 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 Coverly's Community Healthcare Foundation to support this opioid stewardship effort.



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



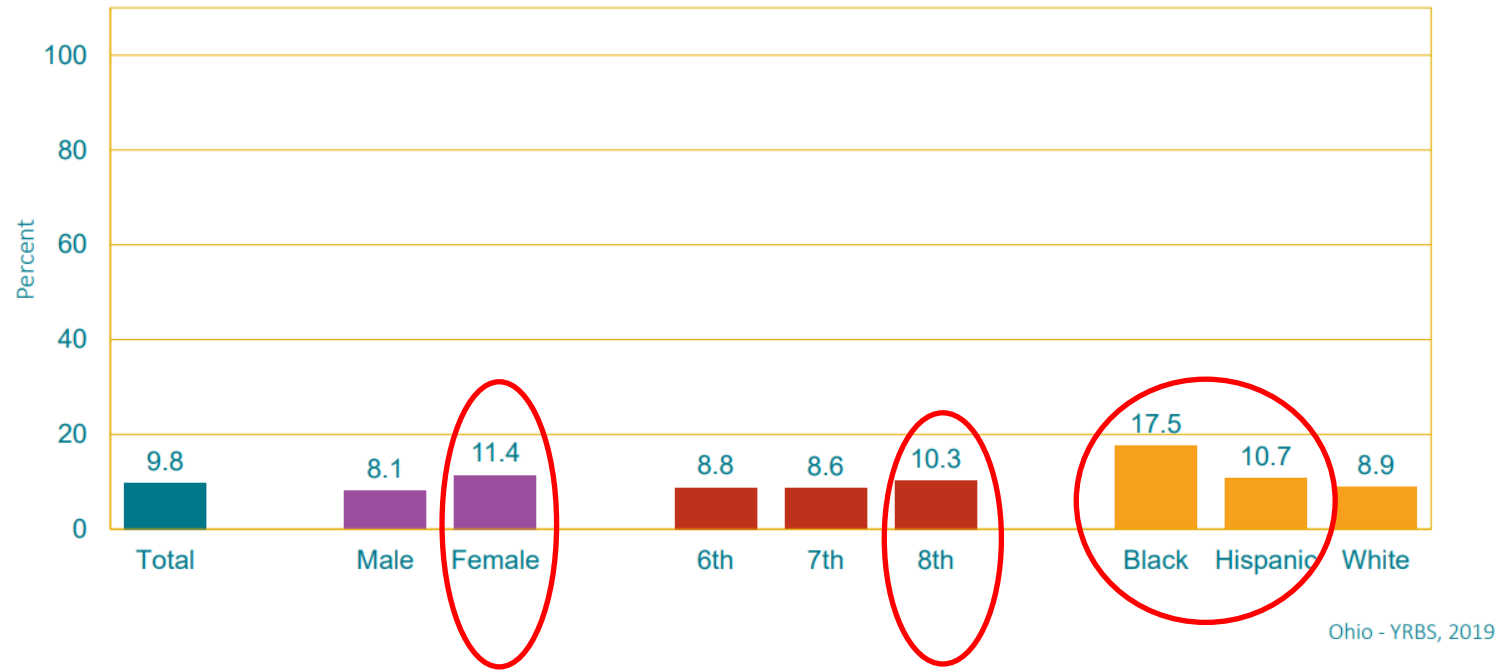
Ohio Hospital Association Opioid Stewardship Webinar Series
October 21, 2021

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

Percentage of Middle School Students Who Ever Took Prescription Pain Medicine Without a Doctor's Prescription or Differently Than How a Doctor Told Them to Use It, 2019



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!



Nearly one in 25 12th graders used the opioid pain reliever Vicodin.

Source: National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services, National Survey on Drug Use and Health, Partnership for Drug Free Kids, 2013 Ohio Youth Risk Behavior Survey, Nationwide Children's Hospital, Science and Management of Addiction, The Teen Treatment Center, AddictionsandRecovery.org, The Stand Project
worked in partnership with Nationwide Children's Hospital.
FOR MORE INFORMATION, please contact xxxxx.

Source: National Institute on Drug Abuse, National Institutes of Health, U.S. Department of Health and Human Services, National Survey on Drug Use and Health, Partnership for Drug Free Kids, 2013 Ohio Youth Risk Behavior Survey, Nationwide Children's Hospital, Science and Management of Addiction, The Teen Treatment Center, AddictionsandRecovery.org, The Stand Project

WHAT YOU NEED TO KNOW

Keeping Kids Safe by Preventing Substance Misuse



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



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





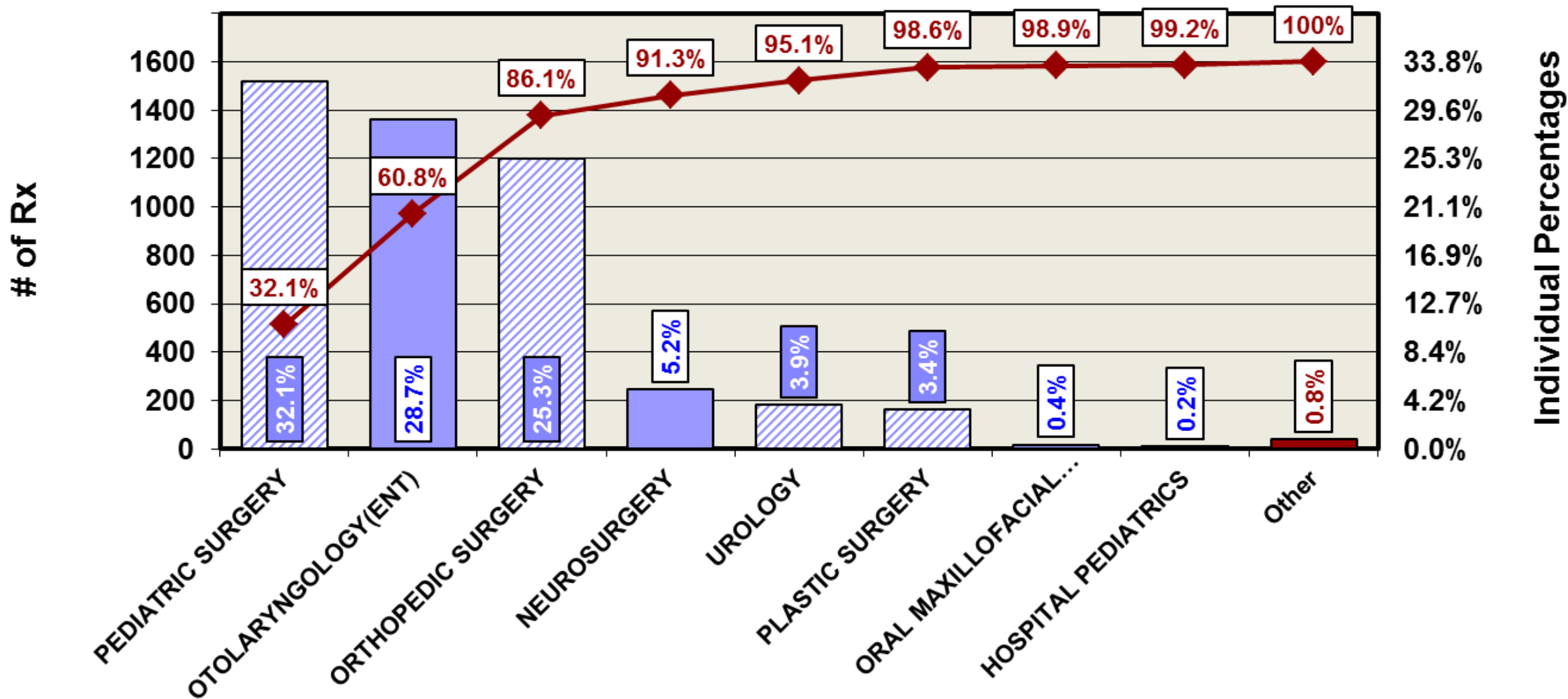
Goals

Decrease amount of
opioids prescribed

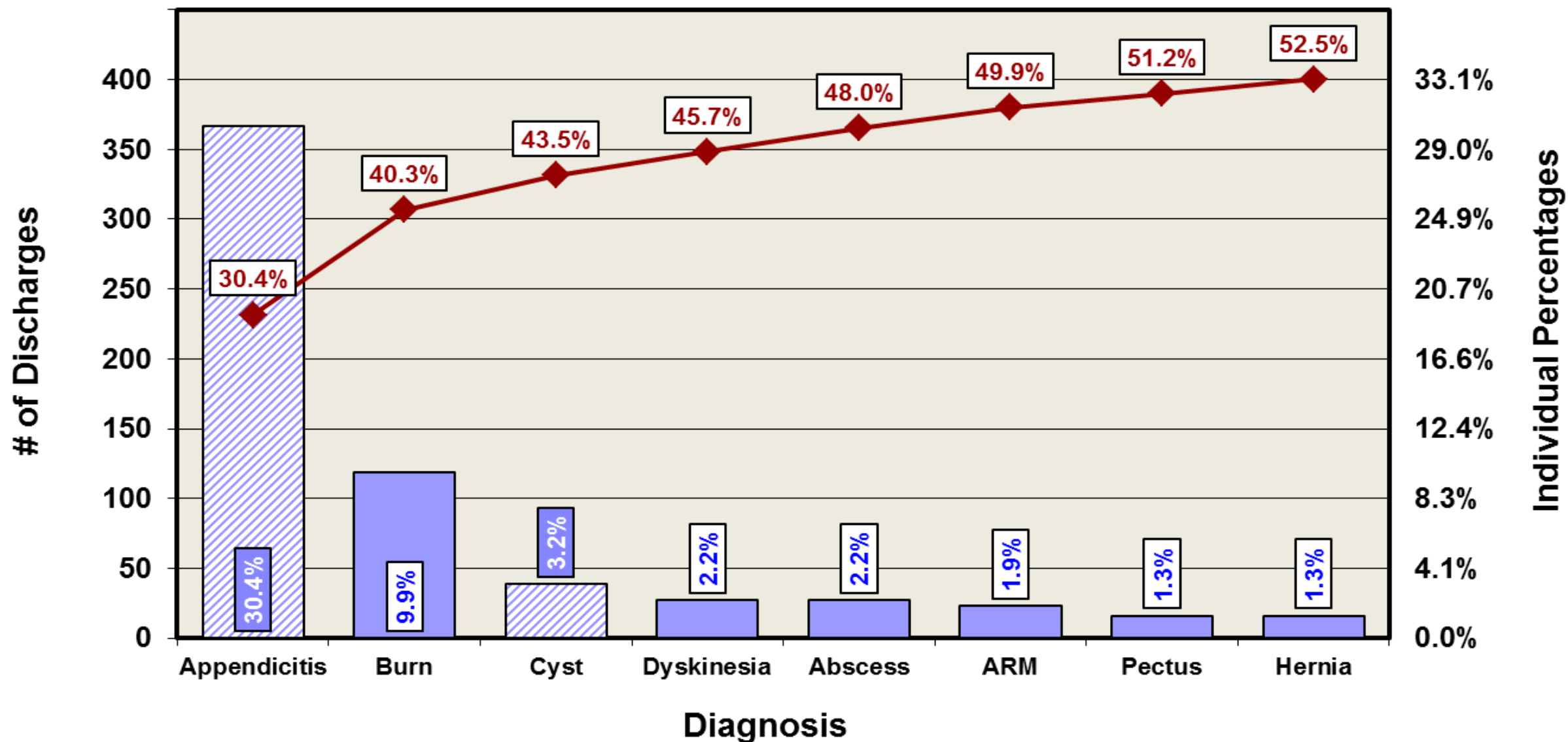
Improve safety
around opioids when
they are prescribed

Pediatric Opioid Prescribing – A Look Back

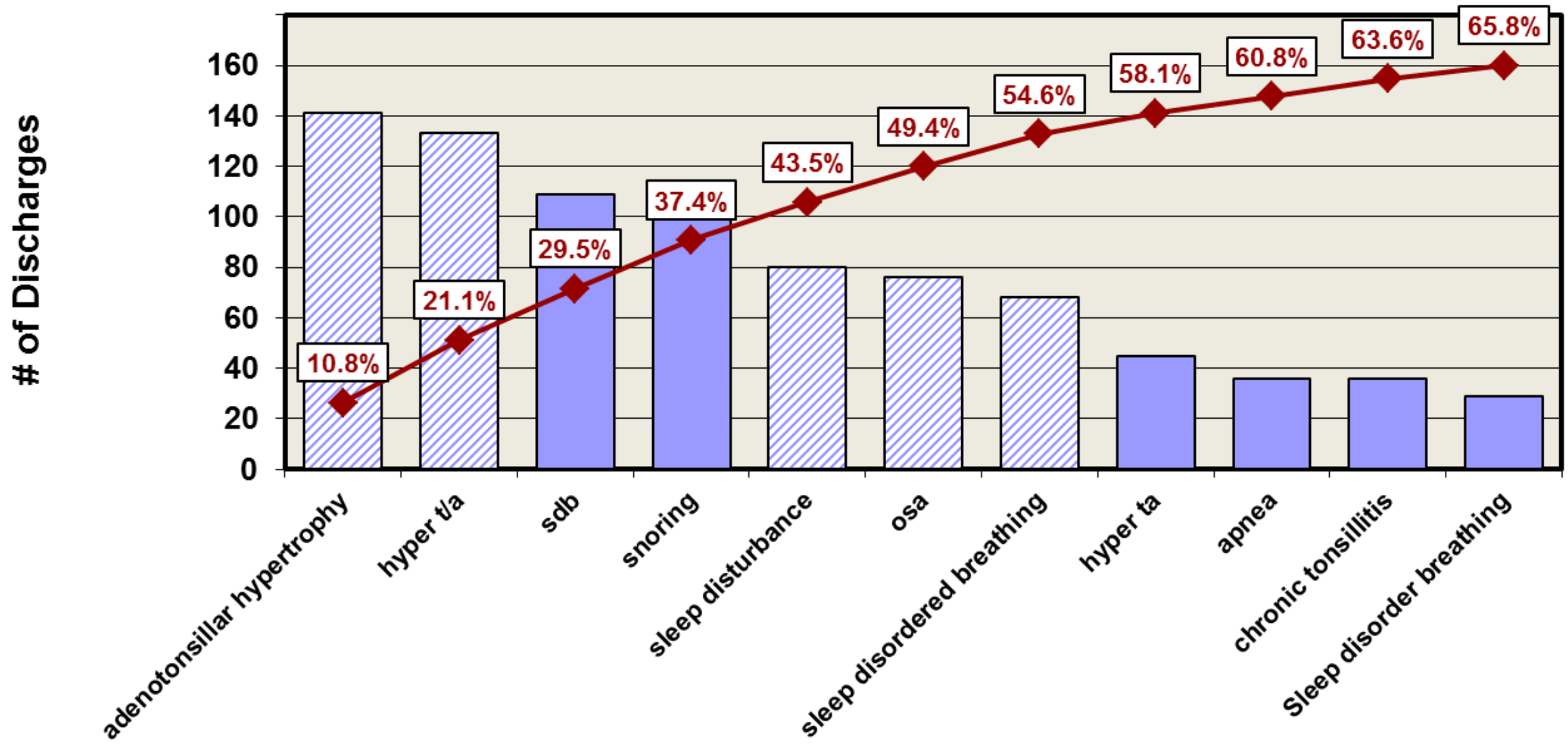
Opioid Rx by Discharge Service 2015



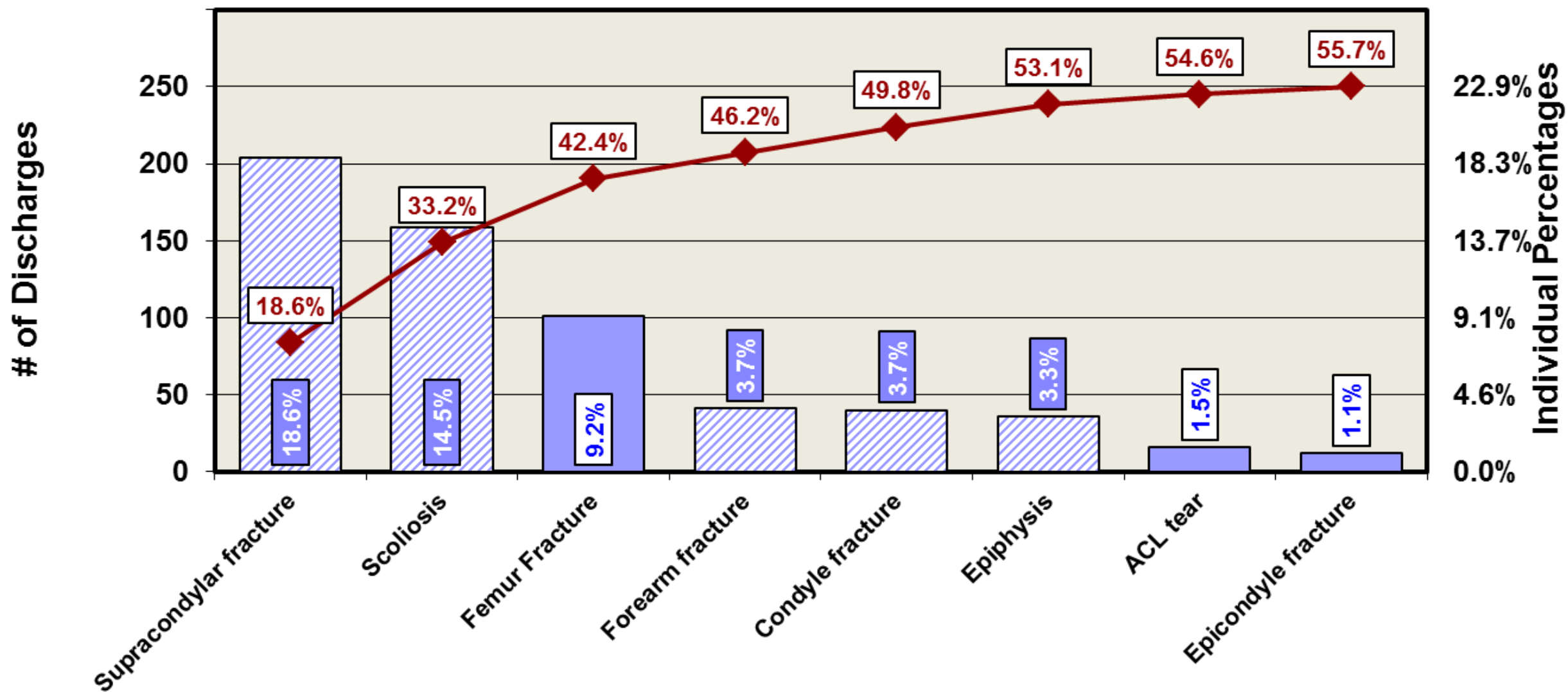
Ped Surg Discharge Diagnosis with Opioid Prescribed - 2015



ENT Admit Diagnosis with Opioid Prescribed - 2015



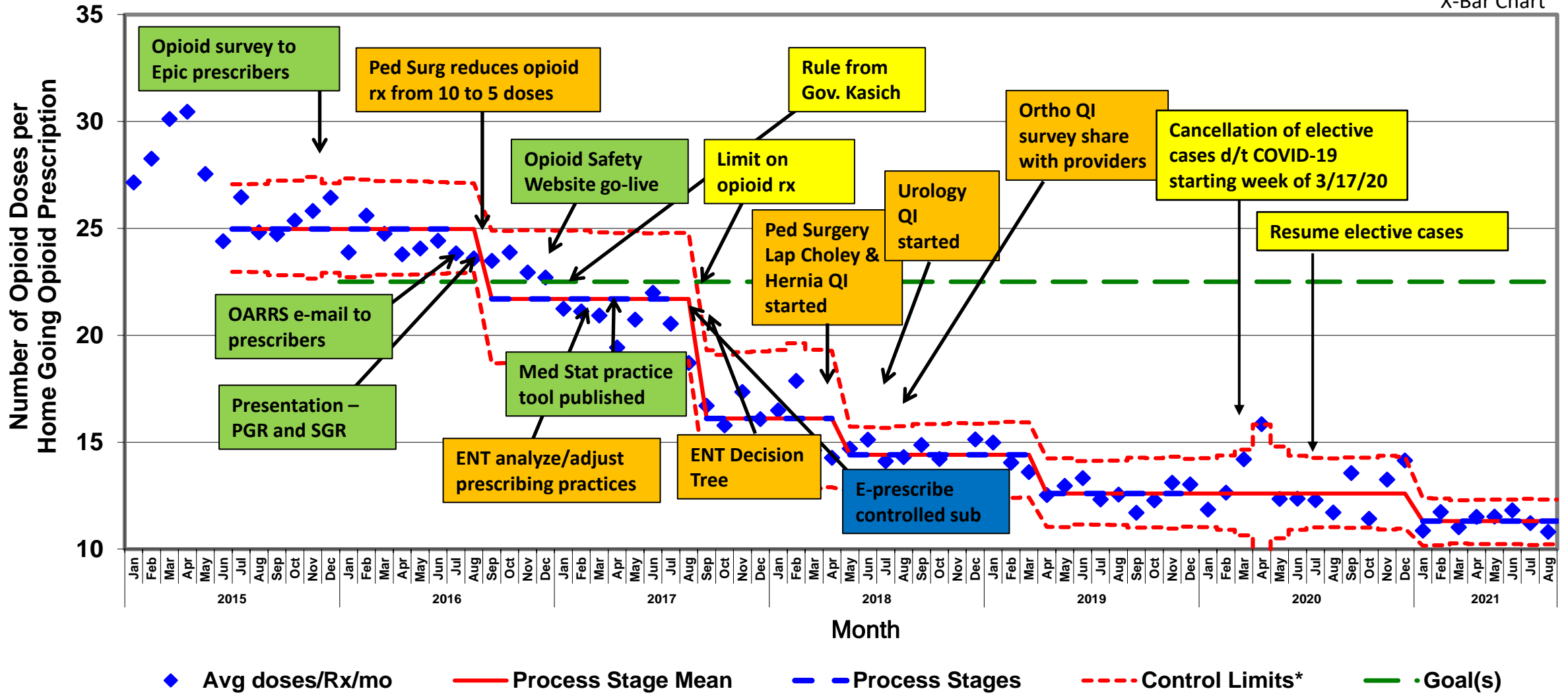
Ortho Surgery Discharge Diagnosis with Opioid Prescribed - 2015



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

Desired Direction
↓

X-Bar Chart



* A sqrt(a+bx) transform to correct for right skew was used to determine control limits. Limits were then reverse transformed to reflect original data metrics.

*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 OARS 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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CHILDREN'S**

When your child needs a hospital, everything matters.™



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](https://www.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.



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 limits on the ability to prescribe them to you or your child. The goal is to protect the community, which requires that the terms of this Agreement be followed.

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

- I understand that opioid medicines and other controlled substances should be taken exactly as prescribed.
- I understand that no changes in dose or frequency will be made without the direction of the prescriber/clinic.
- I agree to use the medicine as prescribed. I will participate in my treatment plan and to decrease the risk of misuse by returning each office visit for review if requested.
- I understand and agree that prescription renewals will be more often if I use controlled substances frequently.
- I understand that I will only be able to receive controlled substances from the below prescriber/clinic, unless directed by the prescriber/clinic.
- I agree to inform the below clinic/team about any new or changed medicines my child take.
- 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.
- 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.
- 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.
- I agree to inform this clinic/team about any history or family history of substance abuse or concerns for substance abuse.
- 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.
- 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.

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

with the treatment plan and to decrease the risk of misuse by returning each office visit for review if requested.

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

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

of children. I will dispose of controlled substances by placing unused controlled substances in a designated drug disposal method recommended by a pharmacist, or

these medicines abruptly.

Controlled substances from only one prescriber and only one (ORS) 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

Legislation Review

State of Ohio Regulations

Minor Opioid Consent

Acute Pain Regulations

2015

2018

2014

2017

OARRS Regulations

Sub-Acute/Chronic Pain Regulations



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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.

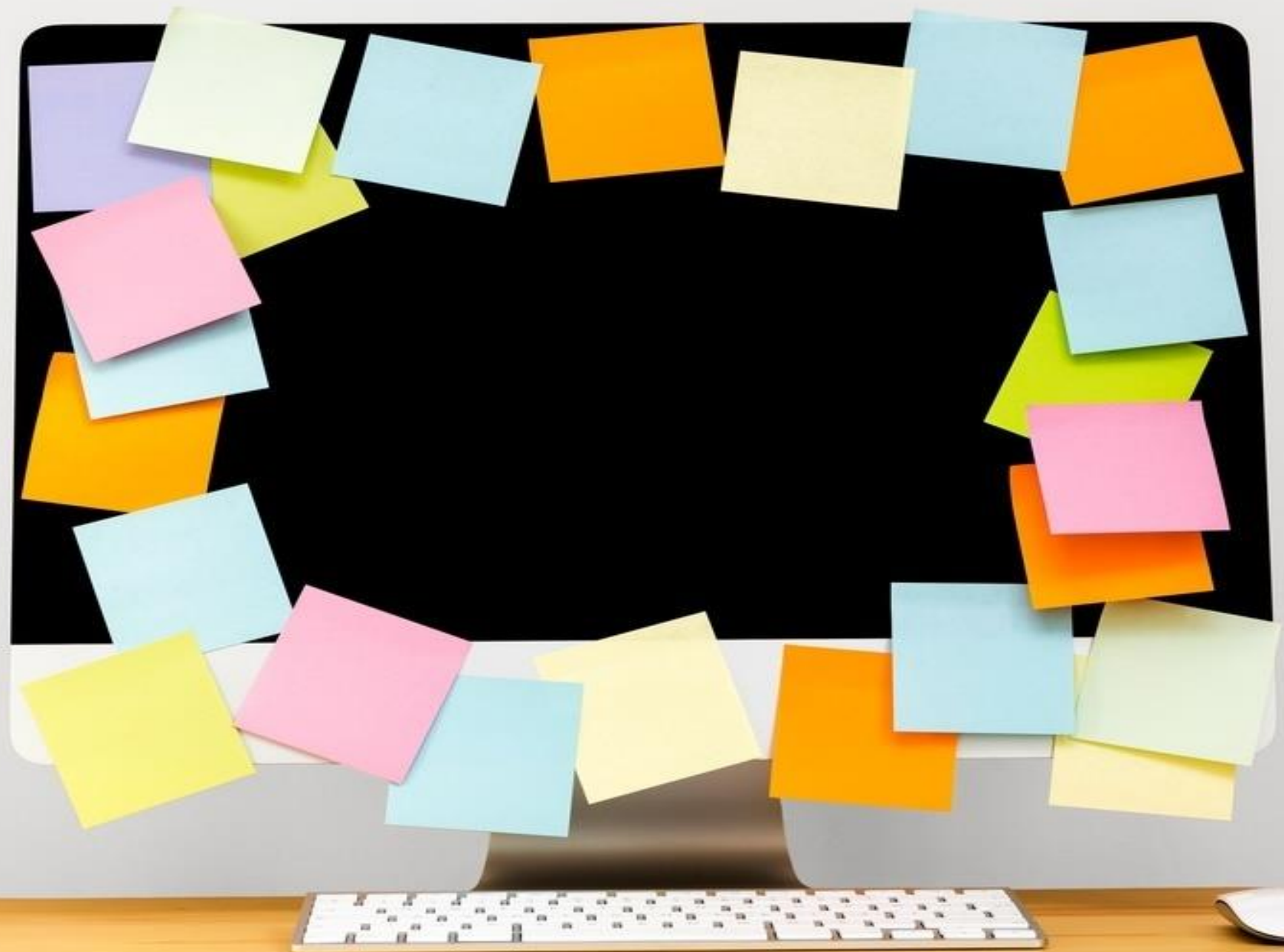
Sub-Acute/Chronic Prescribing Guidelines

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**

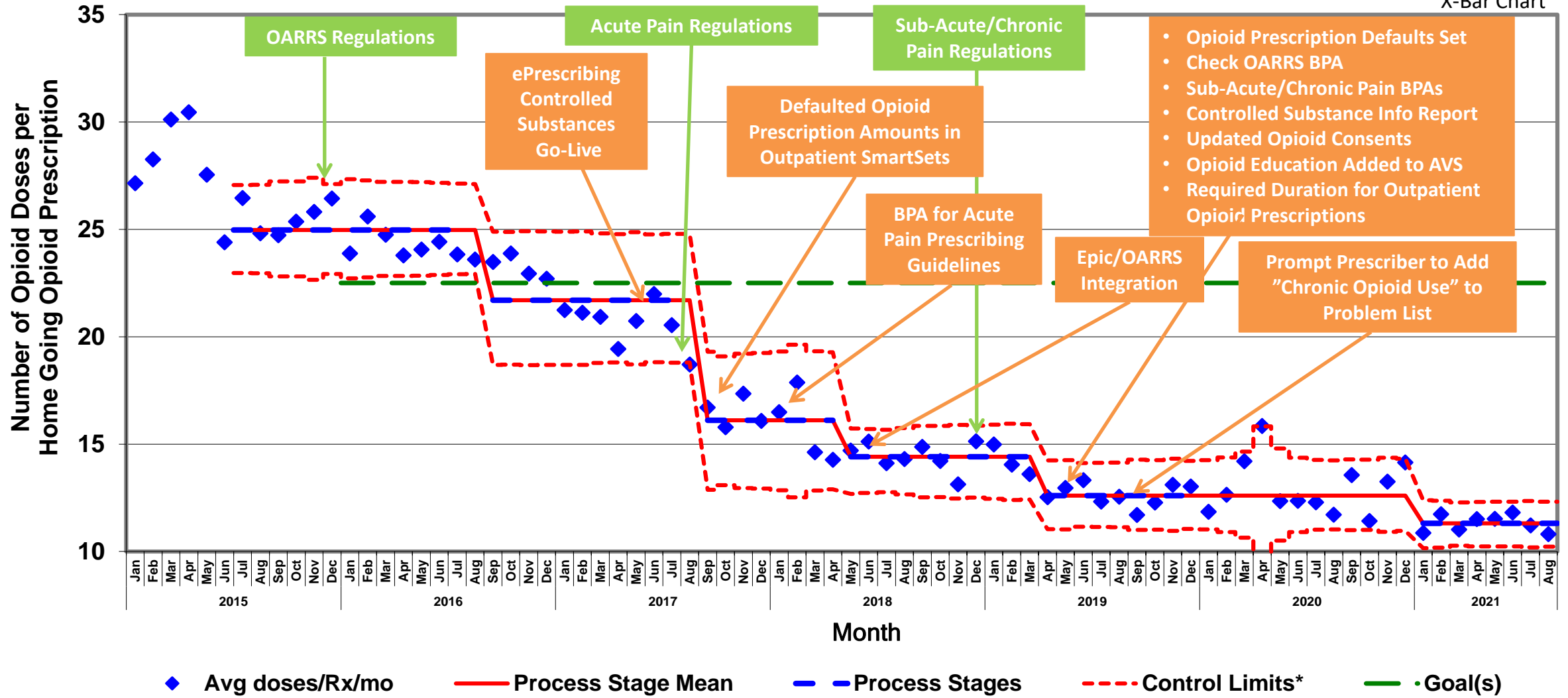


**IMPROVE OPIOID
PRESCRIBING PATTERNS**

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

Desired Direction
↓

X-Bar Chart



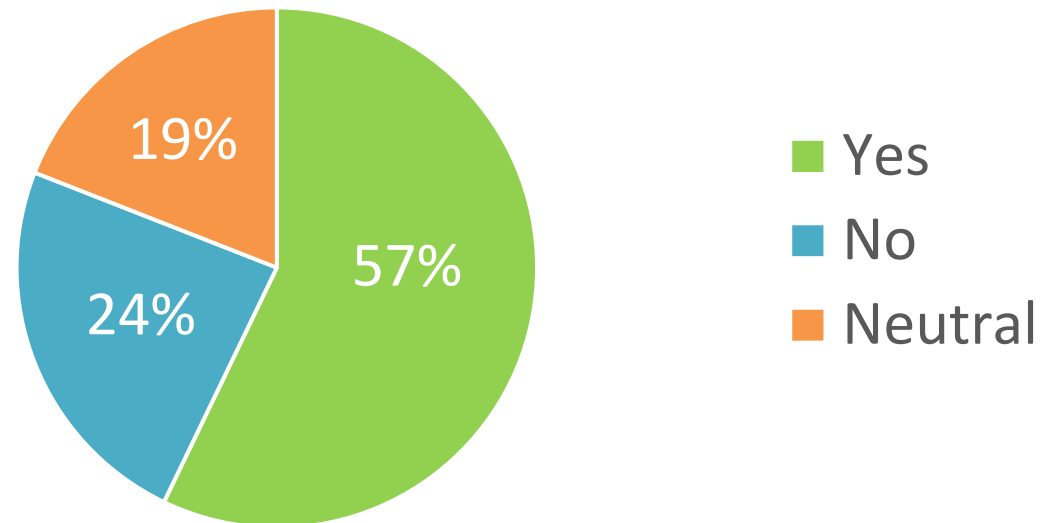
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Exclusions: Hem/Onc Clinics, Pain Service, H11A, H12A/B, Apheresis, BMT Clinic, Aim Team and Palliative Care, Complex Care Clinic, South High PC
Based on prescriptions with a single electronically documented dose size (approx. 98% sample)

Electronic Prescribing of Controlled Substances

Electronic Prescribing of Controlled Substances

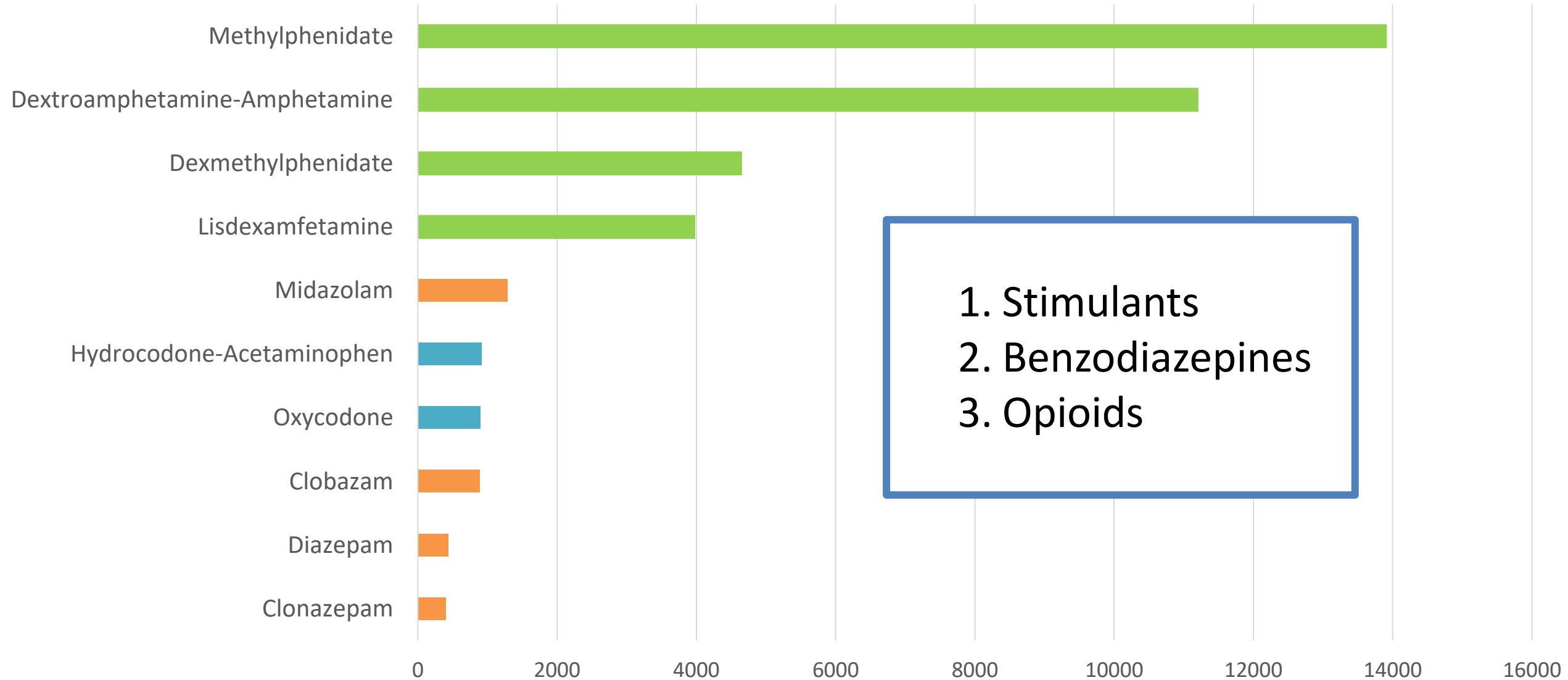
- **2010** – Approved by federal legislation
- **2015** – Legalized by all 50 states
- **2017** – NCH became the ***first*** children’s hospital in Ohio to go-live

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



Top 10 ePrescribed Controlled Substances

2017



Epic/OARRRS Integration

Epic/OARRS Integration

OARRS Review

[View OARRS Report \(OH, MI, IN, PA, and WV\)](#)

Last Reviewed: Today (04/17/2019) by Rust, Laura, MD in Primary Care
Last Reviewed by Me: Today (04/17/2019)
Last Reviewed in Primary Care: Today (04/17/2019) by Rust, Laura, MD

Abnormal prescribing or other Red Flags noted?

Red Flag examples:

- Abuse/Misuse of Drugs
- Concern from Others
- Drug-Related Crimes/Activity
- Drug-Seeking Behavior
- History of Overdose

PDMP

OARRS Report | Opioid Review

Tutorials: Overview | Narx Scores | Overdose Risk Score | Lorazepam Milligram Equivalents | Contact Appriss Support

Alice Testpatient, 119F Powered by NarxCare®

Date: 04/17/2019

NARX SCORES			OVERDOSE RISK SCORE	ADDITIONAL RISK INDICATORS (0)
Narcotic	Sedative	Stimulant	140 <small>(Range 000-999)</small>	
251	110	000		
<small>Explanation and Guidance</small>			<small>Explanation and Guidance</small>	<small>Explanation and Guidance</small>

This NarxCare report is based on search criteria supplied and the data entered by the dispensing pharmacy. For more information about any prescription, please contact the dispensing pharmacy or the prescriber. NarxCare scores and reports are intended to aid, not replace, medical decision making. None of the information presented should be used as sole justification for providing or refusing to provide medications. The information on this report is not warranted as accurate or complete.

Mark All as Reviewed and Close Mark All as Unable to Review and Close

Last reviewed by You on 4/17/2019 at 3:33 PM

Communicating Concerns

Current Encounter

Future Encounters

OARRS Review

History of Red Flags - OARRS review required (no exemptions) Remove

[View OARRS Report \(OH, MI, IN, PA, and WV\)](#)

Last Reviewed: Today (04/17/2019) by Rust, Laura, MD in Primary Care
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Abnormal prescribing or other Red Flags noted? Yes

Red Flag examples:

- Abuse/Misuse of Drugs
- Concern from Others
- Drug-Related Crimes/Activity
- Drug-Seeking Behavior
- History of Overdose

Please state in a few sentences why you believe this patient is still on a controlled substance (or other red flags) using .OARRSREDFLAGS

[View Prior Red Flag Concerns](#)

My Note

Patient Assessment and Controlled Substance Justification Despite Red Flag
Patient's progress towards treatment objectives: ****

Pain's interference with activities of daily living: {Pain Interference:29799}
Adverse drug effects: {Adverse Drug Effects:29807}
Pain intensity necessitating analgesia: {Pain Intensity:29798}
Indicators of possible addiction, drug abuse, or drug diversion (aberrant behavior): {Addiction/Drug Abuse/Diversion:29808}

Patient Assessment and Controlled Substance Justification Despite Red Flag
Patient's progress towards treatment objectives: ****

Pain's interference with activities of daily living: {Pain Interference:29799}
Adverse drug effects: {Adverse Drug Effects:29807}
Pain intensity necessitating analgesia: {Pain Intensity:29798}
Indicators of possible addiction, drug abuse, or drug diversion (aberrant behavior): {Addiction/Drug Abuse/Diversion:29808}

Attached Files (0)

End Sign Cancel

OARRS Review

History of Red Flags - OARRS review required (no exemptions) Remove

[View OARRS Report \(OH, MI, IN, PA, and WV\)](#)

Last Reviewed: Today (04/17/2019) by Rust, Laura, MD in Primary Care
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Red Flag examples:

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- History of Overdose

[View Prior Red Flag Concerns](#)

OARRS Report

History of Red Flags - OARRS review required (no exemptions)

Outpatient Morphine Equivalent Daily Dose (MEDD)

- 4/17/19 - 4/19/19 1,570 mg MEDD
- 4/20/19 - 5/31/19 1,470 mg MEDD
- 6/1/19 and after 1,200 mg MEDD

NCH Controlled Substance Prescriptions

Start	Stop	Sig	Ordered
03/25/19 0000		Take 1 capsule by mouth once daily for 90 days. Max Daily Amount: 5 mg.	03/25/19 1047
04/04/19 0000		Take 12.5 mL by mouth every 6 hours for 15 days. Max Daily Amount: 100 mg.	04/04/19 1612
04/03/19 0000		Take 26.6667 tablets by mouth every 12 hours. Max Daily Amount: 800 mg.	04/03/19 1443
04/16/19 0000		Take 6 tablets by mouth every 12 hours for 45 days.	04/16/19 0945

OARRS Most Recent Review

Last Reviewed: Today (04/17/2019) by Rust, Laura, MD in Primary Care
Last Reviewed by Me: Today (04/17/2019)
Last Reviewed in Primary Care: Today (04/17/2019) by Rust, Laura, MD

Helpful Epic Documentation Tools

Acute Pain Regulations (<6 weeks):

Mark All as Reviewed and Close Mark All as Unable to Review and Close Close

Last reviewed by You on 4/17/2019 at 3:33 PM

OARRS Red Flag Concerns History for Testpatient, Alice

OARRS Red Flag Concern History

Encounter Date: 4/17/19

OARRS RED FLAG DETAIL	User	Date/Time Recorded
Patient visiting multiple different local ED's for narcotic prescriptions in January.	Rust, Laura, MD	4/17/2019 17:18:19

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



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When your child needs a hospital, everything matters.

Acute/Chronic Pain Legislation Tools

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

Maximum Days Supply Exceeded

No more than a 5 day supply of opioids is allowed for pediatric patients with acute pain (unless exclusion met). [Give the Epic Team Feedback on this Alert](#)

<u>UNSIGNED ORDERS EXCEEDING MAX RECOMMENDED DAYS SUPPLY</u>	<u>DAYS SUPPLY</u>
oxyCODONE-acetaminophen (PERCOCET) 5-325 mg oral tablet Take 1 tablet by mouth every 6 hours for 8 days., Disp-32 tablet, R-0, Maximum MEDD: 30 mg MEDD for this order	8 days

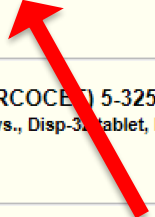
What do I need to do?

- Modify prescription supply to **5 days or less**
- If still prescribing above limit **and** no exclusion met, use **.OPIOIDDAYSUPPLYEXCEEDED** for legally required documentation

Remove the following orders? _____

oxyCODONE-acetaminophen (PERCOCET) 5-325 mg oral tablet
Take 1 tablet by mouth every 6 hours for 8 days., Disp-32 tablet, R-0, Maximum MEDD: 30 mg MEDD for this order

Acknowledge Reason _____



Sub-Acute/Chronic Pain Legislation

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

Cumulative MEDD >80

Signing this order will affect the patient's Morphine Equivalent Daily Dose (MEDD). Review the information below to ensure opioid dosing will remain within appropriate limits. [Give the Epic Team Feedback on this Alert](#)

Cumulative MEDD (49 mg max recommended)
AFTER signing: **90 mg** Before signing: 0 mg
!

UNSIGNED OPIOID ORDERS

<p>oxyCODONE (ROXICODONE) 10 mg oral tablet Take 1.5 tablets by mouth every 6 hours for 9 days., Disp-54 tablet, R-0, Maximum MEDD: 90 mg MEDD for this order</p>	<p>MEDD 90 mg ! (49 mg max recommended)</p>
--	---

Opioid therapy of 80-120 MEDD lasting 6 weeks or longer (episodic or continuous) requires consultation by Pain Medicine, Addiction Medicine or specialist in the area of the body affected.

What do I need to do?
If opioid therapy is **less than 6 weeks** and no exclusion is met:

1. Modify prescription to **less than 30 MEDD** or use **.OPIOID30MEDD** or legally required documentation

If opioid therapy is **6 weeks or longer** (episodic or continuous) and no exclusion is met:

1. Must prescribe **naloxone** (Narcan)
2. Obtain **written informed consent** using [NCH's Controlled Substances Therapy Agreement and Consent](#)
3. Use phrase **.CHRONICOPIOID** for legally required documentation

Remove the following orders? _____

Remove

Keep

oxyCODONE (ROXICODONE) 10 mg oral tablet
Take 1.5 tablets by mouth every 6 hours for 9 days., Disp-54 tablet, R-0, Maximum MEDD: 90 mg MEDD for this order

Apply the following? _____

Order

Do Not Order

NARCAN 4 MG/ACTUATION NASAL SPRY

Acknowledge Reason _____

Cumulative therapy <6 weeks

Hospice/Palliative Care

Terminal Cancer/Condition

Other (comment required)

Easier Information Review

OARRS Report **Opioid Review**

← ↻ ↺ 📄

🔻 **Outpatient Morphine Equivalent Daily Dose (MEDD)** Expand All Collapse All

⚠️ **4/17/19 - 4/19/19** ⤴️ 1,570 mg MEDD

Order Name

- 🏠 oxyCODONE (OXYCONTIN) 15 mg release
- 🏠 morphine 10 mg/5 mL oral liquid
- 🏠 oxyCODONE (OXYCONTIN) 15 mg release

Total Potential Daily Morphine Equivalent

Calculation Information ▾

⚠️ **4/20/19 - 5/31/19** ▾ 1,470 mg MEDD

⚠️ **6/1/19 and after** ▾ 1,200 mg MEDD

🔻 **NCH Controlled Substance**

Start	Medication
03/25/19 0000	dextroamphetamine release capsule QD
04/04/19 0000	morphine 10 mg/5 mL oral liquid
04/03/19 0000	oxyCODONE (OXYCONTIN) 15 mg release
04/16/19 0000	oxyCODONE (OXYCONTIN) 15 mg release

OARRS Most Recent Review

Last Reviewed: **Today** (04/17/2019) by **Rust**

Last Reviewed by Me: **Today** (04/17/2019)

Last Reviewed in Primary Care: **Today** (04/17/2019)

Helpful Epic Documentation

Acute Pain Regulations (<6 weeks):

- .OPIOID30MEDD Use if exceeded
- .OPIOID30MEDDSICKLECELL Use if exceeded
- .OPIOIDDAYSUPPLYLIMIT Use if exceeded
- .OPIOID30MEDDAPRN Use if you

Chronic Pain Regulations (>6 weeks)

- .CHRONICOPIOID Use when

OARRS Regulations:

- .OARRSREDFLAGS Use if still

Drug Screen Results (3 Year Lookback)

None

Opioid Consent(s)

Long Term Controlled Substance Therapy Agreement Documents

Status	Date Received	Received By	Description
✖ Received	4/3/2018 2:58 PM	ZZUSER, PHYSICIAN	Pain Clinic
✖ Received	4/3/2019 2:54 PM	ZZUSER, PHYSICIAN	Free text area

Minor Opioid Consent Documents

Status	Date Received	Received By	Description
✖ Received	4/3/2018 2:58 PM	ZZUSER, PHYSICIAN	Should put location here
✖ Received	4/3/2018 2:58 PM	ZZUSER, PHYSICIAN	Sickle Cell Clinic
✖ Received	4/3/2019 2:54 PM	ZZUSER, PHYSICIAN	Free text area

PedsQL Score

Score	Date
PAIN QL REVIEW SHEET	4/3/2019
Parent Physical Summary Score	53
Parent Emotional Summary Score	60
Parent Social Summary Score	50
Parent School Summary Score	40
Parent Psychosocial Summary Score	50
PARENT QL TOTAL SCORE	52

[View Complete Flowsheet](#)

Recent Pain Team Encounters

Provider	Department	Visit Type	Primary Dx
04/04/2019 Zzuser, Physician, MD	Pain Clinic Main Campus	Office Visit	Sick

Standardized Consents

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



Controlled Substances Therapy Agreement and Consent Form

PATIENT IDENTIFICATION

It is the goal of Nationwide Children's Hospital to provide the highest quality of care for our patients. The use of controlled substances (such as painkillers, opioids, opiates) for pain management and other medical purposes is a high, and can lead to death if not used properly. These substances can also be abused or sold illegally. Be sure to use them as directed by the doctor and the police.

This Agreement and Consent form is required for the ability to prescribe them to you or your child in the community, which requires that you agree to certain conditions.

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

1. I understand that opioid medication should be taken exactly as prescribed.
2. I understand that no changes should be made to the dose or frequency of my child's or my medication without the direction of the doctor.
3. I agree to use the medicine as directed and to store it properly.
4. I understand and agree that I will use controlled substances more often if I use controlled substances as directed.

- Chart Review
- Care Everywhere
- SnapShot
- Document List
- Synopsis
- Results Review
- Growth Chart
- Rooming

Document List

Level	Group	Type of Document	Description	Status	Date Rec...	Received By	Location
Patient		Controlled Substance Therapy Agreement and Consent Form	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

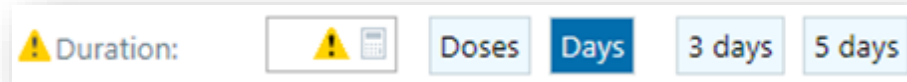
Minor Opioid Consent Documents

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

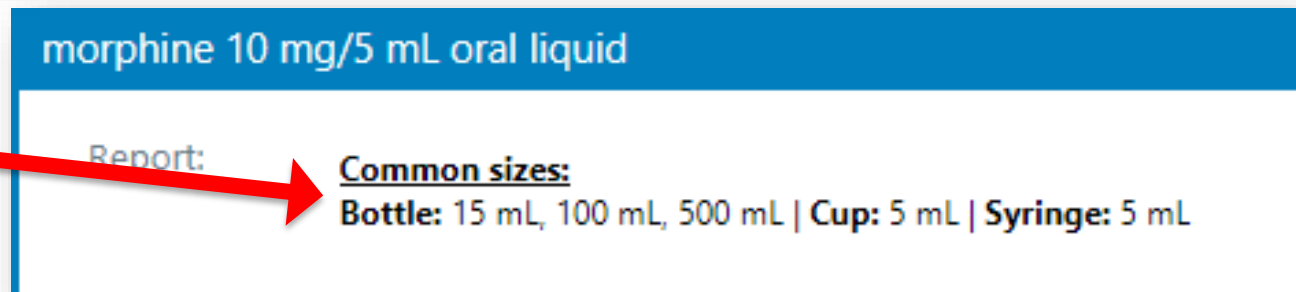
Order Updates: Duration & Refills

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

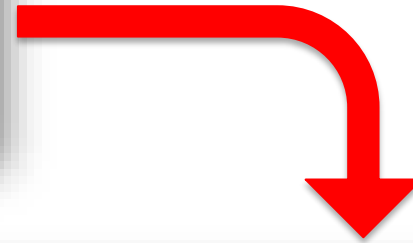
Order Updates: PRN Reasons

New PRN Reasons

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

~~PRN reasons:~~

<input type="checkbox"/> Pain	<input type="checkbox"/> Fever	<input type="checkbox"/> Nausea
<input type="checkbox"/> Itching	<input type="checkbox"/> Wheezing	<input type="checkbox"/> Shortness of breath
<input type="checkbox"/> Seizures	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Constipation
<input type="checkbox"/> Headache	<input type="checkbox"/> Insomnia	<input type="checkbox"/> Heartburn
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Secretions	<input type="checkbox"/> Congestion
<input type="checkbox"/> Diaper rash		



Frequency:

PRN reasons: severe pain if other therapy n... before painful procedure

PRN comment:

Order Updates: MEDD

morphine (MSIR) 30 MG PO tablet ✓ Accept ✗ Cancel

Product: **MORPHINE SULFATE 30 MG PO TABS**

Sig Method: **Specify Dose, Route, Frequency** Taper/Ramp Combination Dosage

Dose: 30 mg **30 mg**

Maximum Daily Dose: 180 mg

Prescribed Dose: 30 mg

Prescribed Amount: 1 tablet

Maximum MEDD: 180 mg MEDD for this order **(270 mg MEDD for signed and unsigned orders)**

Route: **Oral** Injection Buccal

Frequency: **Q4H PRN** Q6H PRN

PRN reasons: Pain

PRN comment:

Patient & Family Education

Formal process for opioid safety education



Helping Hand™

Important Facts to Know When Taking Opioids

Opioid (OH pee ayid) 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:

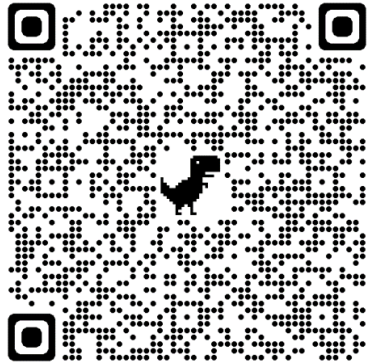
- Your child becomes very sleepy and is difficult to awaken
- Your child's breathing slows or stops

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

Opioid Safety



While opioids are an effective option for pain relief following surgery or for the treatment of a chronic condition, they can also cause side effects and use problems in adolescents. Because of these risks, it's important to understand the potential changes that can occur and the resources to help you manage these changes.



Helping Hand™ Health Education for Patients and Families

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 worst.

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



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

! Opioid education provided regarding benefits/risks, including addiction, proper disposal, and non-opioid treatment options?

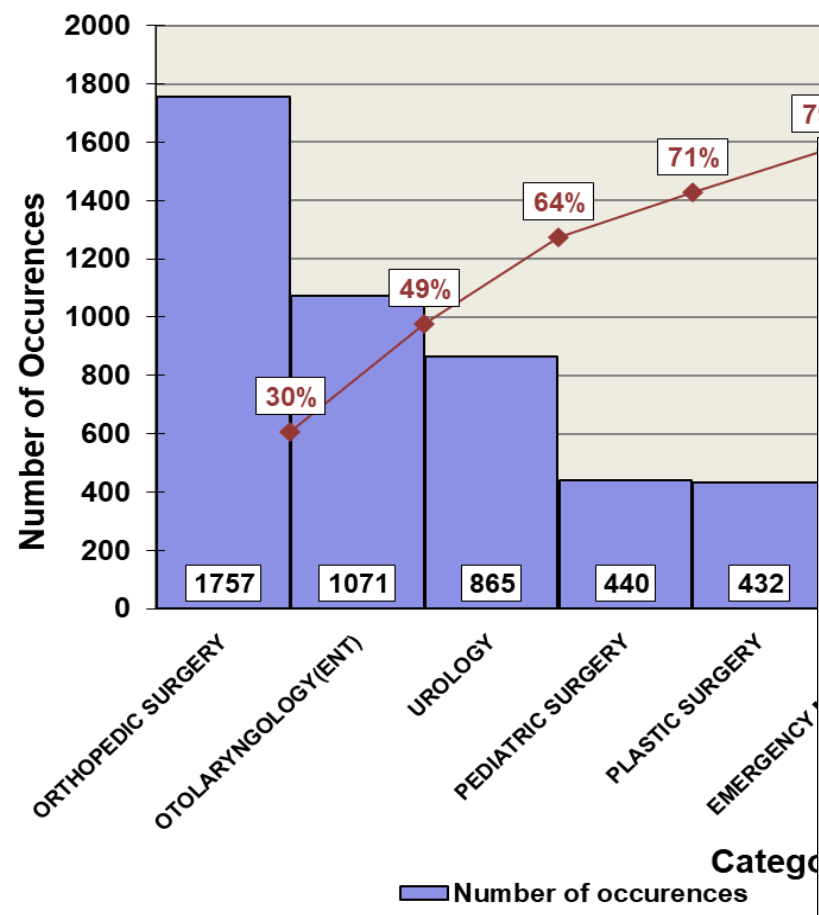
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Exempt-Cancer	<input type="checkbox"/> Exempt-Hospice/palliative care	<input type="checkbox"/> Exempt-Terminal condition	<input type="checkbox"/>
---	--	---	--	--------------------------

Current Prescribing Trends

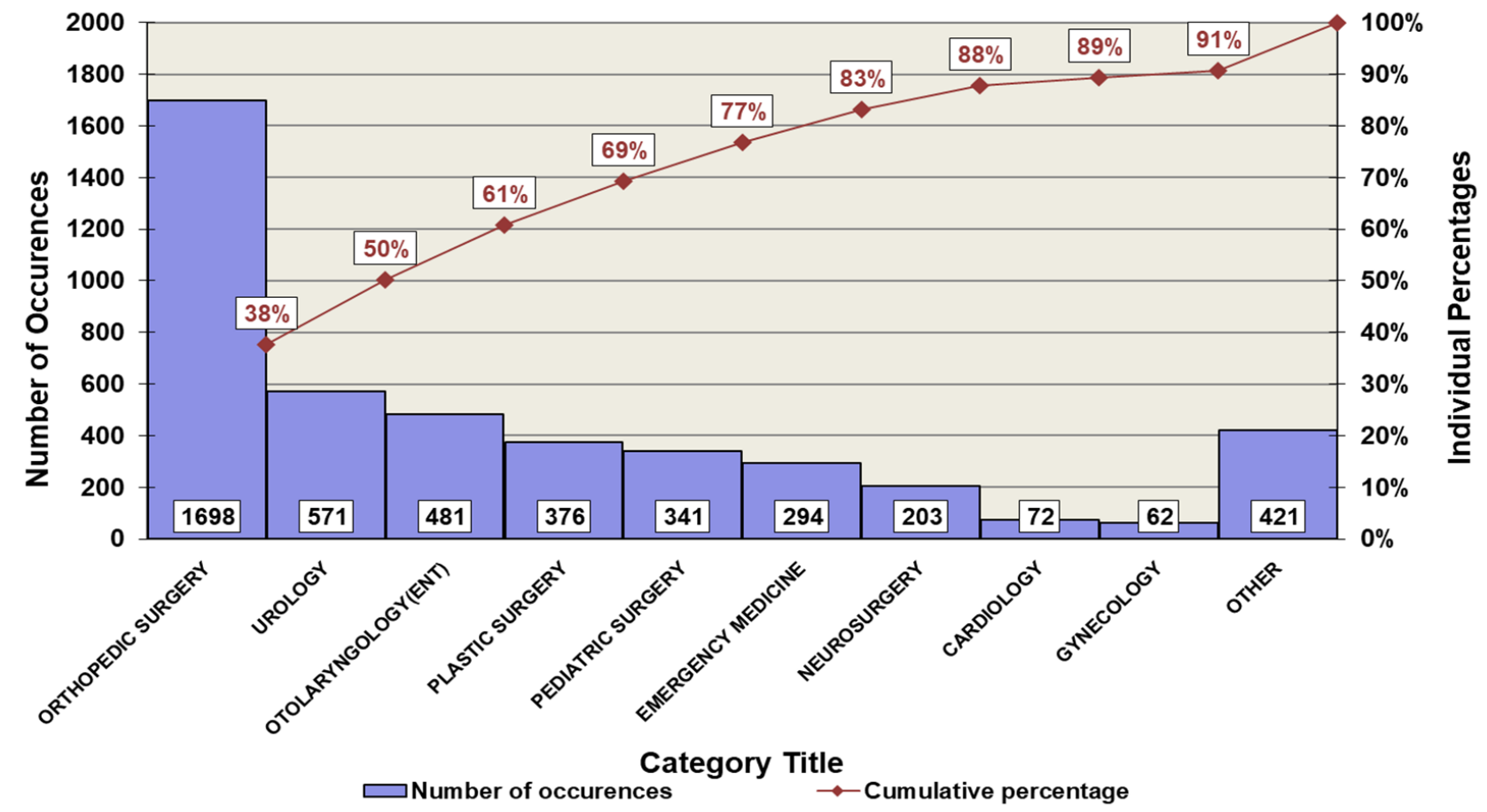
Opioid Prescriptions by D/C Service 2019

ENT: 1300 → 481

Pediatric Surgery: >1500 → 341

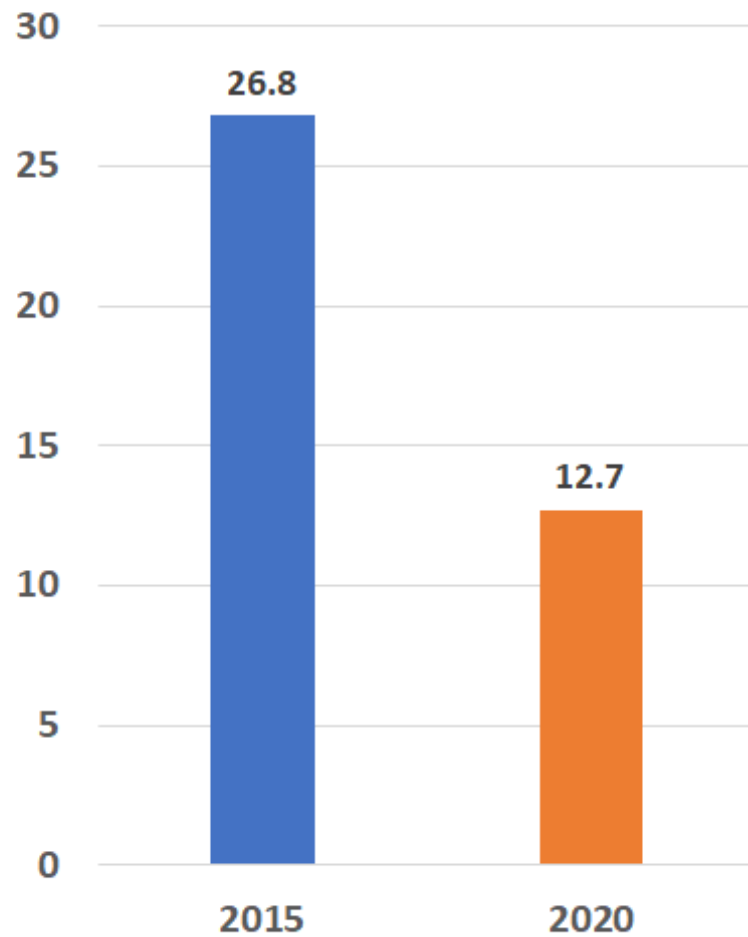


Opioid Prescriptions by D/C Service 2020

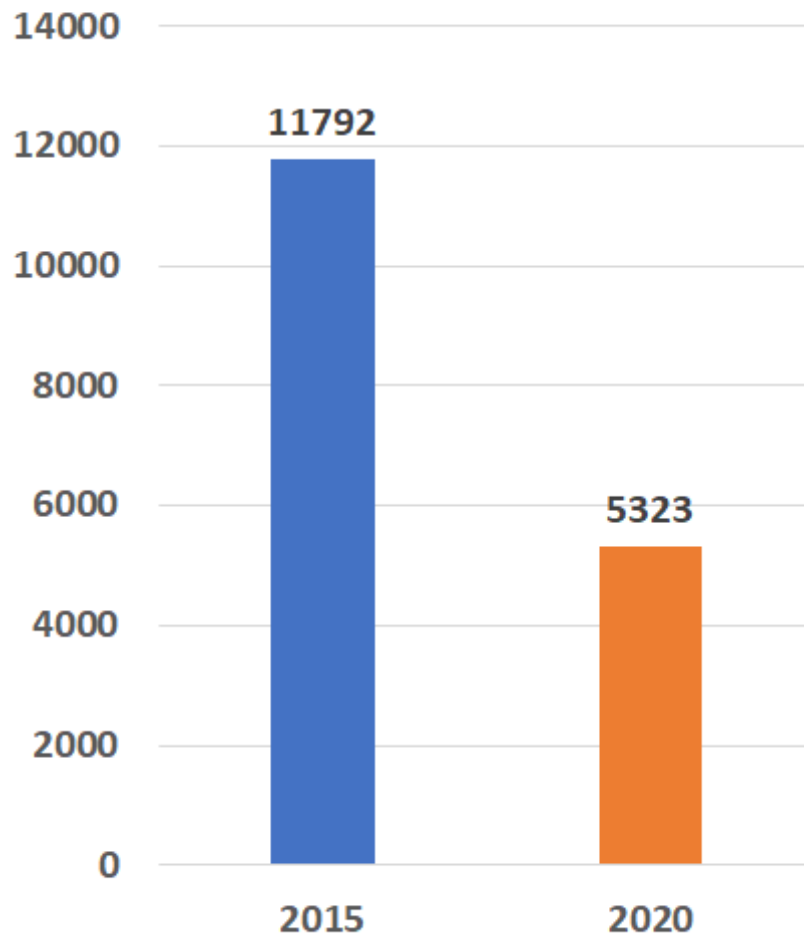


*excludes Hem/Onc Clinics, Pain Service, H11A, H12A/B, Apheresis, BMT Clinic, Aim Team and Palliative Care, Complex Care Clinic, South High PC

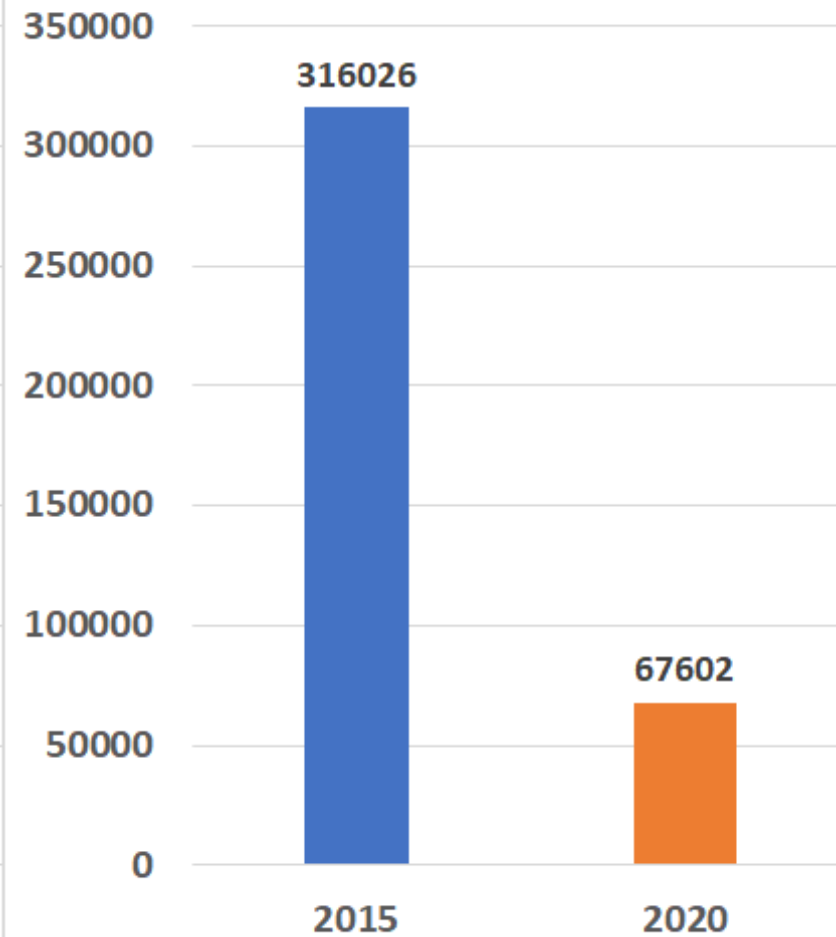
**Average Doses per Prescription
2015 versus 2020**



**Total Opioid Prescriptions
2015 versus 2020**

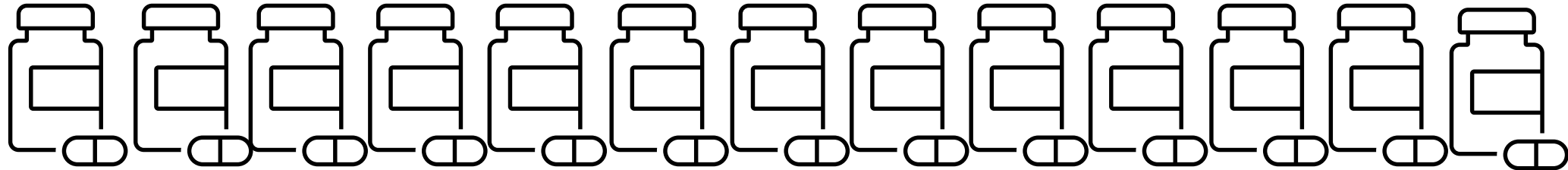


**Total Opioid Doses
2015 versus 2020**



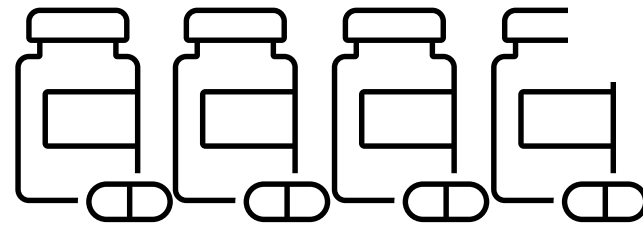
Prescribing Impact - Tablets

2015



128,057 tablets

2020



36,592 tablets

1 bottle = 10,000 tablets

Prescribing Impact - Liquid

2015



177,136 mL

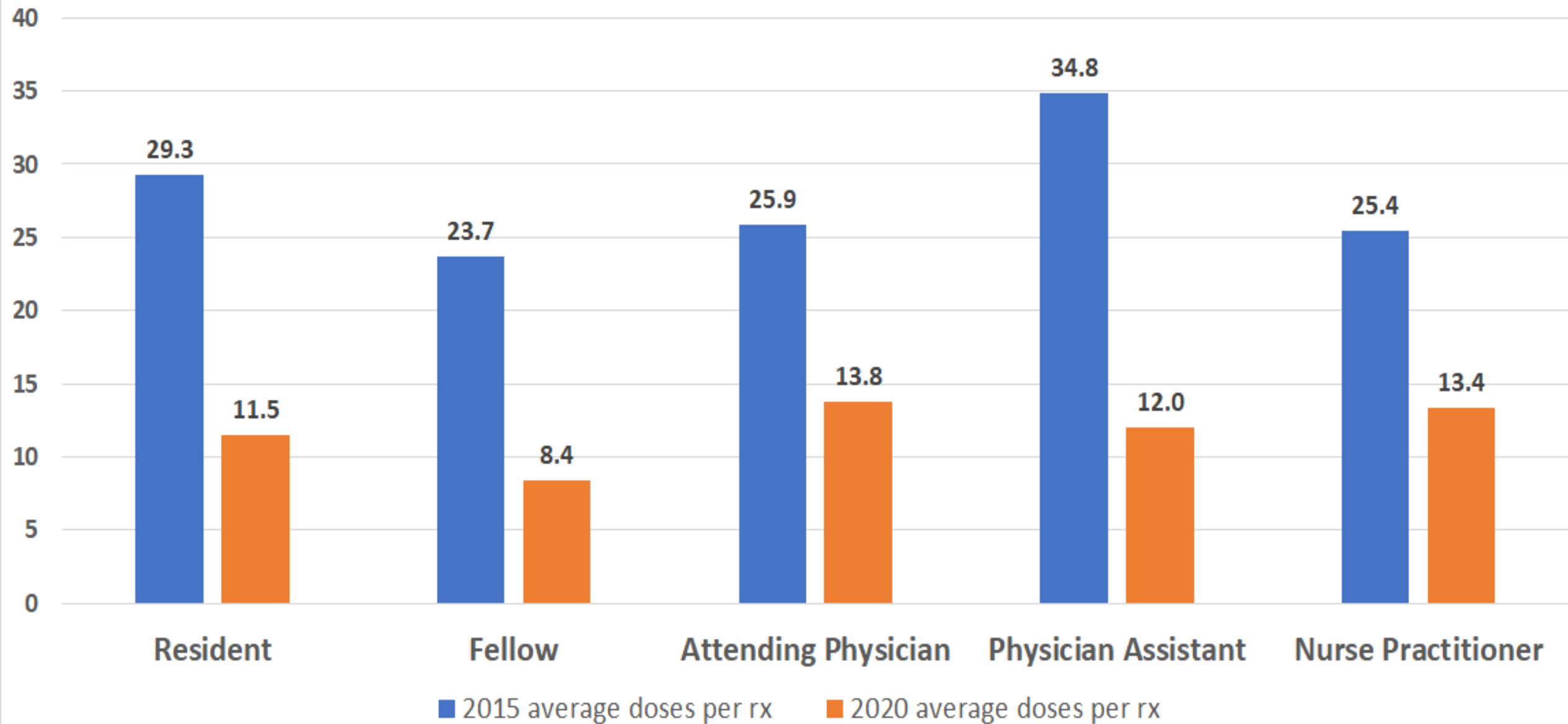
2020



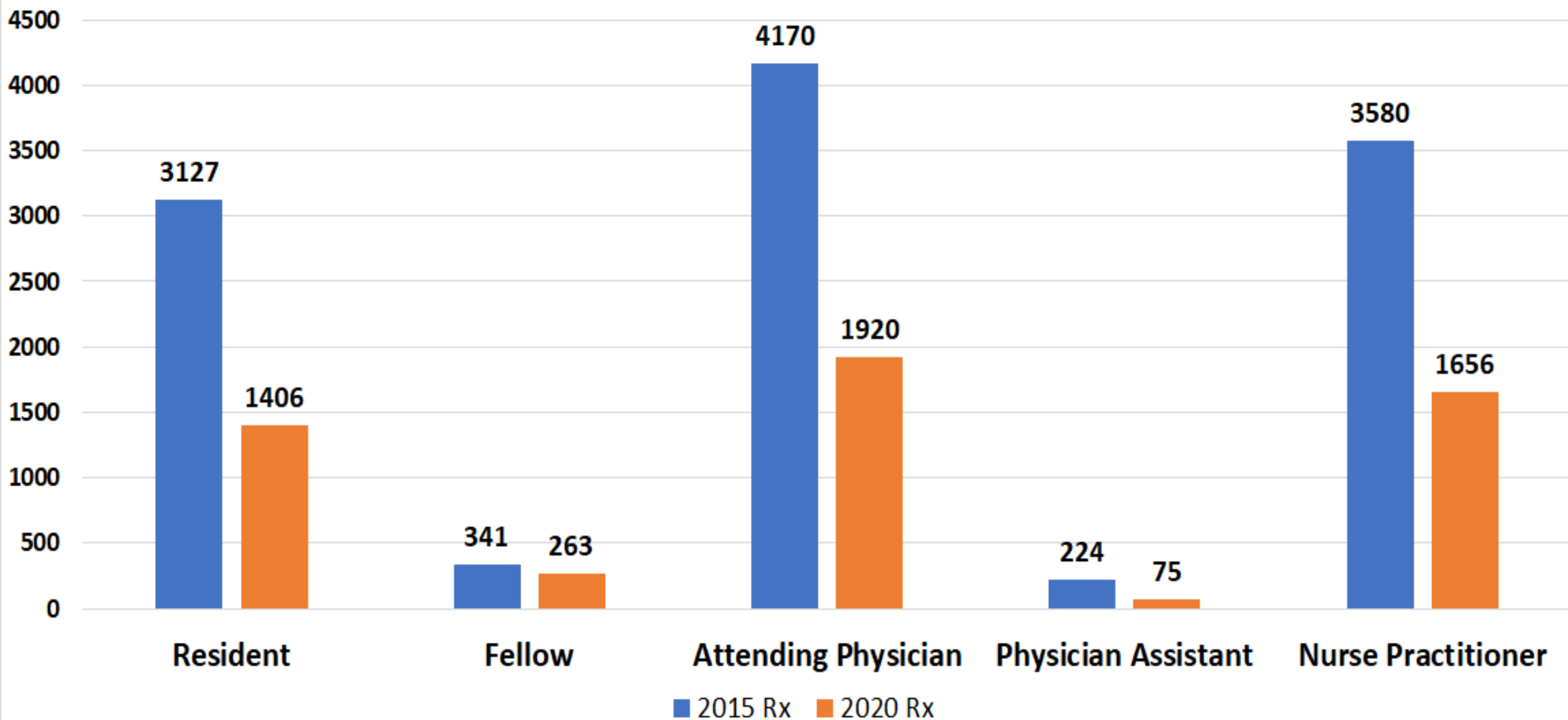
31,095 mL

1 bottle = 10,000 mL

Average Doses per Opioid Prescription by Provider Type 2015 versus 2020

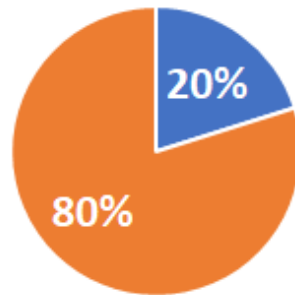


Total Annual Opioid Prescriptions by Provider Type 2015 versus 2020



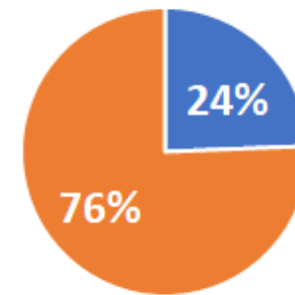
Acute vs Chronic Opioid Rx

Opioid Prescriptions
2017



■ Chronic ■ Acute

Opioid Prescriptions
2020



■ Chronic ■ Acute

Patient-Friendly Analgesic Tracking

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

	1 Give _____ mL of acetaminophen (also called Children's Tylenol 160mg/5mL) every 6 hours <u>as needed for mild to moderate pain</u> . Acetaminophen/Tylenol	2 May rotate with _____ mL of Children's Motrin (Children's Ibuprofen 100mg/5 mL) every 6 hours <u>as needed for mild to moderate pain if not controlled with acetaminophen/Tylenol alone</u> . 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.

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

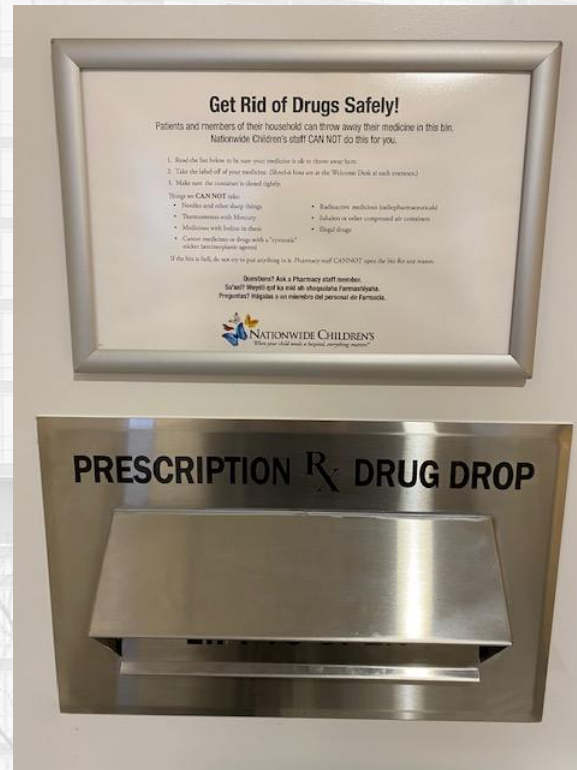
Specialty- Specific Outcomes

- 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
- Detera 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)



Four Steps for Safe Opioid Usage



MONITOR

1. Warn that medications should be taken only as directed by the medical provider or dentist because they can be harmful and habit-forming. Do not let anyone else take this medicine
2. Take inventory
3. Be on the lookout for "Seekers"



TRANSITION

1. The sooner a patient can get on the combination of acetaminophen and ibuprofen and off the opioid medication, the less likely they are to become dependent on opioids.
2. Using a combination of other non-opioid medication and non-medication pain management options are best.



SECURE

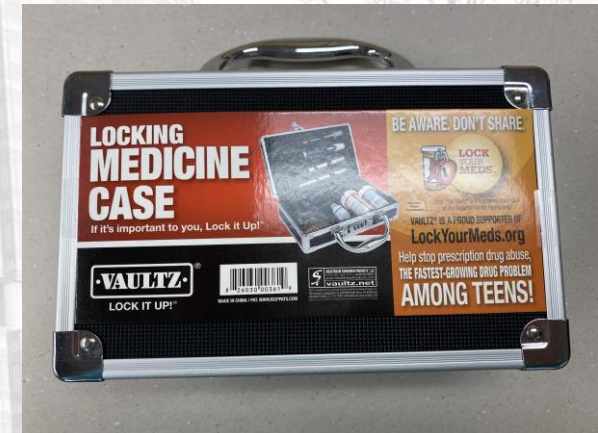
1. Keep this medicine in a locked cabinet or lock box.
2. Don't take all opioids when leaving the home, only what is needed while gone



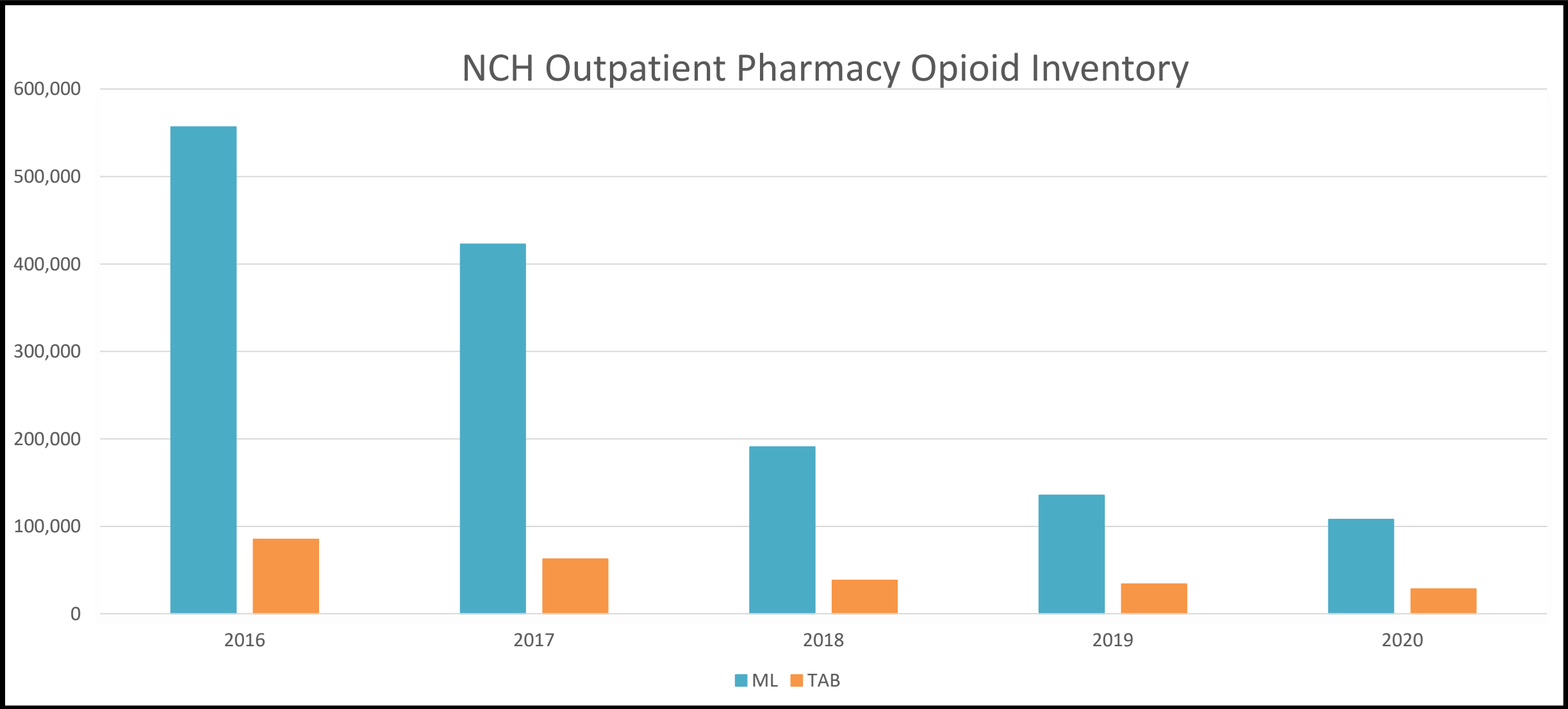
DISPOSE

1. Opioids and other medications should be disposed of when they are no longer needed.
2. Visit www.rxdrugdropbox.org to find a nearby collection location.

NationwideChildrens.org/Opioid-Safety.



Less Unnecessary Opioids Ordered and Dispensed



Know More. Do More.

Understanding Substance Misuse in Teens



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.

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

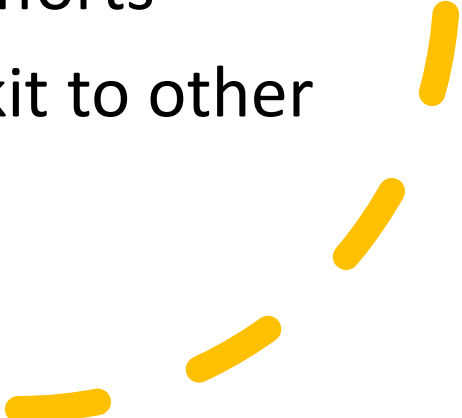
Ohio Hospital Association

- 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
- 
- A decorative graphic consisting of several short, thick, yellow curved lines arranged in a curved path in the bottom right corner of the slide.

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, DC
*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%.

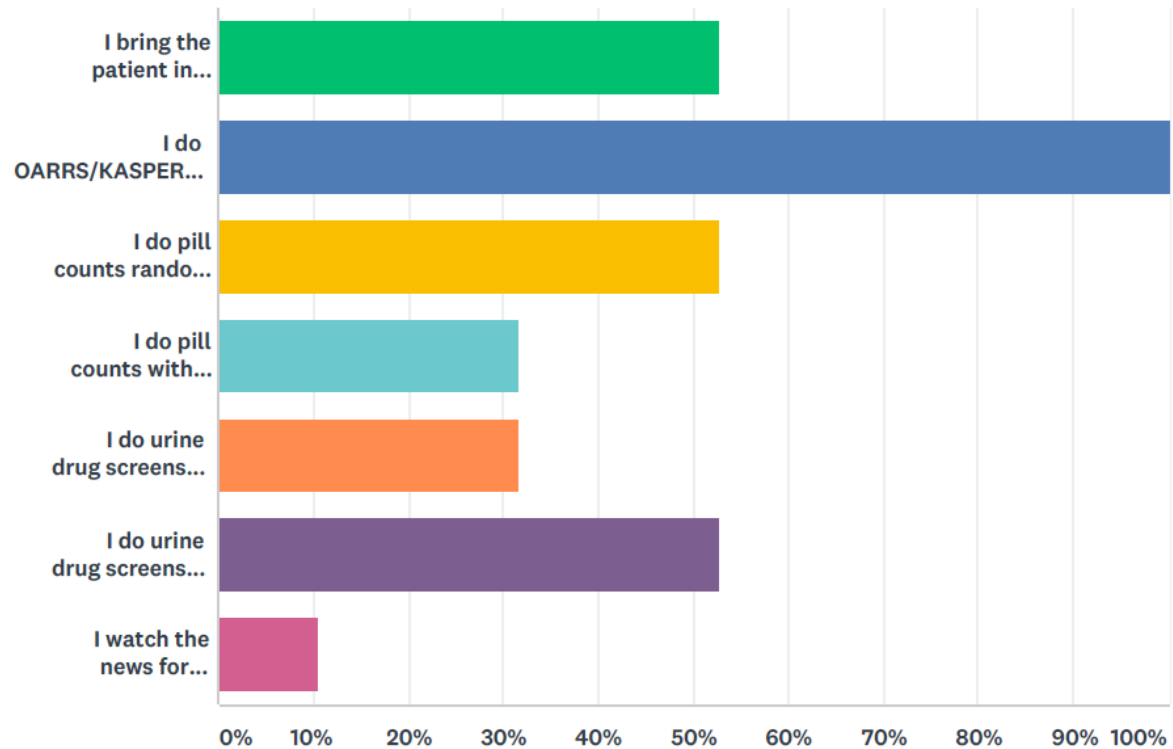
The toolkit provided 2016 guidelines for opioid prescribing.

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

Q5 If you answered yes to question 3, please select all the ways that you utilize to monitor narcotic prescriptions

Answered: 19 Skipped: 4



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Controlled Prescription Monitoring: Standardization with the Opioid Risk Tool¹

- 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.

OPPIOID RISK TOOL PATIENT FORM

Name: _____
Age: _____

		Mark Each Box That Applies	Score if Female	Score if Male
1. Family History of Substance Abuse	<ul style="list-style-type: none"> • Alcohol • Illegal Drugs • Prescription Drugs 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1 2 4	3 3 4
2. Personal History of Substance Abuse	<ul style="list-style-type: none"> • Alcohol • Illegal Drugs • Prescription Drugs 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3 4 5	3 4 5
3. Age (Mark Box if 16-45 years)		<input type="checkbox"/>	1	1
4. History of Preadolescence Sexual Abuse		<input type="checkbox"/>	3	0
5. Psychological Disease	<ul style="list-style-type: none"> • Attention-Deficit/Hyperactivity Disorder; Obsessive Compulsive Disorder; Bipolar Disorder; Schizophrenia • Depression 	<input type="checkbox"/> <input type="checkbox"/>	2 1	2 1

Total Score _____ Risk Category _____

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

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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.

Jet Forms

Available Forms for Vanceburg

Print	Available Forms	Quantity
<input type="checkbox"/>	Opioid Medication Information	1
<input checked="" type="checkbox"/>	Opioid Use Informed Consent	1

Submit

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.

Emergency Response for Opioid Overdose

nasal naloxone

harm reduction COALITION

Try to wake the person up

- Shake them and shout.
- If no response, grind your knuckles into their breast bone for 5 to 10 seconds.

Call 911

Someone has overdosed.
Someone isn't breathing.

If you report an overdose, New York State law protects you and the overdosed person from being charged with drug possession, even if drugs were shared.

Administer nasal naloxone

- Assemble nasal naloxone.
- Spray half up each nostril.
- Repeat after 2 to 5 minutes if still not conscious.

Check for breathing

Give CPR if you have been trained, or do rescue breathing:

- Tilt the head back, open the mouth, and pinch the nose.
- Start with 2 breaths into the mouth. Then 1 breath every 5 seconds.
- Continue until help arrives.

Stay with the person

- Naloxone wears off in 30 to 90 minutes.
- When the person wakes up, explain what happened.
- If you need to leave, turn the person on his or her side to prevent choking.

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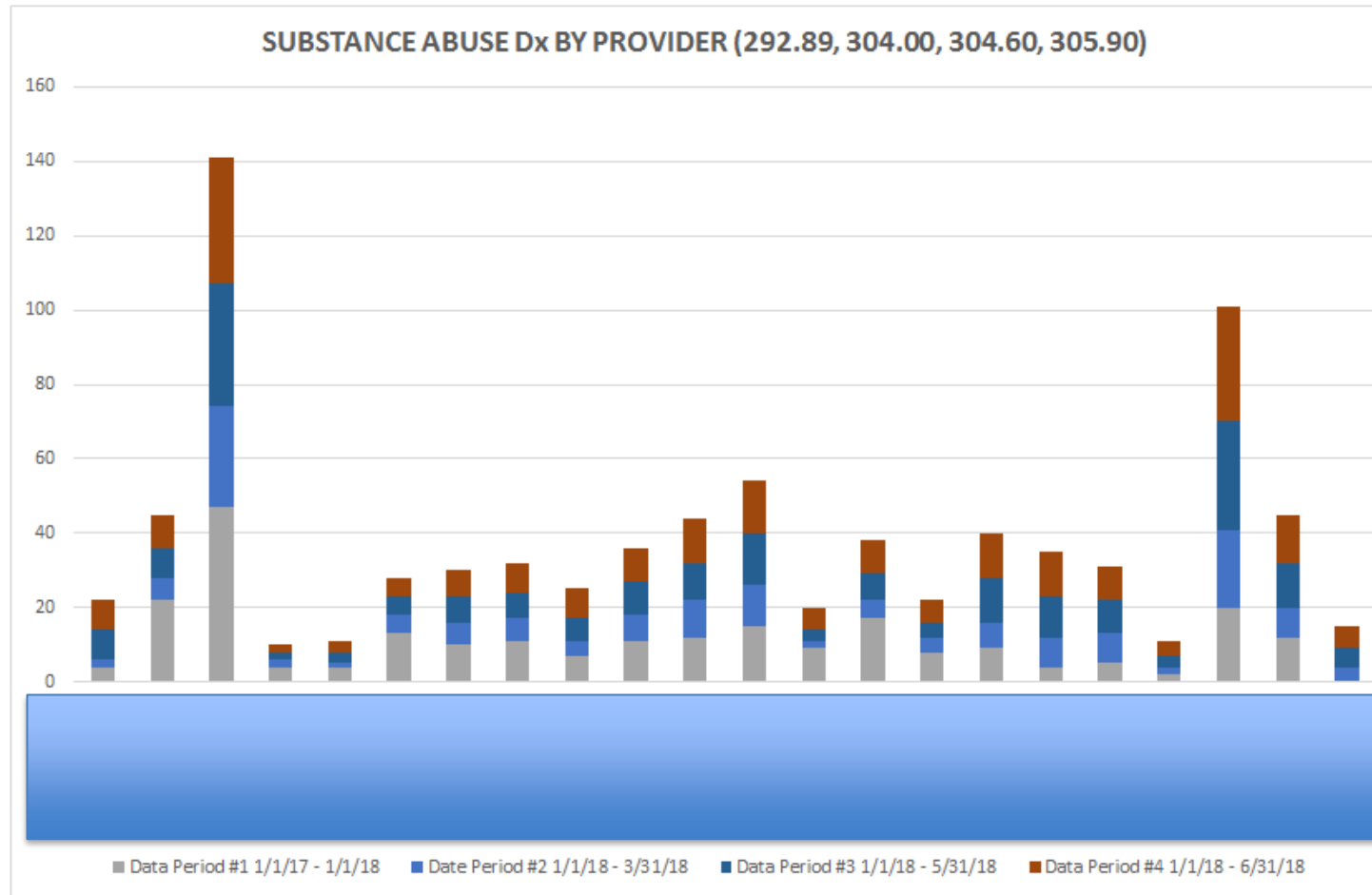
Very Good things are happening here

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 PCP¹



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¹PCP: 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.

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

The screenshot displays an EHR interface with a top navigation bar containing icons for Return To, Home, Workload, Chart, Document, Orders, Sign, Compose, More, and Close. Below this is a menu with categories: Diagnostics, Provider Notes, Nurse/Allied Health, Medications, History & Problems, Administrative, Other Clinical, Summary, Activity, Flowsheets, and Health Mgmt. The 'Flowsheets' section is active, showing a table of visits:

Visit Type	Date	Notes
patient	01/21	
Ambulatory Office Visit	04/09/21	Cutaneous abscess
Ambulatory Office Visit	04/12/21	Dysphagia
Outpatient	04/12/21	
Ambulatory Non Visit	04/12/21	
Ambulatory Office Visit	06/01/21	3 Month FP - In office
Outpatient	06/15/21	osa
Ambulatory Office Visit	09/01/21	3 Month FP - In office

Below the table is a sidebar with expandable sections: Clinical Visit Reports, Pain Measurement, ORT Risk Measurements, Recent Pertinent Imaging, Drug Screenings, Agreements & PDMP, Medications & Treatment, and Social History (Substance Use). The 'Most Recent Opioid Data' section is expanded, showing the following data:

Event	Date	Time
Last Office Visit	06/01/21	08:50
Opioid agreement signed date	03/01/21	06/01/21 09:31
PEG Score	8	06/01/21 09:53
Last ORT Total Score	5	06/01/21 09:53
Last ORT Risk Category	Moderate Risk	06/01/21 09:53
Urine drug screen (POC)	consistent with prescription(s)	06/01/21 11:48
Urine Opiates Screen	None Detected (None Detect)	03/01/21 09:48
Urine Benzodiazepines Screen	None Detected (None Detect)	03/01/21 09:48
Urine Cocaine Screen	None Detected (None Detect)	03/01/21 09:48
Urine ...	None	03/01/21 ...

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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 naran/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

Southern Ohio
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Opioid Stewardship

Opioid Rx %

3.86%

Previous Year: 4.06%

(0.20)[pp]

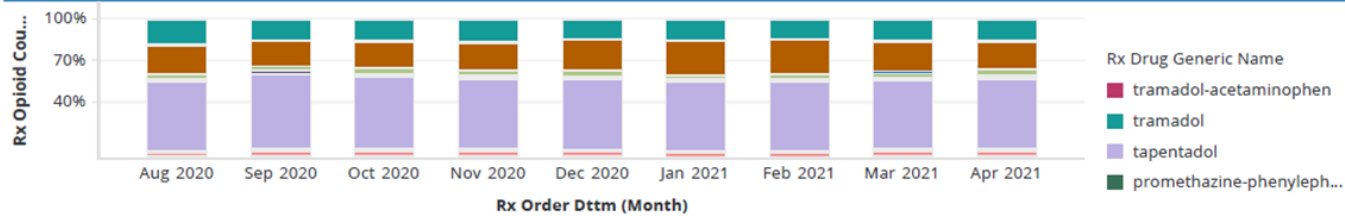
Avg MMEs Per Day

29

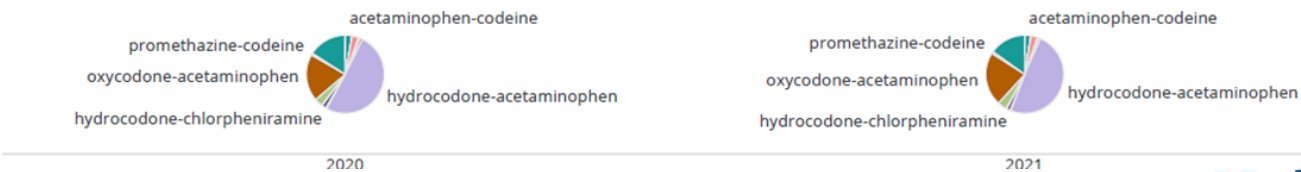
Previous Year: 28

+ 2.9%

Opioid Utilization by Generic Name & Month



Opioid Utilization by Generic Name & Year



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Standardization in the EMR

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Opioid Stewardship

Opioid Rx %

3.86%

Previous Year: 4.06%

(0.20)[pp]

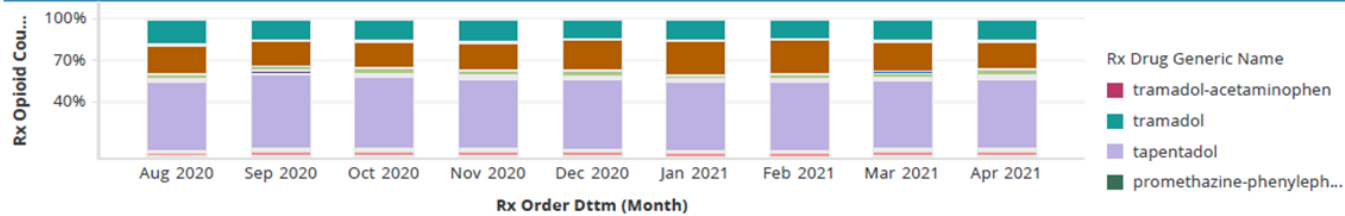
Avg MMEs Per Day

29

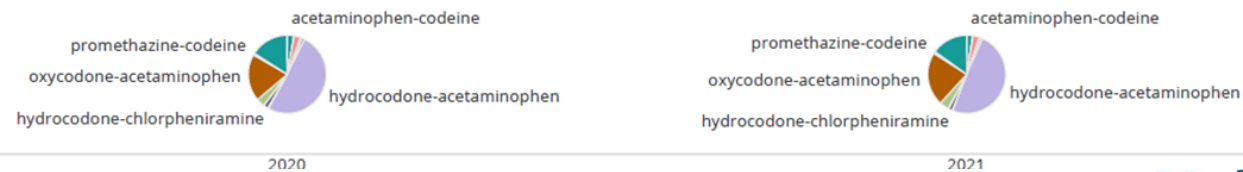
Previous Year: 28

+ 2.9%

Opioid Utilization by Generic Name & Month



Opioid Utilization by Generic Name & Year



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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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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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HelpingOhioHospitals



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