



OPIOID STEWARDSHIP: EDUCATION

December 16, 2021

CONTINUING EDUCATION

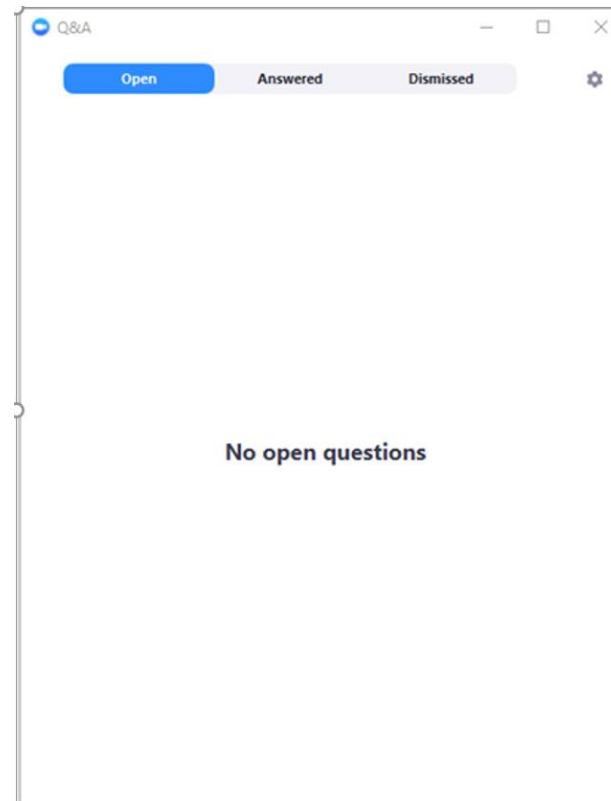
- The link for the evaluation of today's program is:
<https://www.surveymonkey.com/r/Opioid-Educ-12-16-21>
- Please be sure to access the link, complete the evaluation form, and request your certificate. The evaluation process will remain open **two weeks** following the webcast. Your certificate will 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.



OPIOID STEWARDSHIP

Slides by: Michaela Slevin, PharmD Candidate 2022

Jillian Kline, RN, Committee Chair

Steffany Loper, PharmD, DOP

1

Review the
concept of opioid
stewardship

2

Describe opioid
stewardship
strategies

3

Review ISMP's
2020 safe opioid
use updates

4

Provide tools to
improve opioid
safety within your
own institution

5

Summarize helpful
CPS resources

OBJECTIVES

OPIOID STEWARDSHIP

Coordinated effort

Promote appropriate
opioid use

Improve patient
outcomes

Reduce misuse of opioids

GETTING STARTED

Open dialogue
between providers
with similar goals
about opioid safety

Culture of
acceptance from
colleagues

Self-assessment of
current opioid
practices

Develop goals for
the pain
stewardship
program

Determine
strategies to
prioritize first

- Prescription drug monitoring programs (OAARS)
- Emphasizing nonpharmacologic and nonopioid pain management methods
- Limiting home discharge supplies of opioids
- Dispensing and educating about naloxone
- Performing opioid medication reconciliation during transitions of care
- Restricting the use of specific opioids or doses
- Implementing a prescription opioid take-back program
- Providing daily opioid review and feedback to providers



OPIOID
STEWARDSHIP
STRATEGIES

TOOLS TO USE

- Consultant pharmacists
- Active Pain Management Stewardship committee
- Institute for Safe Medication Practices (ISMP)
- DEA Diversion Website
- ACPE continuing education modules
- OAARS
- Board of Pharmacy Newsletter
- Monthly controlled substance inventory

ISMP HIGH-ALERT MEDICATIONS SELF- ASSESSMENT

ISMP Medication Safety Self Assessment® for High-Alert Medications

Opioids

Scope: Unless otherwise stated, these items pertain to opioids (including in combination with other analgesics) used for any indication **EXCEPT** moderate sedation, that are administered by any route **EXCEPT** neuraxial, including: oral, IV, IM, subcutaneous, transdermal, sublingual, buccal/transmucosal, and intranasal.

Self-Assessment Items

A	There has been no activity to implement this item.
B	This item has been formally discussed and considered, but it has not been implemented.
C	This item has been partially implemented for some or all patients, orders, drugs, or staff.
D	This item is fully implemented for some patients, orders, drugs, or staff.
E	This item is fully implemented for all patients, orders, drugs, or staff.

		A	B	C	D	E
General Items						
Protocols, Guidelines, and Order Sets						
1	Standard protocols and/or guidelines for adults exist and are used to guide practitioners when opioids are prescribed, prepared, dispensed, and administered, and when patients are monitored. Scoring guideline: Choose <i>Not Applicable</i> <u>only</u> if your facility does not provide care to adults.					
		NOT APPLICABLE				
2	Standard protocols and/or guidelines for neonates and pediatric patients exist and are used to guide practitioners when opioids are prescribed, prepared, dispensed, and administered, and when patients are monitored. Scoring guideline: Choose <i>Not Applicable</i> <u>only</u> if your facility does not provide care to neonates or pediatric patients.					
		NOT APPLICABLE				
3	One or more protocols and/or guidelines associated with opioid use contain the following content: (score each item individually)					

PATIENT AND FAMILY EDUCATION

- Patient and family education is provided upon discharge and with each office visit if the patient is taking an opioid. Education includes: Reason for opioid use, risks of opioid use, safe storage, safe disposal.
- Narcan education is also provided to patients and their families if a Narcan prescription is indicated for the patient. The Narcan education is largely for the patient's family as they would be the one's administering the Narcan to the patient- should it be needed. Narcan education includes both written education and also images instructing the family how to administer Narcan.

EMPLOYEE EDUCATION

Clinical employees are educated upon hire and yearly on pain management and opioid stewardship. Clinical employees are also educated regarding changes to policies and procedures related to opioid stewardship as they occur throughout the year.

PHYSICIAN EDUCATION

- Prescribing trends are used to educate physicians on opioid stewardship and to ensure that appropriate prescribing is occurring at all times.
- Our pain management expert physician, who also is over our opioid stewardship committee, provides yearly education to hospital providers as well on opioid stewardship and pain management.
- Provider's also complete assigned courses yearly on pain management and opioid stewardship.

ISMP OPIOID BEST PRACTICES 2020 UPDATES

01

Verify and document
patient's opioid status

02

Default order entry
system to lowest
starting dose and
frequency

03

Alert practitioners when
extended-release dose
adjustments are needed,
due to age, renal/liver
impairment or drug-drug
interactions

04

Eliminate fentanyl
patches from automated
dispensing cabinets
(ADCs) and from opioid
naïve patients/acute pain

ISMP AUTOMATED DISPENSING CABINET BEST PRACTICES 2020 UPDATES

01

Limit the variety of medications that can be removed using an override function

02

Require a medication order prior to removing any medication from an ADC

03

Monitor ADC overrides to verify appropriateness, transcription of orders and documentation of administration

04

Review the appropriateness of medications that can be overridden



TOOLS

Pain Management Stewardship Assessment

Clinical Specialist

PAInS Certificate Program

Training Programs

Drug Diversion Education



SUPPORTING HOCKING VALLEY COMMUNITY HOSPITAL

Pain Management Assessment completed by Steffany Loper, DOP

Drug diversion PowerPoint presentation to HVCH staff

Educational materials via CPS intranet

Audits performed by Compliance Team

KEY TAKEAWAYS

- Communication is key to creating a culture of compliance
- Resources are available to ensure opioids are used appropriately
- Pain Management Stewardship is everyone's responsibility





QUESTIONS?

JILLIAN KLINE, RN JKLINE@HVCH.ORG
STEFFANY LOPER, PHARM.D., DOP SLOPER@HVCH.ORG

Thank you for your time!

SOURCES

- *ISMP Medication Safety Self Assessment*® for High-Alert Medications General High-Alert Medications Neuromuscular Blocking Agents Concentrated Electrolytes Injection Magnesium Sulfate Injection Moderate Sedation in Adults and Children, Minimal Sedation in Children Insulin, Subcutaneous and Intravenous Lipid-Based Medications and Conventional Counterparts Methotrexate for Non-Oncologic Use Chemotherapy, Oral and Parenteral Anticoagulants Neuraxial Opioids And/or Local Anesthetics Opioids.
- “ISMP Publishes 2020-2021 Consensus-Based Medication Safety Best Practices for Hospitals.” *Institute for Safe Medication Practices*, 27 Feb. 2020, www.ismp.org/news/ismppublishes-2020-2021-consensus-based-medication-safety-best-practices-hospitals. Accessed 5 Nov. 2021.
- Tanzi, Maria G. “Pharmacists Have Lead Role in Hospital-Based Opioid Stewardship Programs.” *Pharmacy Today*, vol. 25, no. 10, Oct. 2019, p. 6, [www.pharmacytoday.org/article/S1042-0991\(19\)31161-2/fulltext?rs%E2%80%A60A,10.1016/j.ptdy.2019.09.028](http://www.pharmacytoday.org/article/S1042-0991(19)31161-2/fulltext?rs%E2%80%A60A,10.1016/j.ptdy.2019.09.028).



ABOUT CPS



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The CPS approach prioritizes excellence in four main areas



Financial

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Specialty and Ambulatory Pharmacy



Consulting Solutions



340B Program Solutions



Telepharmacy



Supply Chain Solutions



PT, OT, ST
Rehabilitation

Transition Of Care Upon Discharge

Daniel Goldstein, MD

Pediatric Anesthesiologist (Akron Children's Hospital – Akron, OH)
Director of the Opioid Stewardship at ACH



Objectives:

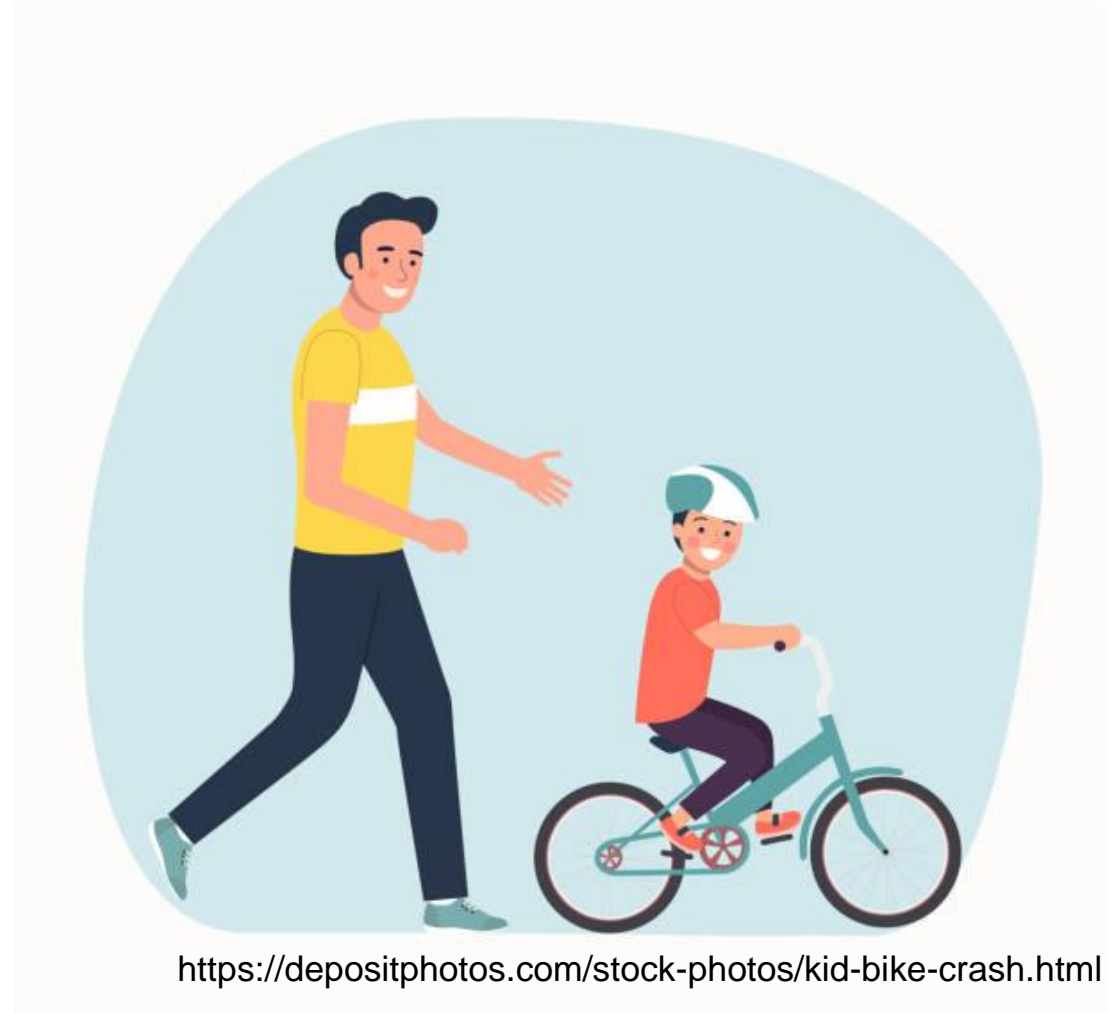
- To appreciate the complexities that go into discharging a patient from the hospital
- To discuss perioperative pain management pathways that improve pain scores and decrease unnecessary exposure to opioids
- To share tools and resources to help patients/families manage pain and avoid opioid misuse when they leave the hospital

I have no conflicts-of-interest to disclose



Transition of Care

- Discharging a patient from the hospital to home (or another care facility)
- Common challenges:
 - Lack standardization of the process
 - Plethora of details for the patient/family
 - New information and unfamiliar terminology
 - Numerous directions and tasks
 - New and high-risk medications





- Any error in this process can result in:
 - Increased readmission rates (financial burden)
 - Conflicting information and directions
 - Decreased patient/family satisfaction
 - Noncompliance by the patient
 - Adverse drug reactions, polypharmacy, over prescribing
- The leading (and most preventable) cause of readmission is uncontrolled pain



Proactive approach

- Planning for discharge before the patient arrives at the hospital
 - Perioperative surgical home (PSH)
 - Setting realistic expectations
 - Care coordinator assignment
 - Team approach for consistent message
- Once adopted:
 - Decreased length of stay
 - Decreased readmission rates
 - Decreased pain scores, and decreased unnecessary opioid exposure



<https://www.fatwheels.com/Adult-FATWHEELS-Training-Wheels-p/fw-adult.htm>

Perioperative Pain Management Pathways

PEDIATRICS®

Articles ▾

Authors/Reviewers ▾

Policy

Article Contents

Methods

Setting and Improvement
Methodology

Interventions and Testing

Measurement and
Analysis

Results


Discussion

Conclusions

Acknowledgments

QUALITY REPORT | NOVEMBER 11 2021

Opioid Reduction Through Postoperative Pain Management in Pediatric Orthopedic Surgery

Kerwyn Jones, MD ; Laurie Engler, MHA; Elizabeth Fonte, BS; Ibrahim Farid, MD; Michael T. Bigham, MD, FAAP, FCCM

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POTENTIAL CONFLICT OF INTEREST: The authors have indicated they have no potential conflicts of interest to disclose.

FINANCIAL DISCLOSURE: The authors have indicated they have no financial relationships relevant to this article to disclose.

Pediatrics e2020001487.

<https://doi.org/10.1542/peds.2020-001487> **Article history** 

- Using the type of injury/type of surgical intervention to direct patients down different pain management pathways
- Each pathway has a different standardized post-operative pain management strategy that all providers adhere to



Akron Children's Hospital

A Consistent Practice

▼ Ortho Post-OP Pain Medications

- If prescribing more than a 5 day supply, must document in the medical record why you are making an exception
- If prescribing more than 30 Morphine Equivalent Doses, must document in the medical record why you are making an exception

- Reference link: Pediatric Orthopedic Post-Operative Pain Management Guideline

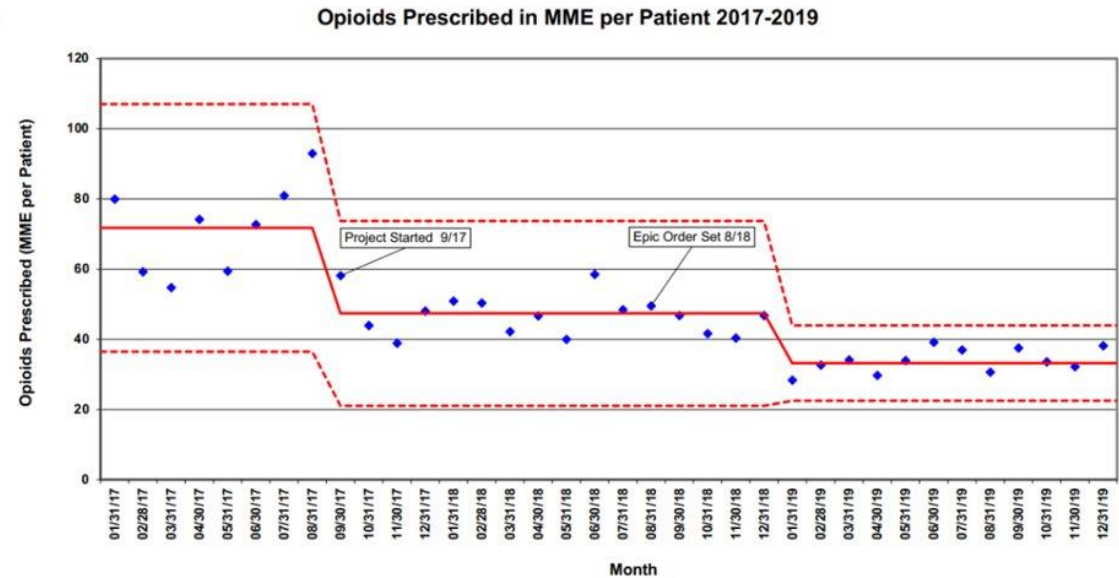
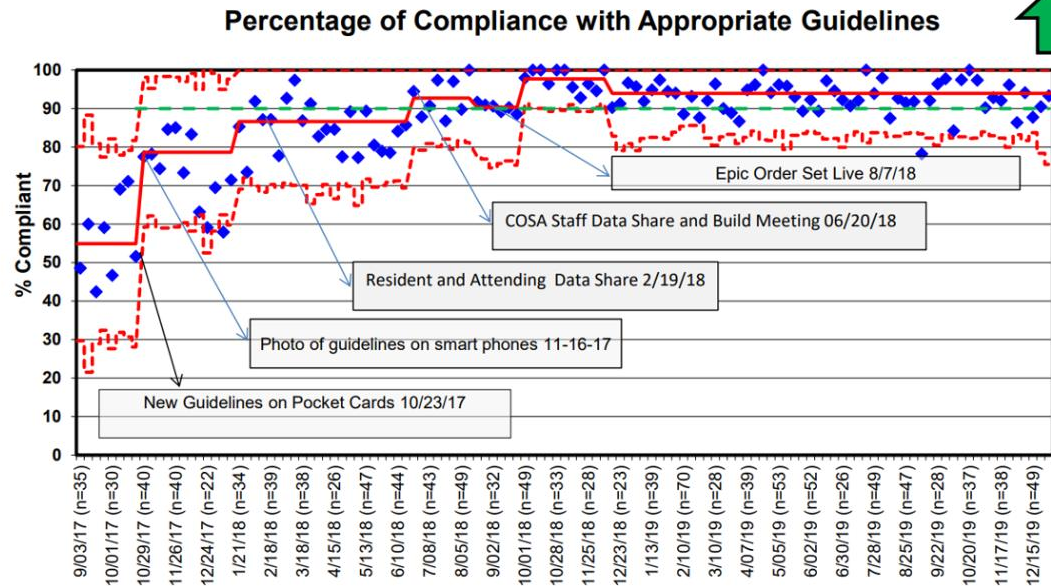
Minor Procedure

Moderate Procedure

Major Procedure

Spinal Fusion

- Reduced prescribing practice variation
- Pain scores improved for patients
- Decreased MME prescribed at discharge



Optimizing non-opioid pain medication

- One of the most effective approaches to pain control is to alternate doses of acetaminophen and ibuprofen every three hours

ANESTHESIA &
ANALGESIA

Pain Medicine

Section Editor: Spencer S. Liu

**Combining Paracetamol (Acetaminophen) with
Nonsteroidal Antiinflammatory Drugs: A Qualitative
Systematic Review of Analgesic Efficacy for Acute
Postoperative Pain**

Cliff K. S. Ong, PhD,* Robin A. Seymour, PhD,† Phillip Lirk, MD,†
and Alan F. Merry, MBChB, FANZCA, FPMANZCA, FRCAS

- PACU nursing noted inconsistency in messaging and extreme variation in time required to educate patients on this pain management strategy when reviewing discharge summaries



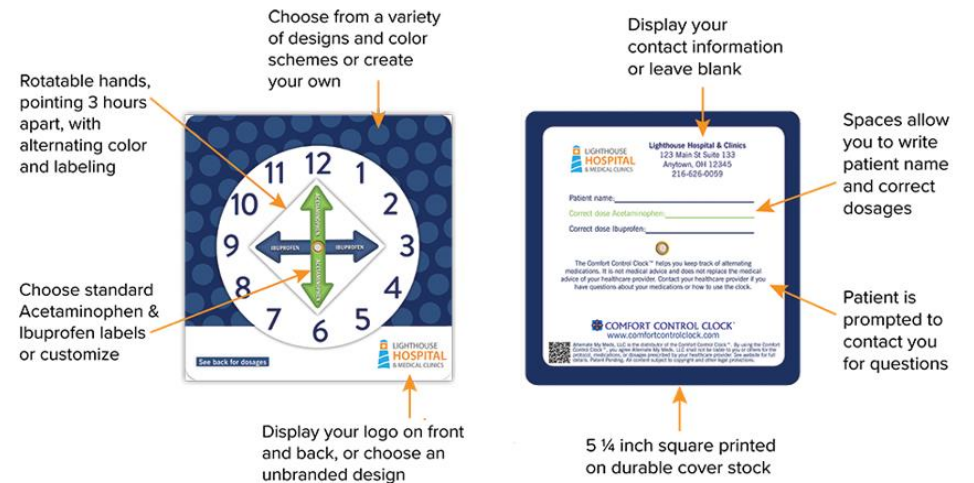
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Comfort Control Clock™

- Discharge instructions easier to convey
- A pain management tool to bring home
- Improved pain scores and patient/family satisfaction



<https://www.comfortcontrolclock.com>



Akron Children's Hospital

Resource to avoid opioid misuse

- Meds-to-bed by pharmacy
- Discharge summaries
 - "Today you were prescribed an opioid medication"
- Lock boxes
- Drug deactivation bags
- Drop boxes for unused medication
- Follow-up phone calls



<https://safe.pharmacy/drug-disposal/>



Akron Children's Hospital

Final Thoughts

- At ACH, the Opioid Stewardship has become an opportunity to highlight our high reliability organization and emphasize our commitment to a culture of safety
 - Responsible prescribing
 - Investing in our community
- Taking ownership to be part of the solution



Questions?



Akron Children's Hospital

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>



A Comprehensive Approach to Opioid Stewardship: A System's Approach

January 20, 2022

11:30 a.m. - 12:30 p.m. (EST)



Alicia Mikolaycik Gonzalez, MD

Clinical Consultant

Medical Director, Emergency Department

Marian Regional Medical Center

Santa Maria, CA

Opioid Stewardship Physician Champion for Dignity Health

Serves on Board of Governors for the American College of Emergency Physicians' Pain and Addiction Care in the Emergency Department (PACED) hospital certification program.



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

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www.youtube.com/user/OHA1915