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Implementing Safety Measures for Patients on Long Term Opiate Therapy Quality Residency Capstone

Memorial Community Health Jenna Watson, BSN, RN November 4, 2022

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Team

Opiate Stewardship Committee

- Shelly Graham, MSN, RN DON
- Lindy Flynn, MSN RN COO
- Nicole Dvorak PharmD
- Deanna VanDewalle LPN Clinic Representation
- Brandi Nigro Clinic Manager
- Jenna Watson, BSN, RN
- Multi Disciplinary team chosen to help bring ideas and expertise from all areas
- Initially had a Physician Champion but staffing changes has left that position unfilled



AIM Statement

- Reduce number of yearly opiate prescriptions by 20% by December 31, 2022
- Decrease number of opiate prescriptions with >90 daily MME by 10% by December 31, 2022
- Implement mitigation strategies to decrease the risk of opiate overdose for patients on opiate therapy by December 31, 2022

Measures

- Measures will be evaluated every 6 months with chart review and shared with Providers and COO
- Areas to be Measured
 - Number of prescriptions with >90 Daily MME
 - Total number of opiate prescriptions
 - Number of patients with opiate prescriptions >90 daily MME who are also being prescribed Naloxone

Selecting Changes

- Multidisciplinary team recommended changes based on CDC prescribing guidelines and high rate (57.7 per 100 persons) of opiate dispensing rate in Hamilton county
 - Provider Education on opiate overdose mitigation strategies, safe prescribing practices, and community resources for patients with chronic pain
 - Development of new patient education on safe use of opiates, use of naloxone, and psychosocial support for chronic pain
 - Development of processes in the clinic to make following Pain Management policy more streamlined
 - Increased safety measures added to Pain Management policy

PDSA

- Describe your PDSA cycles
 - Reviewed last 3 years of data (total opiate prescriptions, prescriptions with >90 MME, number of Naloxone prescriptions) at monthly opiate stewardship meeting
 - Monthly webinars viewed on opiate stewardship education/emerging trends
 - Discussions with opiate stewardship committee and providers on barriers with following Pain Management Policy

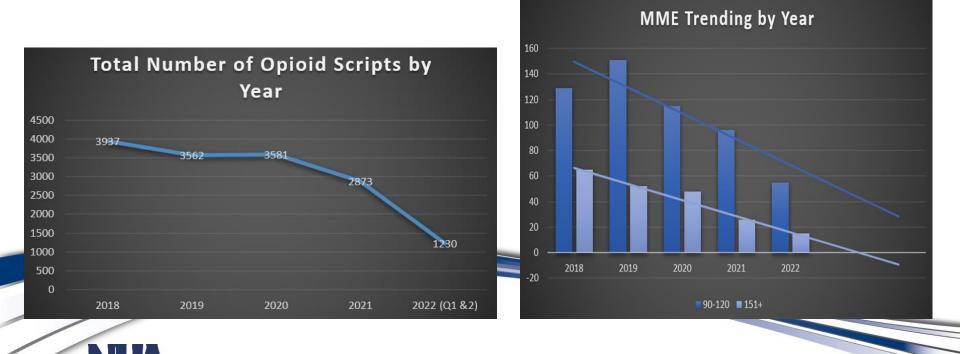


Implementing Change

- When discussing with providers barriers to following pain management policy areas were identified that needed improvement
 - Process for nursing to use triage orders to obtain urine drug screen testing for patients who have not had one done in last year developed
 - Patient education folder developed for clinicians to educate patients on opiate therapy
 - It was discovered that nasal naloxone is not well covered by most insurance companies and can be a financial burden for some patients
 - Education material on Nebraska's StopODne (Free naloxone program) developed

Data

- Engagement of providers and nursing staff to participate in opiate overdose mitigation strategies
- 100% increase in Naloxone prescriptions
- Projected 14% decrease in total number of opiate prescriptions



Spreading Changes

- Continued Bi-yearly chart audits for patients on long term opiate therapy
- Continued data tracking by opiate stewardship committee
- Keep clinicians updated on data and address any barriers as they arise



Questions?

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References

- IHI: The Science of Improvement: How to Improve <u>http://www.ihi.org/resources/Pages/HowtoImprove/ScienceofImproveme</u> <u>ntHowtoImprove.aspx</u>
- Langley GL, Nolan KM, Nolan TW, Norman CL, Provost LP. <u>The</u> <u>Improvement Guide: A Practical Approach to Enhancing Organizational</u> <u>Performance</u> (2nd edition). San Francisco: Jossey-Bass Publishers; 2009.
- The Plan-Do-Study-Act (PDSA) cycle was published by W. Edwards Deming in <u>The New Economics for Industry, Government, and Education</u> [Cambridge, MA: The MIT Press; 2000]. For more on the development of the PDSA cycle and how it differs from PDCA, see: Moen RD, Norman CL. <u>Circling back: Clearing up myths about the Deming cycle and seeing how it keeps evolving</u>. *Quality Progress*. November 2010.