

Rural Response to the Opioid Crisis

July 22, 2020

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Leadership/Planning

Saunders Medical Center was established to improve the health of our community. With a vision to be the healthcare provider of choice for the citizens of Saunders County, it is important that we develop and maintain a reputation for innovation and leadership in rural healthcare services. Saunders Medical Center is committed to a tradition of excellence through leadership in the provision of quality medical services and health education for the people of Saunders County. Physicians, nurses, and staff are committed to their mission of improving the health of the people of Saunders County and beyond by providing convenient and timely access to high quality comprehensive care with exceptional service and compassion. As a unified medical center in Saunders County, it is imperative that leaders and frontline staff engage in the always changing healthcare industry. We are committed to making a difference and creating programs to help produce a community of well-being. We do this by identifying areas that need improvement, which in turn helps create goals, improve outcomes, prevent harm, and close gaps.

Saunders Medical Center has gifted healthcare providers and a positive and supportive leadership team. Working together, the team acknowledged the nationwide opioid crisis and wanted to make a difference. In line with the organization's strategic plan to improve community wellness and promote healthy living for individuals with chronic health conditions, Saunders Medical Center worked with Three Rivers Public Health Department to complete a Community Needs Assessment. From that assessment, they built a Community Health Improvement Plan. Once those who are chronically ill are identified, it is imperative that proper care management and planning takes place across the care continuum. By working collaboratively with primary care providers, long term care facilities, EMS, and the local health department, SMC has identified

multiple opportunities to improve outcomes, prevent harm, and promote healthy lifestyles within our community.

Process of Identifying Need

In Nebraska, nearly 35% of the 138 drug overdose deaths involved opioids in 2018. This accounts for 63 fatalities. As a state, Nebraska providers wrote 50.6 opioid prescriptions for every 100 persons. Great Plains Quality Innovation Network provided the entire state with an opioid prescribing rate by county map that showed Saunders County having above average prescribing rates. (See supporting document) This pushed our facility to work with the local health department to align community goals with our strategic plan. This was crucial when identifying this issue and planning for change. We also identified that our community has a high rate of suicide as well as risky behaviors. Together we are striving to make our community well and by evaluating these statistics and behaviors, we can drive our team to make a difference.

The Bryan Rural Health Division promoted an opioid project and our team thought that participating in this could enhance the quality of care and improve outcomes at Saunders Medical Center. Throughout the project it was easy to see the impact that could be made on our community and patient population. It not only improves outcomes, but it also helps guide patients to make better health decisions when trying to find pain relief. This project involved staff members at Saunders Medical Center, two local pharmacies, and invaluable teams from across the state. Collaborating and networking with other facilities throughout the Bryan Rural Health Division helped by being able to see their challenges, their improvement efforts, and how they adapted during change. Building a trusting relationship with peers is important to gather accurate data, promote efficient change, and work towards improvement.

Process Improvement Methods

After identifying the need to decrease opioid prescribing, the multi-disciplinary team set specific and measurable goals. They aimed to reduce harm related to opioid overdose through decreased prescribing and better patient education. To achieve this goal, the team engaged in multiple small-scale changes. Using PDSA cycles helped identify if the changes would be successful and identified gaps. Our internal team included the leadership team, providers, pharmacy, clinic nursing, hospital nursing, and quality.

Initially, the team performed an opioid knowledge self-assessment to gather baseline data for our facility. It was identified that further opioid education was needed for our hospital staff. Furthermore, patients also needed education on reasonable expectations of pain control. Next, it was imperative to gather opioid prescribing rates for our providers. From July 2018 to December 2018, two local pharmacies provided cumulative opioid prescription data from providers at Saunders Medical Center which totaled 802 prescriptions. After reviewing the data, it suggested that the providers may be overprescribing. The team had several different ideas for improvement opportunities. Education appeared to be a major gap. The team worked hard to provide clear and beneficial information to staff. The pharmacy team was responsible for educating the medical staff at monthly meetings and this spread to nursing education at their monthly meetings. New regulations requiring opioid related CME's resulted in providers receiving education via online learning or in-person classes.

After the medical staff received education regarding safe opioid prescribing, a new policy and procedure pertaining to opioid prescribing and patient education was implemented facility-wide. It was important to create a standardized method of prescribing for all providers both in the clinic and in the hospital setting. It also helped compliance with the CDC guidelines for controlled

substance prescribing and education for patients regarding the risk of controlled substances and opioid use. The new policy was implemented to improve communication between providers and patients about risks and benefits of opioid therapy for chronic pain. It was also beneficial to help improve the safety and effectiveness of pain treatment, and reduce the risks associated with long-term opioid use disorder and overdose. This policy was not intended for patients who are in active cancer treatment, palliative care, or end-of-life care.

After implementing the controlled substance policy and procedure, patient education was the next identified need. The providers started a “Medication Agreement” with all patients being prescribed a potentially addictive controlled substance while visiting the Rural Health Clinic. Before prescribing, providers reviewed the medical necessity, benefits, risks, and addictive properties of these medications. Patients agreed to the contract and had the understanding that if there was any type of break in the contract, the providers could potentially terminate ongoing refills and or services. (See supporting document) After successful implementation of this agreement in the Rural Health Clinic, it was then spread to the Emergency Department, Surgery, and Specialty Clinic areas. With an innovative approach, we created a workflow within our EMR to capture the documentation of the “Medication Agreement”. This document, in a consistent area of the EMR, easily alerts all staff across the continuum of care to identify these special precautions needed for patient safety. For example, if a patient would be seen in the clinic and then come to the Emergency Room on the weekend, all staff would be aware of where to look for these agreements. (See supporting document)

Per the CDC guidelines, a useful tool to manage opioid prescriptions is the Morphine Milligram Equivalent Calculator. The pharmacy team worked hard to create an easy to read table for providers to refer to while prescribing. (See supporting document) This helped drive the

providers to prescribe the lowest effective opioid dose and to use caution when prescribing opioids at any dosage. As this project continues, another useful tool that the team is appreciative of is the NHA Opioid Toolkit. This provides valuable learning information and unique ways to assess and find the right treatment plan for each patient.

Results

The Opioid Usage Committee has had a major impact on prescribing rates. There has been a 22.7% decrease in the number of C-II opioid prescriptions within our two local pharmacies. This equals a decrease of 620 prescriptions from all Saunders Medical Center providers in the 6-month time frame of July 2019 to December 2019, as compared to the same time frame in 2018. After reviewing data, there has been a slight increase in the number of Tramadol prescriptions, but that goes with the assumption that this is due to shifting to a lesser addictive opioid. Pharmacy also has noticed a decrease in opioid prescribing from the Emergency Department.

With any new change, it is important to monitor for compliance. The Director of Clinics did chart audits to assure staff was utilizing the newly implemented “Medication Agreement”. This engaged staff as well as the patient to drive the care. The “Medication Agreement” includes the following information:

- Setting goals
- Risks and benefits review
- Addictive properties
- Alternative pain relief treatments
- Agreement for a maximum supply of 30 days and will need to be seen in the Rural Health Clinic at least every 90-180 days
- Agreement for taking the medications as prescribed and not using them illegally

- All appointments will be kept
- Blood or urine sample may be requested by provider at any time
- Refills will be made only during office hours and must call at least three working days ahead
- Agreement to use only one pharmacy

Setting expectations and goals with the patient in their plan of care is key to this project's success. Having them sign a "Medication Agreement" addresses patient safety and outlines opioid usage. Prescribing smaller amounts of opioids along with strict refill guidelines, is important when managing pain and planning with the patient and family. Engaging them and giving them a voice in their care plan is a major asset and will result in improved outcomes, a better patient experience, and an increase in the overall trust with the provider. When the patient signs this agreement, it provides a solid base for a care plan for our team. When patients are seen across the care continuum, a key piece of continuity is communicating the plan of care. Having this agreement on file makes it easy for whichever care provider is caring for the patient at the time. Whether it is in the clinic, emergency department, or on an outpatient basis, everyone is consistent and follows the same care plan which helps achieve the patient goals.

As more and more individuals find themselves trapped in habits of opioid overuse, controlled substances are often diverted from legal prescriptions, into a widespread illegal marketplace. This creates patients who experience addiction and recreational users who often times end up in tragic consequences. Addressing these issues in the Primary Care Clinic as well as the Emergency Room will slow the trend and result in a decrease of opioid misuse.

Saunders Medical Center demonstrated improved patient care by consistently encouraging providers to use the Prescription Drug Monitoring Program (PDMP) in conjunction with NeHII to

provide safe and accurate care to our patients. These platforms enable providers, pharmacists, nurses, and other healthcare professionals to monitor the care and treatment of their patients. Medications are able to be reviewed, prescribed and dispensed safely and accurately.

Lessons Learned, Replicability, Sustainability

As a new understanding of long-term opioid use becomes accepted amongst providers at Saunders Medical Center, it is now seen that the risks are much higher, and the benefit much lower, than they once believed years ago. Changing this mindset has influenced provider prescribing and patient behavior. After seeing much improvement with controlled substance prescribing rates, continued education for providers and patients is crucial to sustain this change. Providers will continue to receive at minimum three hours of continuing education biennially regarding prescribing opiates, which in turn will improve their knowledge on providing patient education as well.

By accomplishing our goal, the staff at Saunders Medical Center have demonstrated their dedication to improve the wellness of our community. Reducing opioid use in our community makes an impact on the population during a nationwide opioid epidemic. Not only does this improve the health of our patients, but it reduces costs that are associated with opioid misuse. This includes the loss of workplace productivity, law enforcement costs related to diversion of drugs, as well as increased healthcare expenditures.

Spreading the news of success throughout the facility through the monthly Quality Newsletter was a way to not only showcase the improvement efforts our team worked hard on, but also to educate and provide a resource to all staff at Saunders Medical Center. When all staff understand improvement efforts being worked on, it increases employee engagement and offers support from all areas of the facility. Being transparent during a nationwide opioid crisis by

showing progress on reducing opioid prescribing, truly reflects how hard our team at Saunders Medical Center has worked and how dedicated they are to improving the health and well-being of our community.

An important lesson learned throughout this project is that pain is now seen as a fifth vital sign. Pain is different for everyone and it is often times difficult to assess appropriately. Educating patients on alternative pain relief methods is crucial when managing their care. Providing them the tools they need to be successful at home while managing their pain successfully is the ultimate goal that providers want to reach. Because the perception of pain for each patient is unique, the management of that patient's health is an enormous task. Continued education for the evolving healthcare industry is necessary for both providers and patients to sustain success.

For other facilities to replicate this project and be successful, it is important to get leadership, provider, and frontline staff buy-in. Providing definitions for controlled substances, prescriptions, chronic pain, and prescription monitoring is essential for a good understanding of how to manage patients with chronic pain. Continued education is critical for sustainability, so offering and providing support for continual learning engages staff and allows them to gain knowledge in this always changing healthcare industry.

We are continuing improvement efforts by collaborating with the Heartland Health Alliance. Our next goals are to educate the community on the dangers of opioid therapy and to suggest effective strategies to manage pain while avoiding addiction.

In conclusion, several of our departments have demonstrated improvements after completing this project. Our collaborative team at Saunders Medical Center is devoted to follow our mission by providing our patients the highest quality care possible. We are compassionate about preventing patient harm, promoting healthy lives, and making an impact on the opioid

epidemic. With teamwork, community involvement, and building invaluable relationships with our peers and our patients, we are confident that we are leading the way for change.