HQIC Community of Practice Call

Improving Opioid Stewardship Across the Surgical Continuum

August 12, 2021

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES
HQIC
Hospital Quality Improvement Contractors
CENTERS FOR MEDICARE & MEDICAID SERVICES
iQUALITY IMPROVEMENT & INNOVATION GROUP

Introduction

Shelly Coyle
Nurse Consultant - Division of Quality Improvement
Innovation Models Testing
iQuality Improvement and Innovations Group
Center for Clinical Standards and Quality
CMS

Welcome!

Agenda

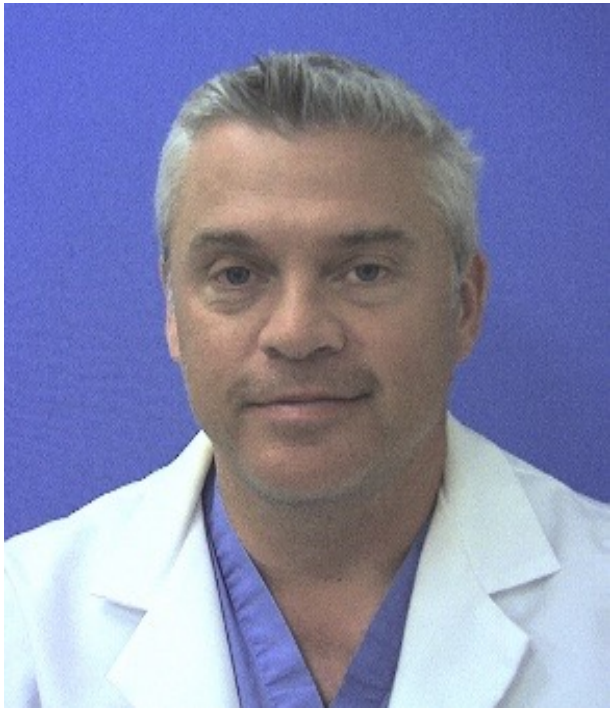
- Introduction
- Today's Topic
  - Improving Opioid Stewardship Across the Surgical Continuum
    Presentation by Dr. Thomas Mark, Chairman, Department of Anesthesia, Summa Health System and Medical Director of Process Improvement for Surgical Services, TeamHealth at Summa Health System

    Presentation by Christine Martini-Bailey, Executive Director, Health Services Advisory Group (HSAG)
- Open Discussion/Q&A
- Closing Remarks

Consider

- Where can you begin with your facility to improve your progress related to opioid stewardship?
- What actions can you take in the next 30 days? 90 days?
- How can you improve utilization of resources to foster a significant impact?

Meet Your Speaker



Thomas Mark, M.D.,

Chairman, Department of Anesthesia, Summa Health System,

Medical Director of Process Improvement for Surgical Services, TeamHealth at Summa Health System

ENHANCED RECOVERY AFTER SURGERY

Finding a Better Way
Without Opioids

The Story of Pain and Medicine in the United States

- Pain in the 80's and 90"s
- Purdue Pharma
- American Pain Society and the Federation of State Medical Boards 1997
- JCAHO and Veterans Health Administration - Designated pain as " the fifth vital sign " in 1998 - Certification dependent
- JCAHO 2001 declaration of new pain scale and ramifications
- 2002 - 23 X's more prescriptions for opioids written
- Federation of State Medical Boards 2004 - sanctions recommended
- 2012 - 259 million prescriptions made for opioids with sales of greater than 9 billion
- Between 2010 - 2014 heroin deaths increased by 248%
- 2013 - opioid deaths surpass car accidents as the leading cause of death in the United States

Anesthesia

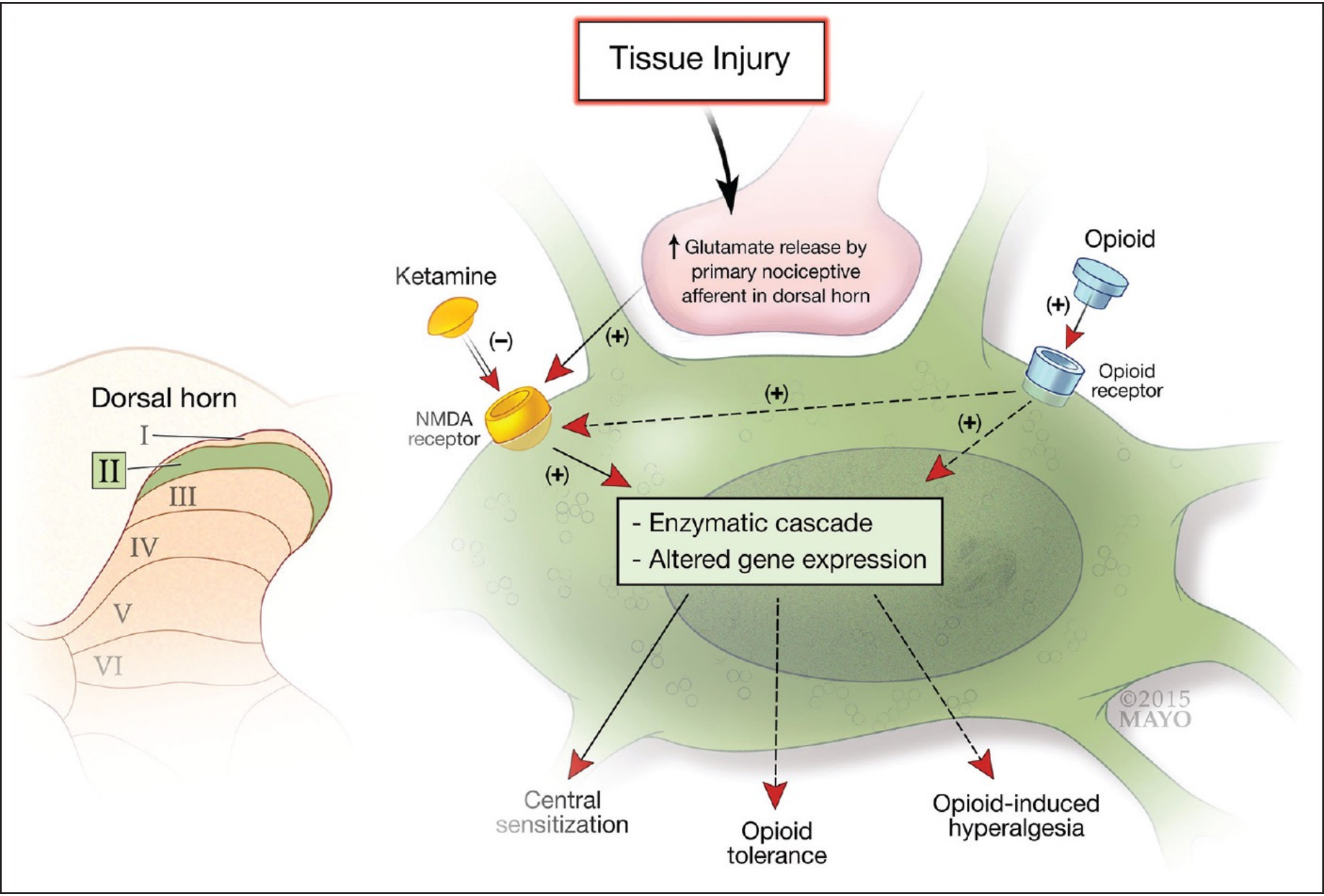
Pain and Opioids in
our surgical episodes

A single surgical episode can lead to addiction

- Studies done looking at opiate naive patients having surgery - minor surgery to major surgery
- Regardless of the intensity or type of surgery preformed, a full 6 % of patients were taking opioids 6 months after their surgery
- 2% later with clinical diagnosis of opioid addiction

HYPERALGESIA

- all opioids increase hyperalgesia effects ; synthetic opioids have much greater hyperalgesia effects than natural opioids
- ketamine decreases hyperalgesia - especially with the first dose.
- opioids are short - acting analgesics and have long lasting hyperalgesic effects secondary to up regulation and compensatory pathways
- studies show that the intensity of post op pain is proportional to the amount of narcotics given intra op (synthetic > natural)


Tissue Injury
↑ Glutamate release by primary nociceptive afferent in dorsal horn
Ketamine
(–)
(+)
NMDA receptor
Opioid
(+)
Opioid receptor
(+)
(+)
(+)
- Enzymatic cascade
- Altered gene expression
Dorsal horn
I
II
III
IV
V
VI
Central sensitization
Opioid tolerance
Opioid-induced hyperalgesia
©2015 MAYO

ORADES
Opiate Related Adverse Drug Events

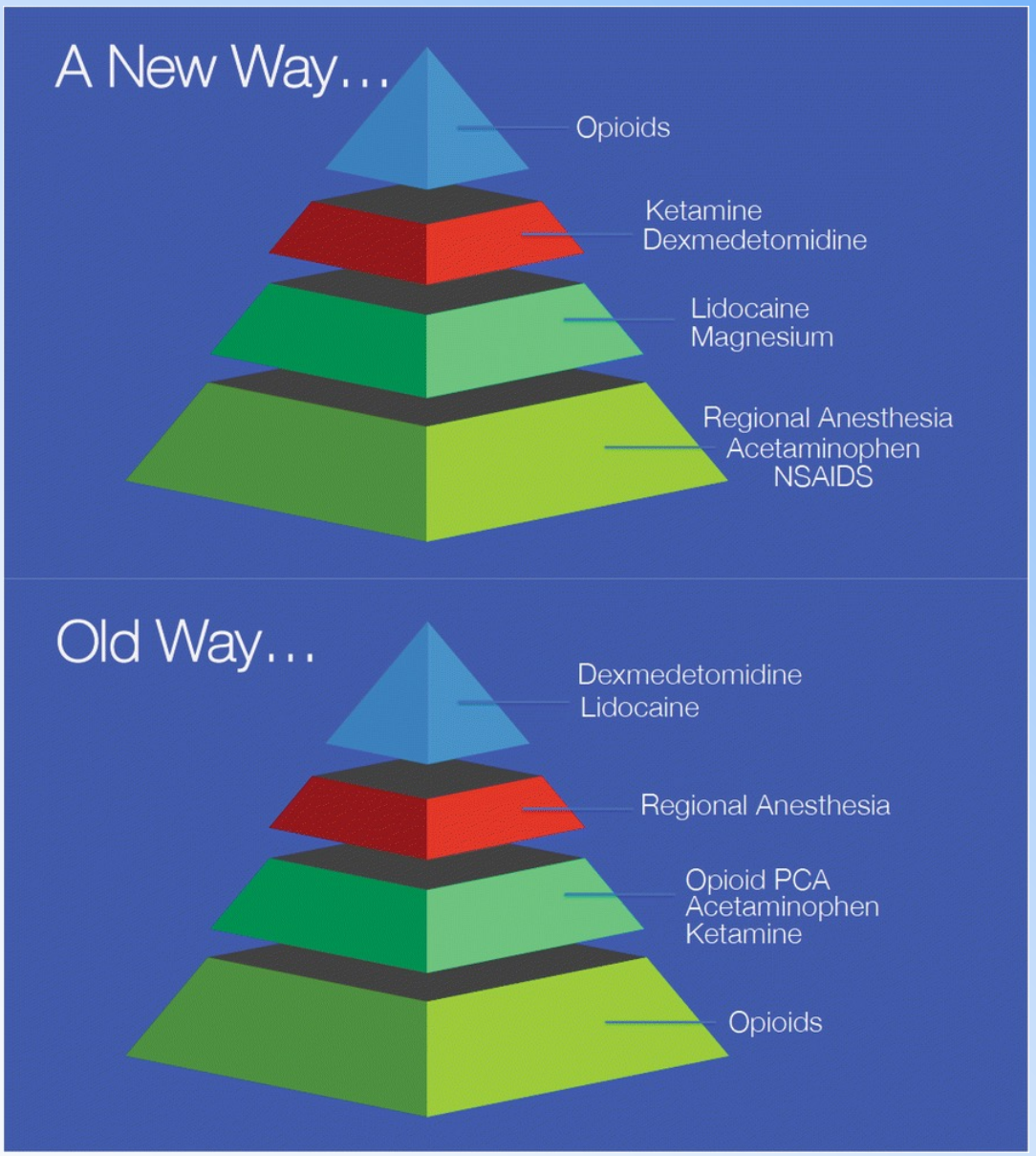
- Approximately 13% of all surgical patients experience at least 1 ORADE
- severity and the number of adverse events per patient are related to the amount of opiates received

Patients experiencing ORADES

- 27-30 x's higher mortality rate
- 1.6 - 2.0 days added on to hospital stay
- 6,800 - 8,800 increase in cost
- Need for discharge to extended care facility 3x higher
- Readmission rate 30 - 40 % higher

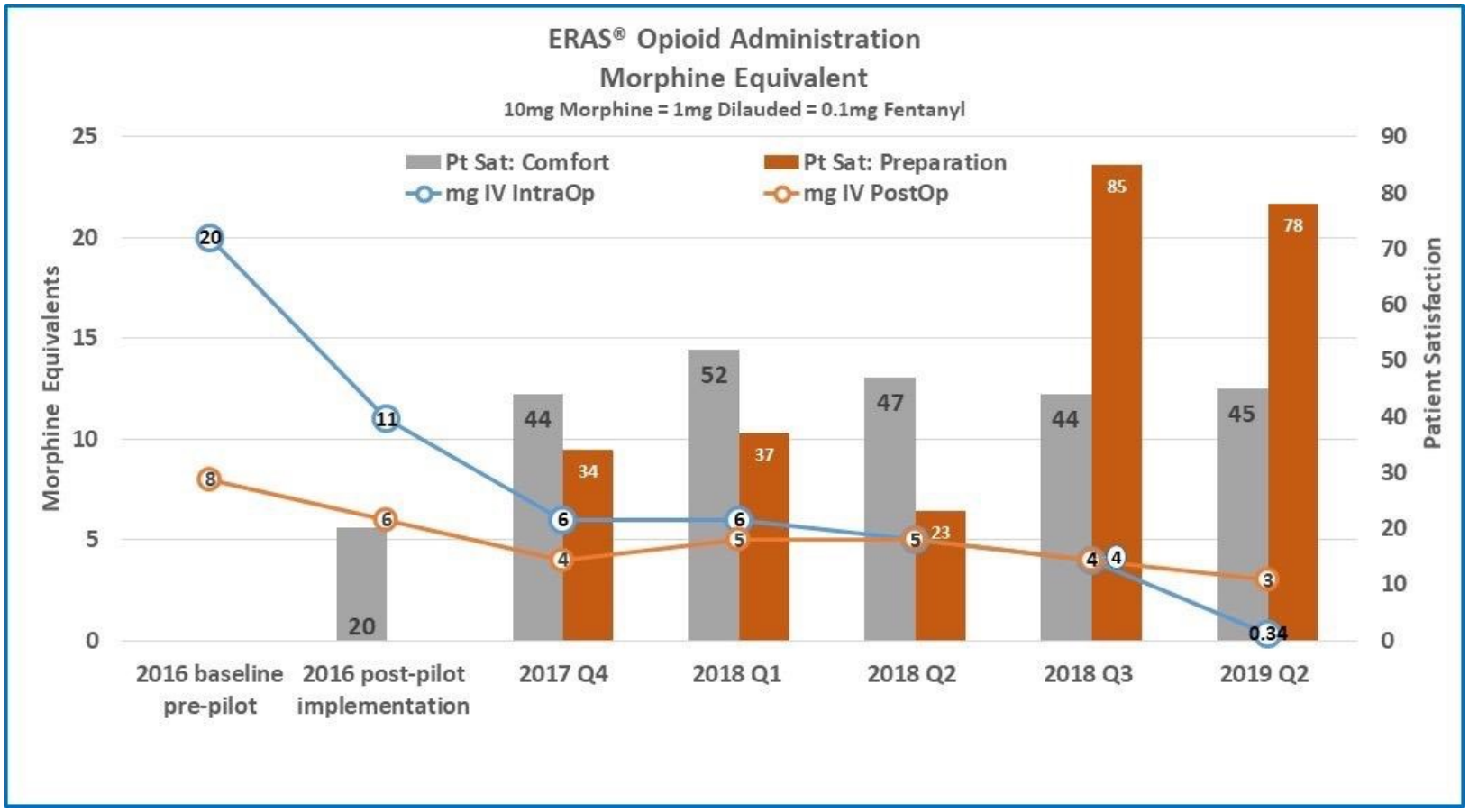
ENHANCED RECOVERY AFTER SURGERY PROGRAM HERE AT SUMMA SPECIFIC TO LIMITING NARCOTICS

- Started development 4-5 years ago
- All patients are enrolled in ERAS
- Consists of a triad of programs
  - 1. Non - narcotic medications and a tailored anesthetic
  - 2. Regional Anesthesia Team
  - 3. Acute Pain Program


A New Way…
Opioids
Ketamine
Dexmedetomidine
Lidocaine
Magnesium
Regional Anesthesia
Acetaminophen
NSAIDS
Old Way…
Dexmedetomidine
Lidocaine
Regional Anesthesia
Opioid PCA
Acetaminophen
Ketamine
Opioids

REGIONAL BLOCK TEAM

- 3 dedicated CRNAs on this team per day in the system
- 2018 regional block numbers - realizing 13,000 system wide regional blocks performed - nearly 60% of all cases
- Ultrasound IVs for difficult access patients - 10/day
- Catheter program to reach 2,500 this year across multiple disciplines
- Minimal complications


ERAS® Opioid Administration
Morphine Equivalent
10mg Morphine = 1mg Dilauded = 0.1mg Fentanyl
Pt Sat: Comfort
Pt Sat: Preparation
mg IV IntraOp
mg IV PostOp
Morphine Equivalents
Patient Satisfaction
25
20
15
10
5
0
90
80
70
60
50
40
30
20
10
0
20
11
6
6
5
4
0.34
8
6
4
5
5
4
3
20
44
34
52
37
47
23
44
85
45
78
2016 baseline pre-pilot
2016 post-pilot implementation
2017 Q4
2018 Q1
2018 Q2
2018 Q3
2019 Q2

NON - NARCOTIC ERAS PROGRAM RESULTS

- Eliminated greater than 98% of narcotics in the operating room and over 50% in the recovery room while increasing patient satisfaction from 10%tile to 90%tile
- 90% of all cases are done with NO opioids
- Decreasing complications, Length of stay, and readmissions for all patients
- Improving patient satisfaction with their surgical episode and decreasing exposure to opioids and possible addiction
- Improving surgical services throughput - both OR and Recovery
- Trickle down effects of the program - a Keystone Habit
- Decreased nausea rates by over 75%

Acute Pain Program

- Designed to follow our surgical patients after surgery
- Continuation of ERAS on the floor completing the surgical episode with minimal opiates
- Care for our high needs post surgical patients
- Manage catheters (inpatients and outpatients)
- Chronic pain management (only inpatients)

Thank You

Meet Your Speaker

Christine Bailey, MSN, RN, CSSGB
Executive Director
Health Services Advisory Group (HSAG)

CMS HQIC Community of Practice Call

Christine Bailey MSN, RN, CSSGB
Executive Director
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Identifying a Best Practice

- Participating hospital in HSAG HIIN
- Identified as a best practice for ERAS
- Implementation science
  - Application of evidence-based knowledge into practice
- Shared on opioid stewardship peer group calls
- Presented during a LAN event

ERAS: enhanced recovery after surgery

Influence on HSAG HQIC Technical Assistance

Critical to have a physician champion

Anesthesia or Surgery

More than order sets

- *Frequency used*
- *Option or a standard practice*
- *Program and process built to support*
- *Start small, start somewhere*

Leadership support

Accountability

Thank you!

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Open Discussion

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Join Us for the next Community of Practice Call!

Join us for the next
Community of Practice Call on Sept. 16, 2021
from 1:00 – 2:00 PM ET

We invite you to register at the following link:

https://zoom.us/webinar/register/WN_ASl_l3p_TEyx_VY_YYFFeA

You will receive a confirmation email with login details.

Thank You!

Your opinion is valuable to us. Please take a moment to complete the post event assessment here:

https://www.surveymonkey.com/r/20210812

We will use the information you provide to improve future events.