Exploring Strategies to Prevent Opioid Morbidity and Mortality

Part 3 of an ADE Prevention 3-Part Webinar Series

Change Pathway

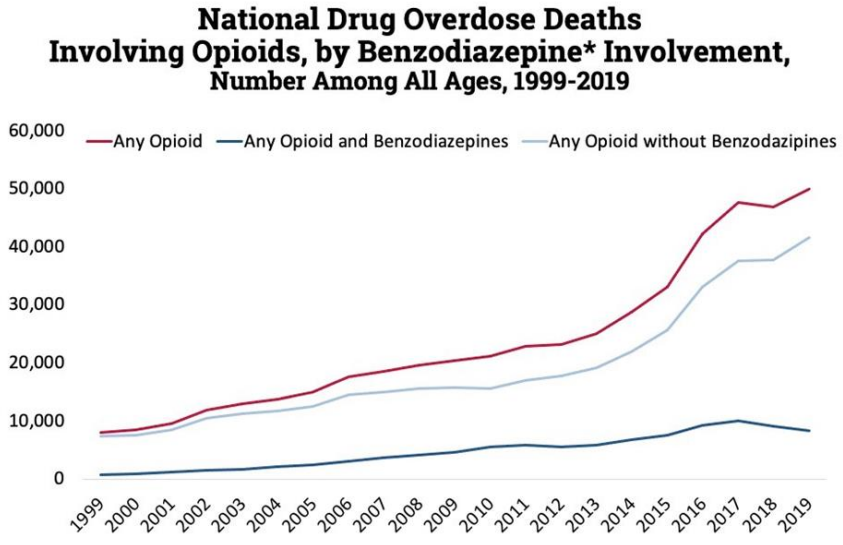
Thank you for registering for and/or attending the HQIC Webinar (Link)! Providers from across the country attended the event. Subject Matter expert, Dr. Rachael Duncan, shared her perspective on how to reduce morphine milligram equivalents (MMEs) prescribed at hospital discharge, how to screen for patients at highest risk of developing an opioid-related adverse drug event (ORADE) or opioid use disorder (OUD), implementation of a take-home naloxone program, and buprenorphine induction and transition to outpatient treatment. Furthermore, the small, rural, and critical access voice was amplified through sharing of a hospital who has been successful in partnering with local resources to support patients in recovery post discharge.

Now, it is time to act!

Why Now

More than 50% of all inpatients are exposed to opioids at some point during their hospitalization[1]. The Centers for Disease Control and Prevention (CDC) estimates that the "economic burden" of prescription opioid misuse in the United States is $78.5 billion a year, including the costs of healthcare, lost productivity, and addiction treatment. Despite the grim subject matter depicted in TV and movies, opioid addiction is not confined to big cities. The effects of the opioid epidemic are more intense in rural communities where employment opportunities are often limited, and isolation is pervasive. Between 1999 and 2015, opioid death rates in rural areas have quadrupled among those 18-to-25-year-olds and tripled for females[2].

Review the Data



*Among deaths with drug overdose as the underlying cause, the benzodiazepine category was determined by the T402.2 ICD-10 multiple cause-of-death code. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2019 on CDC WONDER Online Database, released 12/2020.

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Consider Common Barriers

Review common barriers identified during the webinar and brainstorm ways to mitigate challenges to implementation in your organization.

- Competing priorities for time/resources
- Insufficient physician engagement and support
- No identified hospital or unit champion
- Lack of available transitional/support services in the community

Perform A Root-Cause Analysis

Fill in the Five Whys template to identify the cause of your hospital's opioid-related ADEs.

Fill in the PDSA Worksheet to identify your goal and complete the Plan-Do-Study-Act cycle for test of change and improvement.

Identify Promising Practices

Beginner	Intermediate	Expert
+ Start a multidisciplinary opioid stewardship committee within your hospital + Monitor opioid prescribing patterns amongst providers and groups with targeted feedback process + Initiate standardized screening processes for risk of ORADEs, overdose, and developing OUD + Have a hard stop in your discharge prescribing system when a provider tries to co-prescribe an opioid and a benzodiazepine + Provide education on medication safe storage and disposal upon discharge + Query naloxone administration amongst inpatients as a surrogate marker for ORADEs + Have a naloxone discharge prescription as part of your default process when discharging a patient with an opioid Rx	+ Initiate ALTO-based pain pathways in targeted areas of the hospital (ED, surgical) + Become a medication safe disposal site + Create a surveillance system within your hospital that monitors ORADEs + Start a THNP in your ED + Do buprenorphine inductions in your ED + Have 50% of your ED providers get their X waiver so they can prescribe buprenorphine Rx on discharge	+ Initiate hospital-wide ALTO-based pain pathways both on inpatient side and discharge + Create a closed-loop surveillance system within your hospital that monitors ORADEs and initiates a follow-up action + Start a THNP throughout your entire hospital (ED, surgical patients, OB, etc.) + Do buprenorphine inductions in your ED and inpatient side, with a streamlined referral process on discharge to be seen within 3 days (partner with community providers, PCPs, Telehealth) + Have all ED and inpatient providers get their limited X waiver so they can prescribe buprenorphine Rx on discharge

Explore Patient and Family Engagement + Health Equity Promising Practices

- Share patient stories with staff to create awareness and prompt buy-in to implement Opioid Stewardship

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- Provide education to staff on using the teach-back method (Link)
- Consider equitable approaches to pain management and safe opioid use (Link)
- Provide education to patient & families such as *Know the ABCDs of Your Medications* (Link)
- Review the Rural Health Information Hub's (Link) Evidence Based Toolkits
    - Medication for Opioid Use Disorder Toolkit (Link)
    - Mental Health Toolkit (Link)
    - Prevention and Treatment of Substance Use Disorders Toolkit (link)

Craft Your AIM Statement

Identify your organization's goals related to prevention of opioid morbidity and mortality. Fill in the blanks with your AIM.

By (date), the team at (hospital) will implement (intervention) to improve (the problem) by (how much) to benefit (for whom).

Example AIM: *By June 30, 2022, the HQIC Hospital will implement an Opioid Prescribing Protocol and high-risk patient identification screening tool to reduce opioid related adverse drug events by 5%.*

Seek Guidance

Not sure how to identify your organization's root cause? Need help getting started on implementing your selected intervention? Seeking feedback on your AIM statement?

Reach out to your HQIC clinical improvement consultant for assistance.

Additional Resources

- Exploring Strategies to Prevent Opioid Morbidity and Mortality – Slide Deck (PDF)
- The CO's CURE Initiative (Link)
- Compass Opioid Prescribing and Treatment Guidance Toolkit (Link)
- IHC Compass Comfort Tools:
    - Inpatient Comfort Menu (Link)
    - Comfort Scale (Link)
    - Comfort Treatment Plan: Acute (Link)
    - Comfort Treatment Plan: Chronic (Link)
- MAT and Buprenorphine Induction (Link)
- Take-Home Naloxone Program (Link)
- Stem The Tide: Opioid Stewardship Measurement Implementation Guide (Link)

References

1: J Hosp Med. 2014; 9:73-81.
2: https://www.usda.gov/media/blog/2018/01/11/opioid-crisis-affects-all-americans-rural-and-urban

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