

Opioid Safety Initiatives in Island Health

Pain C·A·R·E And Share

November 6, 2019

Agenda

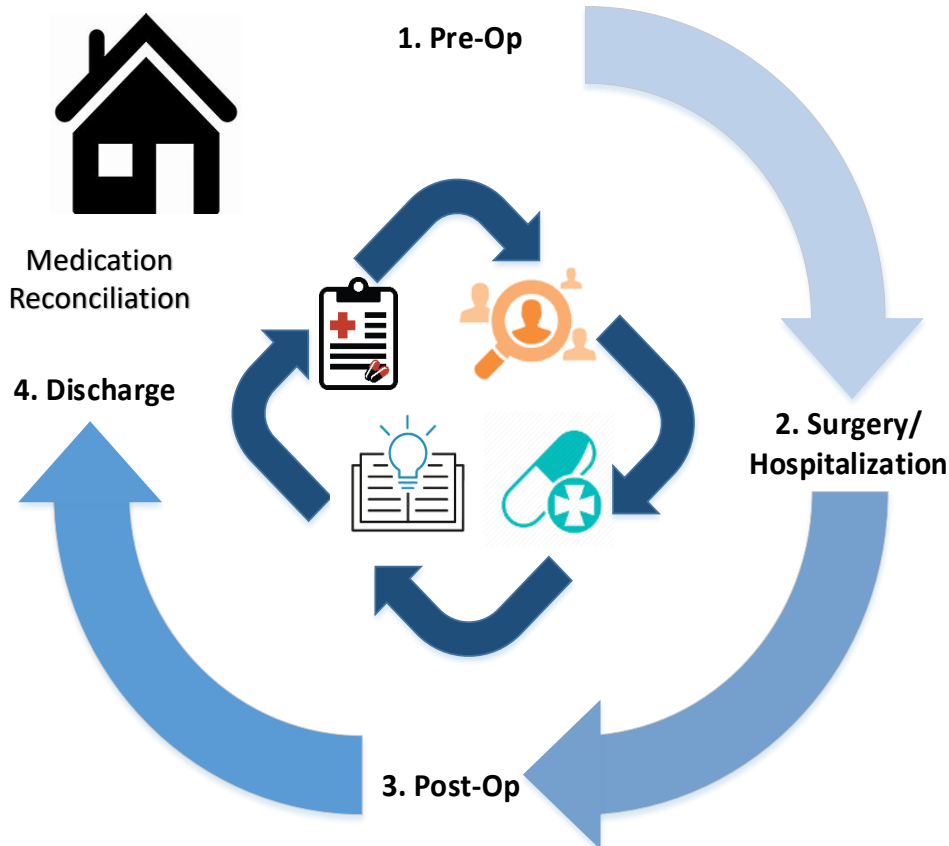
- **Background**
 - Opioid Crisis
 - Opioid use and Transitions of care
 - Island Health Opioid-related events
 - Need for Coordinated Pain Management Resources
- **Pain Management and Opioid Safety Working Group**
- **Updated Guidelines, Policies, Procedures**
- **Opportunities for improvement**
 - Optimizing Medication Safety Processes
 - Other Projects
- **Implementation Plans**
- **Future Opportunities**
- **Summary and Discussion**

Background

There is an opioid crisis:

- The US and Canada are the two highest per-capita consumers of opioids in the world and both are struggling with unprecedented opioid mortality (Fan, et al., 2019).
- *“In 2018 B.C. had the highest opioid-related death rate among the nation at 30.6 per 100,000”¹*

Opioid Safety at Transitions of Care



Preoperative opioid use is associated with longer hospital stays, a higher 30-day readmission rate, and increased healthcare expenditures for at least 365 days¹

5%
Post-operative patients go on to develop Chronic Post Surgical Pain²

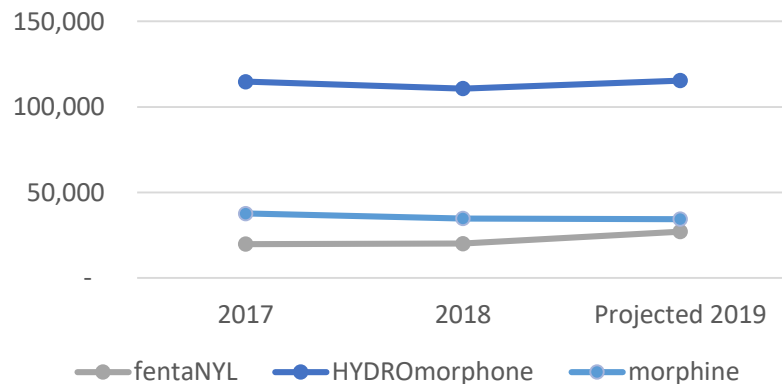
1. Hah JM, et al. Chronic Opioid Use After Surgery: Implications for Perioperative Management in the Face of the Opioid Epidemic. *Anesth Analg*. 2017;125(5):1733–1740
2. Huang, A, et al. (2016). Chronic post surgical pain and persistent opioid use following surgery: The need for a transitional pain service. *Pain Management*, 6(5), 435-443

BCPSLS Central

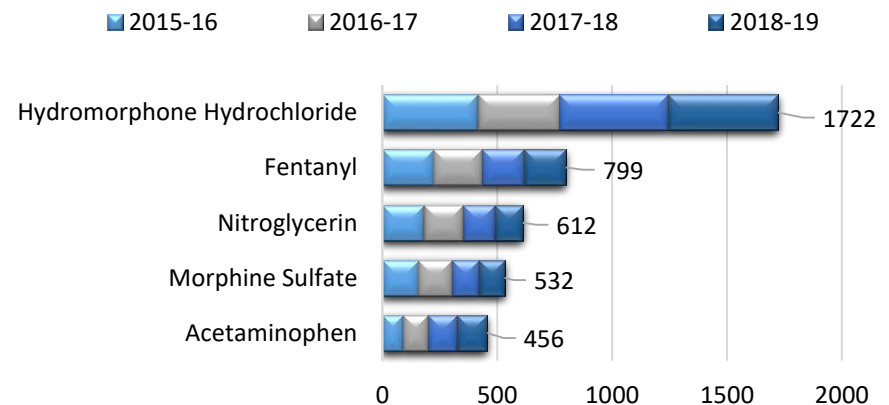
The Patient Safety & Learning System (PSLS) is a provincial system for managing, and tracking safety events that occur within Island Health & other Health Authorities.

- Events are assigned a value on a 1 – 5 scale based on degree of harm to the patient (1 – lowest, 5 – highest).
- Not every event is reported (Estimated 10% - 20% of events are reported).

Number of Opioid Orders Entered at Island Health

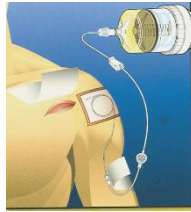


PSLS Events at Island Health



Island Health Opioid Management Prior to the Opioid Crisis

25 years of Pain Management



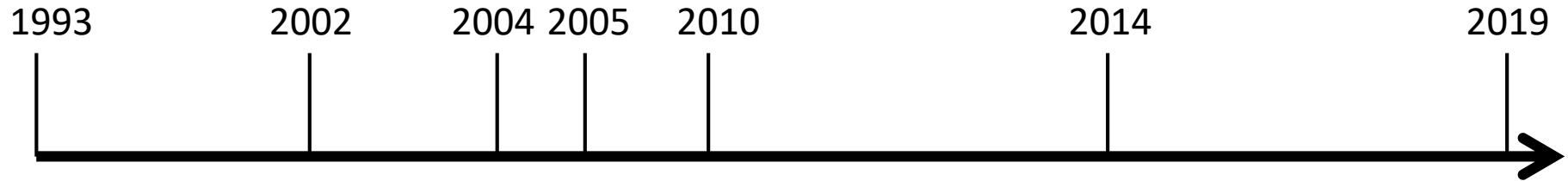
WIPP



CADD Solis Pumps



Intrathecal pumps



Acute Pain Clinical Nurse Specialist (Tom Fulton)

Chemical Dependency Team (Dr. Maureen Piercey - Lead)

Palliative Pain Specialist (Dr. Wilde)

- Integrated Care Across sectors = Educated Staff.
- Excellent Pain & Addiction care for patients.



PICRA



PCEA



IV PCA

OPIOID CRISIS
More opioid use
More adverse events

- Minimally invasive surgery
- Multi-Modal Analgesia
- Opioid Sparing agents
- Regional Analgesia

Increased need for Coordination of Opioid Management Resources

Pain Management & Opioid Safety Working Group (PMOS WG)

Created by Therapeutic Safety and Stewardship Quality Council in 2018 in response to the high number of Safety issues related to opioids in the setting of regional implementation of Electronic Health Record.

Terms of Reference

- The PMOS WG will:
 - **Review Island Health standards, policies and procedures** having to do with prescribing, administration, assessment, and documentation in the management of Acute and Chronic pain with the purpose of **imbedding policies, procedures into EHR design.**
 - Work with Program streams to develop an **education +/- implementation plan to support safe prescribing/med administration** for Pain management

Pain Management & Opioid Safety Working Group (PMOS WG)

Membership:

Co-Chairs

Physician Lead for CPOE & CDS	Dr. Willie Pewarchuk
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Pain Clinic, Clinical Nurse Educator	Linda McCune
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Physician Representation

Surgery and Anesthesia	Dr. Gus Chan
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Chronic Pain Management	Dr. Nelson Svorkdal
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Palliative Care	Dr. Marlene van der Weyde
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Community Addictions Specialist	Dr. Ramm Hering
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MHSU Addictions Specialist	Dr. Laurence Bosley
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Clinical Representation

PACU Clinical Nurse Expert	Carole Zanette
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Palliative Clinical Nurse Expert	Carolyn Wilkinson
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Pharmacy Representation

Pharmacy Geo 1&2	Donna Buna
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Pharmacy Geo 3&4	Winnie Lam
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Patient Representative

In Progress

Quality Representation

Stewardship Program	Dr. Jim Hutchinson
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Medication Safety	Lauren Wiegel
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Informatics Representation

Clinical Informatics	Gloria Bouchard
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Clinical Informatics	Amy Williams
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Pharmacy Informatics	Doug Arndt
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CPOE Analyst	Pam Krowec
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Ad-Hoc Representation

Professional Practice	Melina Kason
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Professional Practice	Nick Cherwinski
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Policy Office	Rachel Bell
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Emergency Representation

Physician to be confirmed

Nurse to be confirmed

Aboriginal Representative

To be engaged separately

Updated Guidelines, Policies, Procedures

The following monitoring guidelines and protocols have been created and are approved:

Opioid-Induced Sedation Monitoring Protocol

- Triage patients, nurse high risk patients in appropriate setting
- Sedation Assessment = Pasero Opioid Sedation Scale (POSS)

Guideline for Opioid Ordering

- Opioid Appropriateness table (Choosing Wisely/National Guidelines)
- Triage Guidelines (Identify high risk patients)
- Prescribing Guidelines (National Guidelines)
- Range Dose Guidelines
- Naloxone Dosing (NHS Guidelines)
- Reassessment Guidelines

Additional documents and Educational plan currently under development:

Acute Pain Management in Opioid Dependency

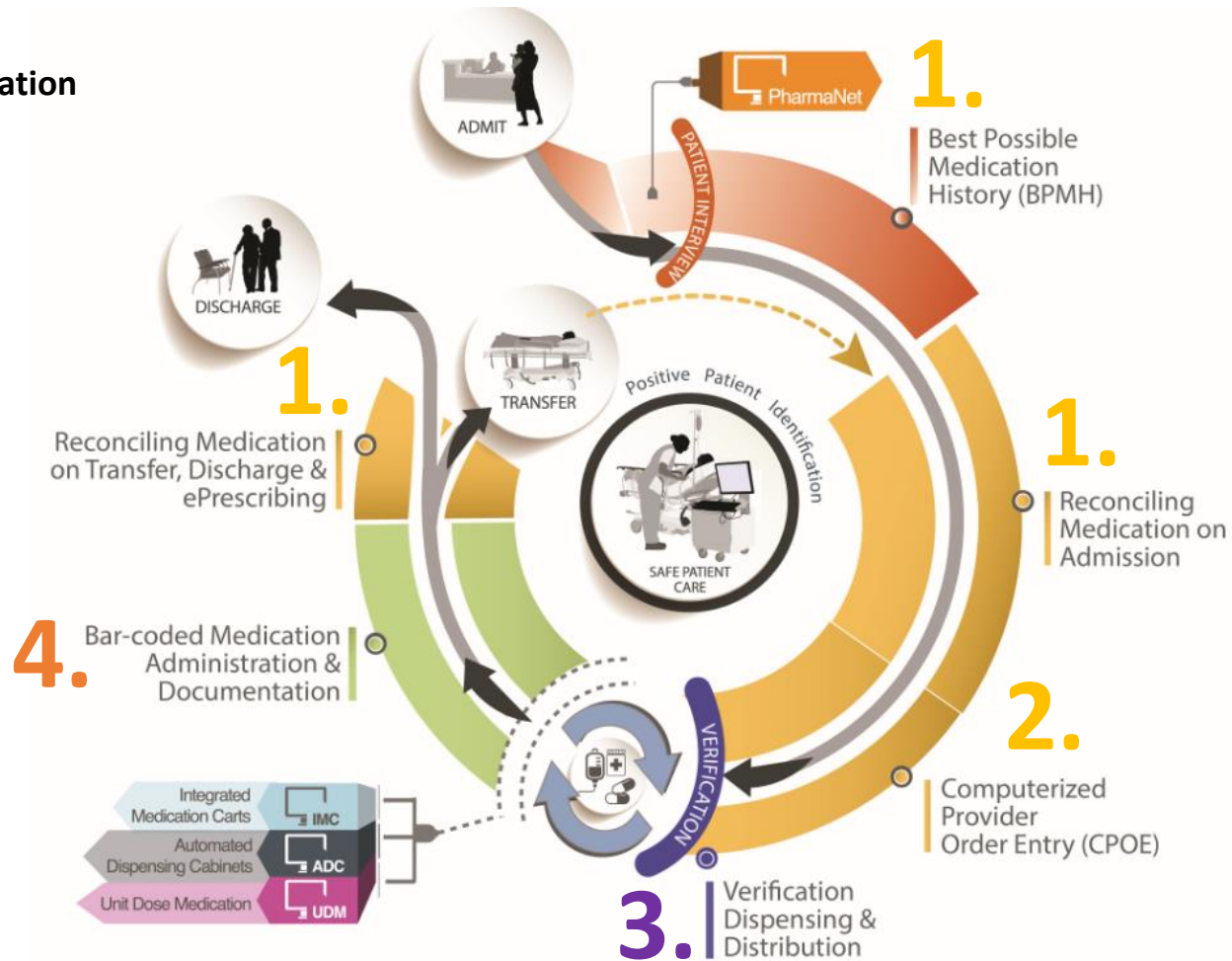
Naloxone Administration Protocol revision

Multimodal Analgesia Order set revision

Optimizing Medication Safety – Four Key Processes

1. Best Possible Medication History (BPMH) and Medication Reconciliation
2. Medication Ordering
3. Medication Verification, Dispensing and Distribution
4. Medication Administration and Documentation

A **Closed-Loop Medication Management System** includes electronically-enabled practices, processes and tools for each process that together provide controls and feedback loops to ensure safe medication management



Closed-Loop Medication Management System

Current Projects that support Implementation

- **Medication Reconciliation and Discharge Documentation**
 - Identify high risk patients with opioid use, sedatives, etc.
 - Opioid prescribing at discharge
- **Order Set Harmonization**
 - Implement guidelines for prescribing for standard risk and high risk patients, Range Dose orders, Naloxone, Monitoring, etc.
- **Nursing Process Standardization**
 - Assessment tools (Pain Scales, Sedation Scales ie POSS)
 - Administration
 - Documentation
- **EHR improvements**
 - Duplicate order alerts
 - Range Dose Order improvements
 - Range Dose Alerts based on Opioid tolerance, Diagnoses
- **Pain Service Referrals** (Dr. Karl Muendel)
 - Develop criteria for referral

Implementation Plans

Need help with a Complex patient?

(Who are you going to call?)

- Local, HA and provincial process and phone numbers for:
 - High risk medical/surgical patient
 - OUD
 - Chronic pain service
 - Palliative/End of Life patient
- Role of “Stewardship”

1. Identification of High Risk Patient

(right person in the right place with the right care team)

- Med Rec (Identify previous opioid use, sedatives)
- Applying diagnoses to chart that change alerting process
- Nurse Process Standardization

2. Safe Opioid Ordering & Med Admin

(Implement new guidelines for Range dose & duplicate order policies + monitoring procedures supported by order sets)

- Nurse process standardization (PPID, barcode scanning, independent double checks)
- Order Set Harmonization
- Identify Champions (HSR Funding)
- Medication build improvements:
 - Duplicate order alert pairs
 - Range Dose Alerts clinically based

3. Standardized Monitoring Procedures

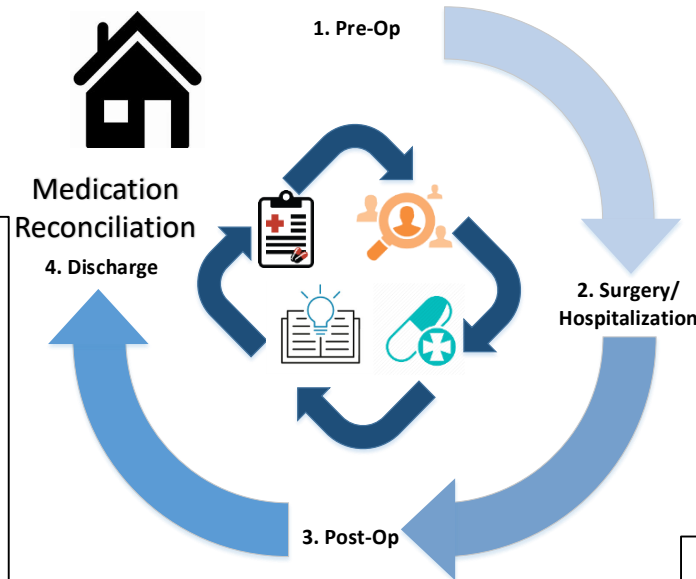
(Pain Scales, POSS +/- others)

- Nurse process standardization (Pain Scales, POSS easy to find and interpret)
- Order Set Harmonization
- Nursing Protocols for Naloxone

4. Safe Prescribing at Discharge

(and Communication of Pain Management Plan)

- Order Set Harmonization
- Medication Reconciliation
 - Med Rec and Prescriptions according to clinical needs & guidelines
 - Standardize ED and Surgical +/- Medical prescribing according to patient scenario
- Discharge process improvements
- Medication build improvements that support Prescribing
- Revise patient teaching/pamphlets



Engagement and Approvals

- **Engaged With**
 - Surgical and Anaesthesia Department Heads
 - Professional Practice
 - Surgical Quality Council – November 15, 2019
- **Approvals By**
 - Pain Management and Opioid Safety Working Group
 - TSSQ
 - Quality Operations Council
 - HAMQC
 - HAMAC - TBD
- **Further Engagement to Identify Local Champions**
(Physicians and Clinicians)
 - Health System Redesign funding to support physician time



Future Opportunities

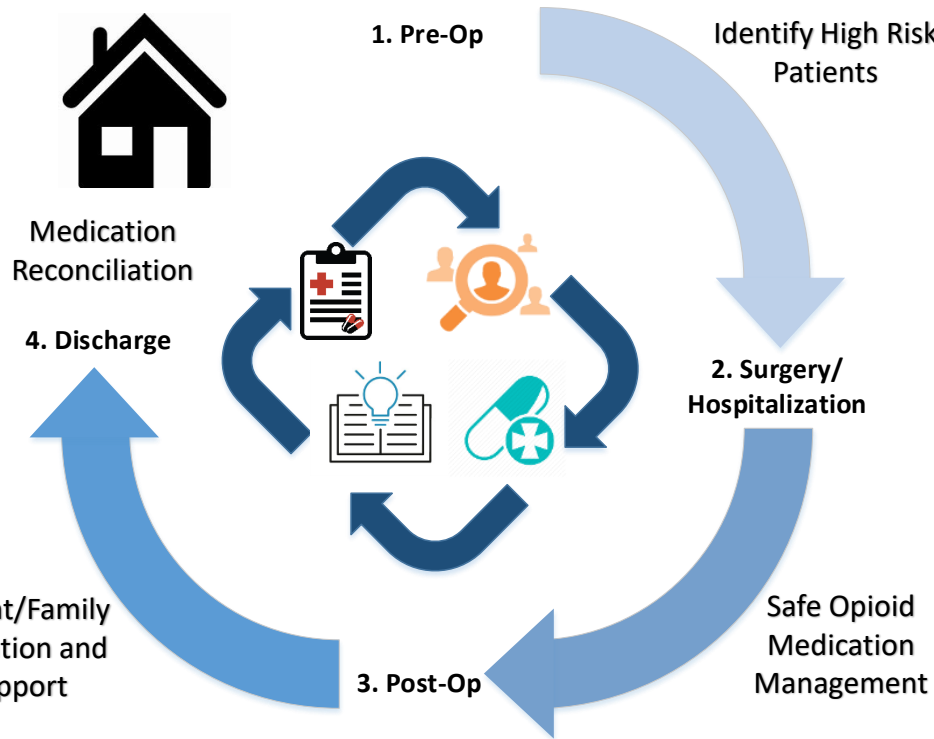
- **Link Acute and Chronic Pain Strategies**
- **Enhance Pain Collaborative**
(Pain Management and Opioid Safety Working Group)
- **Develop New Employee Orientation and Physician Onboarding Modules**
- **Develop proposal for stewardship and operations resources:**
 - Physician Champion
 - Pain Management Clinical Specialist
 - Clinical Pharmacy Specialist
 - Opioid Safety Specialist

Summary and Discussion

“In 2018 B.C. had the highest opioid-related death rate among the nation at 30.6 per 100,000”¹

Current State

Opioid Safety in Transitions in Care



5%
Post-operative patients go on to develop Chronic Post Surgical Pain⁴

0.6%
Higher use of rescue drug in patients treated with hydromorphone compared to morphine⁵

We Can Improve Opioid Safety Together



Identify High Risk Patients

Provide the right care in the right place with the right care team



Medication Reconciliation

Communicate medication plans with patient, nurse, community pharmacist and physician at all points of transition in care



Safe Opioid Medication Management

Support and utilize new prescribing guidelines and integrate into order entry, verification, dispensing, and administration



Standardize and Implement Monitoring Protocols

Educate and implement safe opioid administration and sedation monitoring e.g. Patient Opioid Sedation Scale



Need Help with a Complex Patient?

Providers:
(RACELine²) 1(877) 696-2131
Patients and Families:
(BC Nurse Hotline³) 811
Emergencies: 911











References:

1. National Report: Apparent Opioid-related Deaths in Canada. (2019, September 25). Retrieved from <https://health-infobase.canada.ca/datalab-national-surveillance-opioid-mortality.html#quarterly>.
2. Resources - BCCSU. (2016). Retrieved from <http://www.bccsu.ca/resources/>.
3. Nursing Services at HealthLink BC. (2018, December 3). Retrieved from <https://www.healthlinkbc.ca/nursing-services>.

4. Huang, A., Azam, A., Segal, S., Pivovarov, K., Katznelson, G., Ladak, S., Mu, A., Weinrib, A., Katz, J. & Clarke, H. (2016). Chronic post surgical pain and persistent opioid use following surgery: The need for a transitional pain service. *Pain Management*, 6(5), 435-443.
5. Padma, Koury, Katharine, Arnstein, Paul, Lee, ... Elizabeth. (2015, November 1). Morphine versus Hydromorphone: Does Choice of Opioid Influence Outcomes? Retrieved from <http://dx.doi.org/10.1155/2015/482081>.

Potential for interventions

We Can Improve Opioid Safety Together

		Supporting Projects	Documents
	Identify High Risk Patients	Provide the right care in the right place with the right care team	<ul style="list-style-type: none"> BPMH & Medication Reconciliation Nurse Process Standardization  Monitoring
	Medication Reconciliation	Communicate medication plans with patient, nurse, community pharmacist and physician at all points of transition in care	<ul style="list-style-type: none"> BPMH & Medication Reconciliation Discharge Summary Optimization ED Documentation  Prescribing
	Safe Opioid Medication Management	Support and utilize new prescribing guidelines and integrate into order entry, verification, dispensing, and administration	<ul style="list-style-type: none"> Order Set Harmonization Opioid-sparing agents/procedures, Orders a/c guidelines (Range dose, etc) EHR Optimization (Orders) Nurse Process Standardization (PPID etc)  Acute pain in Opioid Tolerant
	Standardize and Implement Monitoring Protocols	Educate and implement safe opioid administration and sedation monitoring e.g. Patient Opioid Sedation Scale	<ul style="list-style-type: none"> Nurse Process Standardization Pain Scales, POSS in EHR Order Sets Harmonization to support Monitoring, Naloxone protocols  Naloxone
	Need Help with a Complex Patient?	Providers (RACELine ²): 1(877) 696-2131 Patients and Families (BC Nurse Hotline ³): 811 Emergencies: 911	<ul style="list-style-type: none"> Order Set Harmonization Identify Provincial and Local resources for OUD, Palliative, OUD, Chronic pain Referral criteria (Muendel) Pathways  MMA