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TN Statewide Opioid Summit 2017

Transitioning to an Opioid-Light Emergency Department

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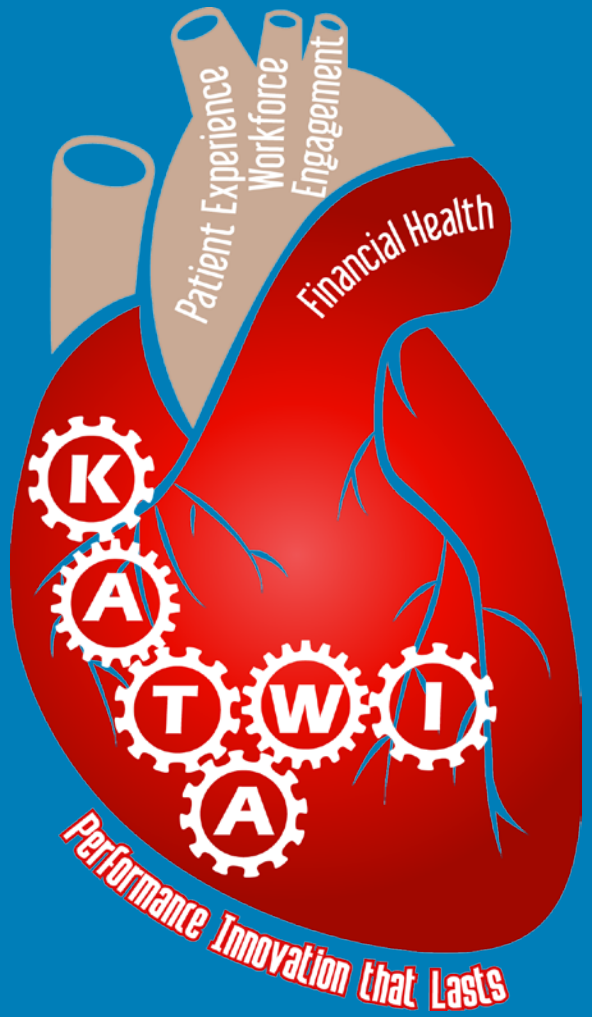
Connecting to the world!



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Target Conditions

To achieve a monthly average 70 mg of morphine equivalents per 100 patients by September 30th

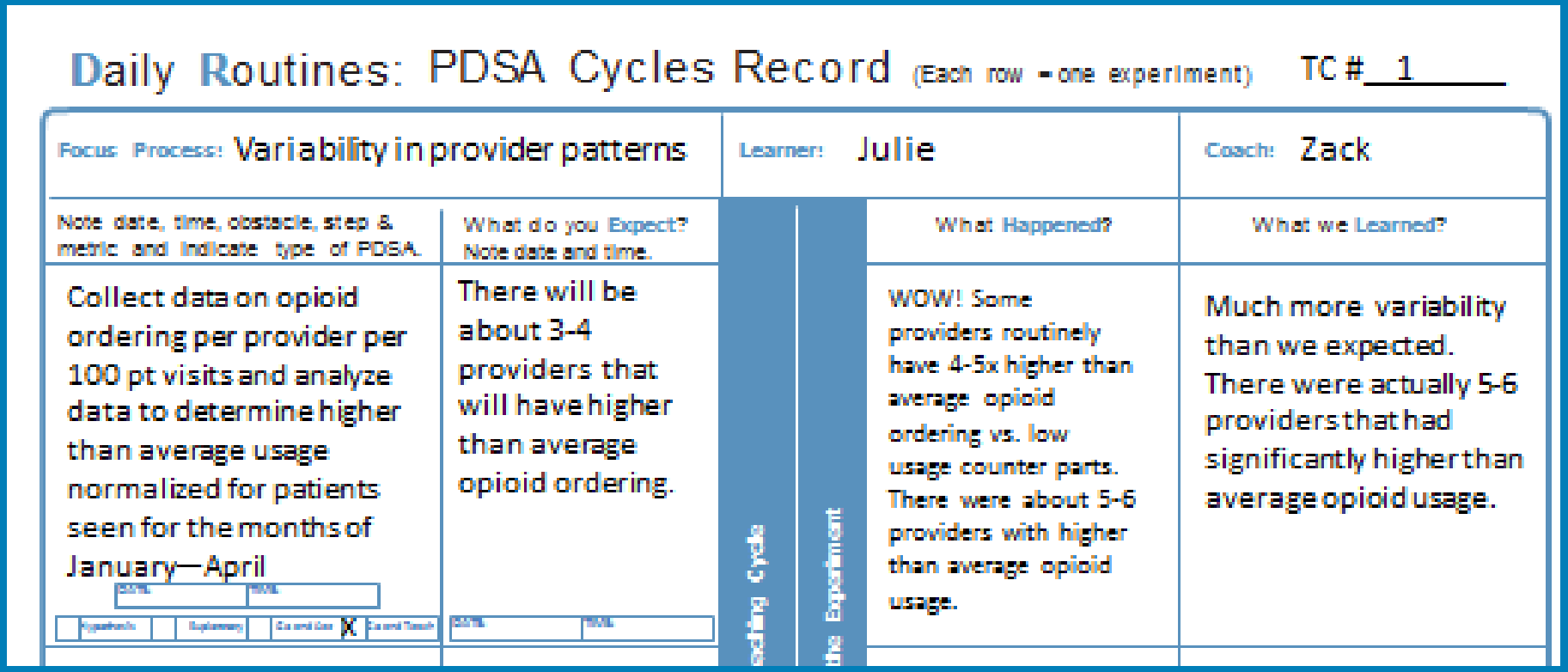
- Give our providers the tools they need to be able to treat patient's pain
  - 5 pathway opioid light order-set
  - Discharge prescription suggestion sheet
- Keep opioid naïve patients opioid naïve
- Use the lowest effective dose when opioids are used

Change the culture of how we treat pain in our emergency department!

Obstacle #1

We don’t know if making prescribers aware of their opioid prescribing practices would decrease the variability in opioid ordering patterns which are creating inconsistent patient care and increasing patient “returns”.

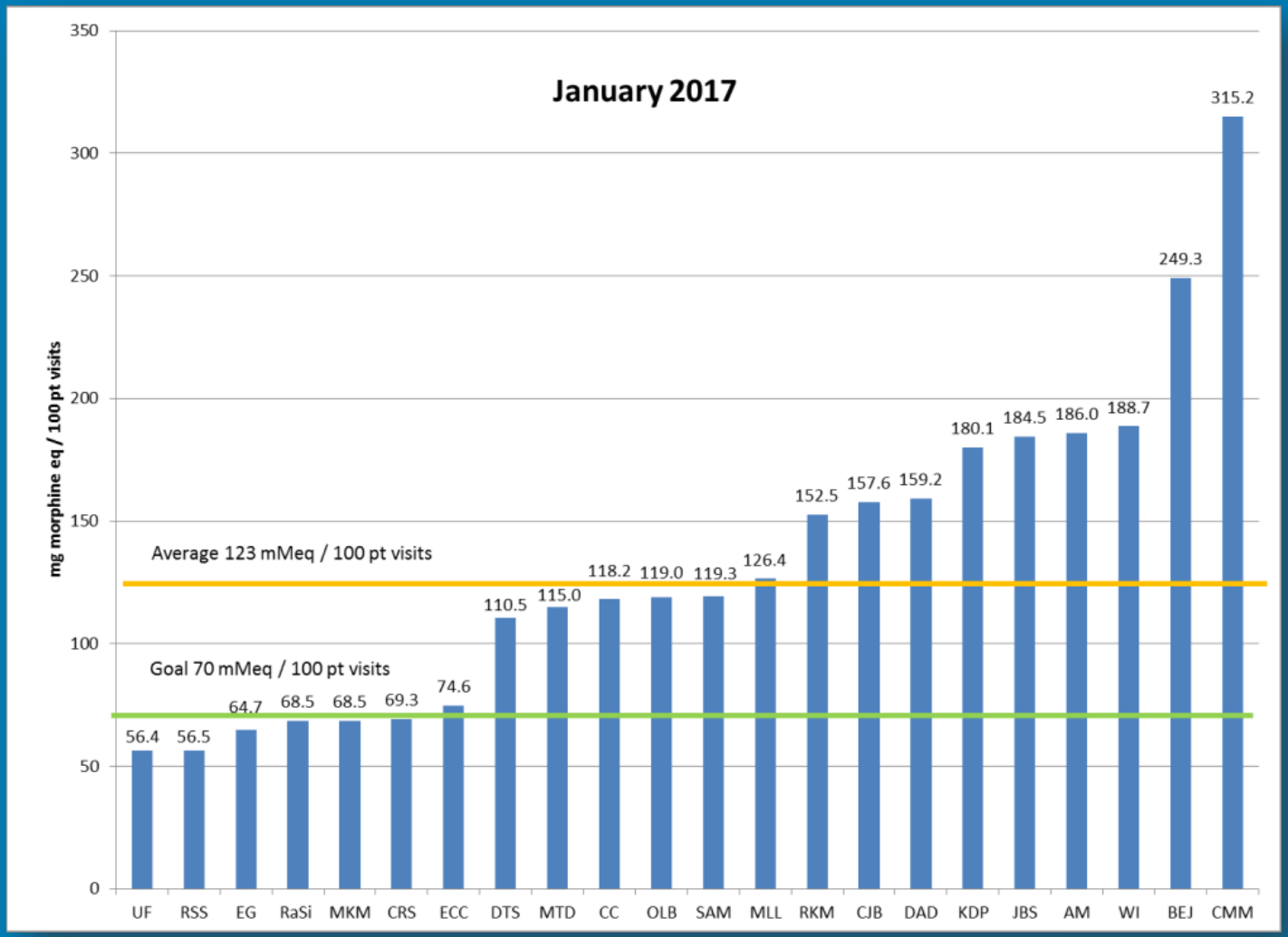
Experimentation (PDSAs)



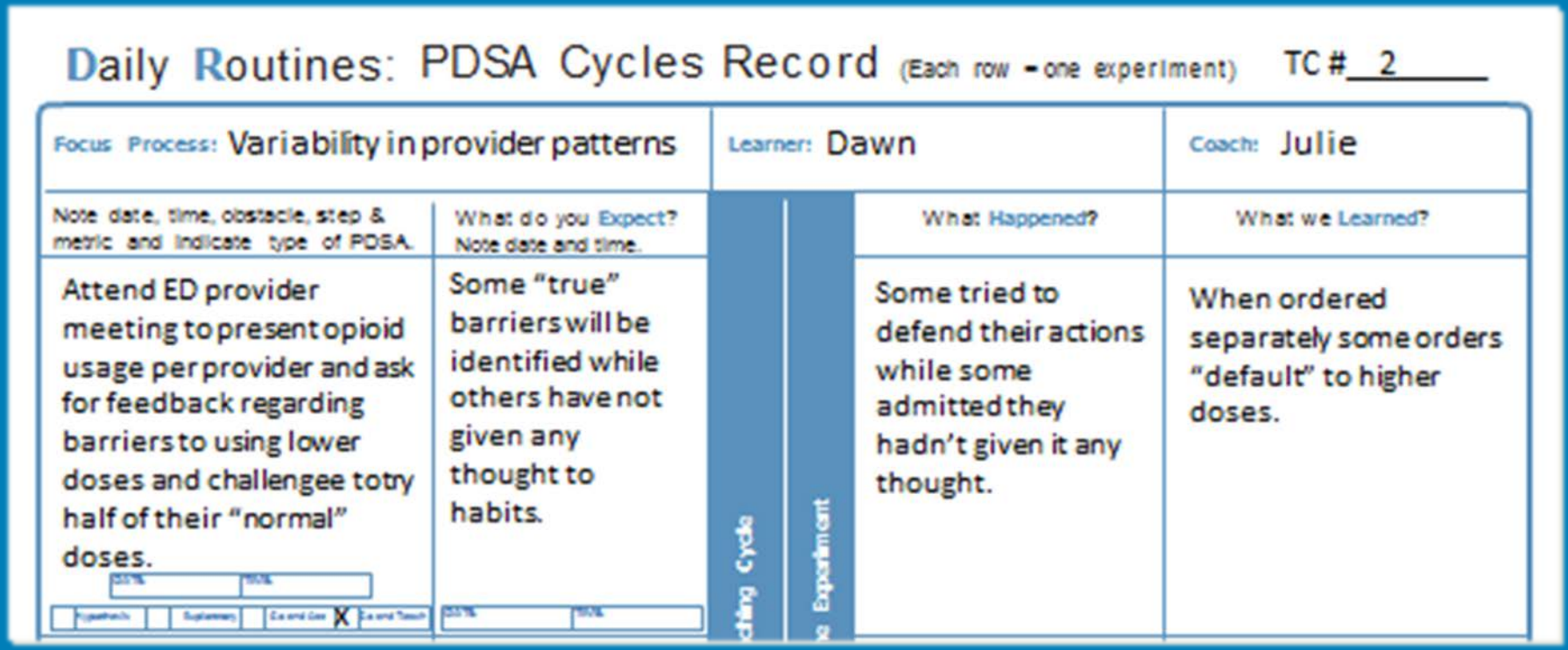
Daily Routines: PDSA Cycles Record (Each row = one experiment) TC # 1

Focus: Process: Variability in provider patterns			Learner: Julie		Coach: Zack
Note date, time, obstacle, step & metric and indicate type of PDSA.	What do you Expect? Note date and time.			What Happened?	What we Learned?
Collect data on opioid ordering per provider per 100 pt visits and analyze data to determine higher than average usage normalized for patients seen for the months of January—April	There will be about 3-4 providers that will have higher than average opioid ordering.			WOW! Some providers routinely have 4-5x higher than average opioid ordering vs. low usage counter parts. There were about 5-6 providers with higher than average opioid usage.	Much more variability than we expected. There were actually 5-6 providers that had significantly higher than average opioid usage.

Outcome Metrics



Experimentation (PDSAs) (cont.)

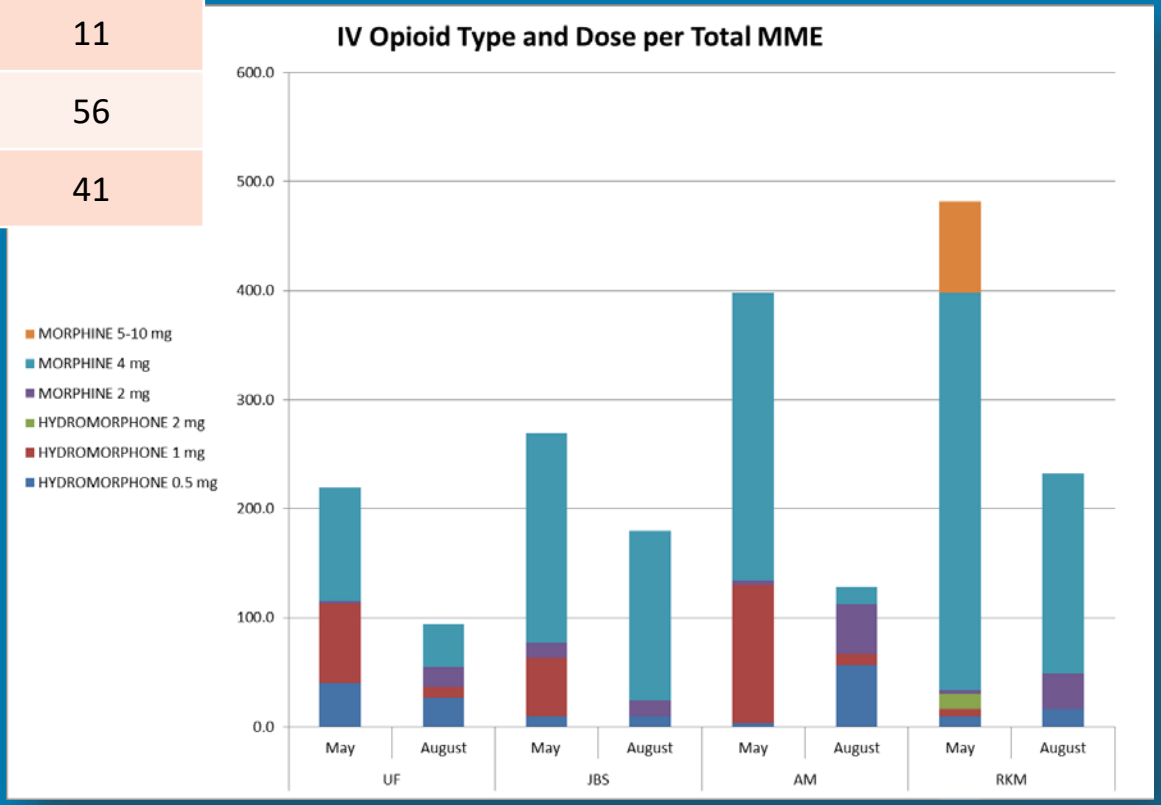


Daily Routines: PDSA Cycles Record (Each row = one experiment) TC # 2

Focus Process: Variability in provider patterns		Learner: Dawn		Coach: Julie
Note date, time, obstacle, step & metric and indicate type of PDSA.	What do you Expect? Note date and time.		What Happened?	What we Learned?
Attend ED provider meeting to present opioid usage per provider and ask for feedback regarding barriers to using lower doses and challengee to try half of their "normal" doses.	Some "true" barriers will be identified while others have not given any thought to habits.		Some tried to defend their actions while some admitted they hadn't given it any thought.	When ordered separately some orders "default" to higher doses.

Outcome Metrics

Percentage Decrease			
	Morphine	Hydromorphone	Overall
UF	19	53	33
JBS	19	53	11
AM	94	92	56
RKM	84	20	41



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Obstacle #2

We are unsure for what conditions our prescribers are prescribing opioids for, therefore we are unable to identify barriers for increased opioid prescribing between providers and utilization of the opioid light order-set.

Experimentation (PDSAs)

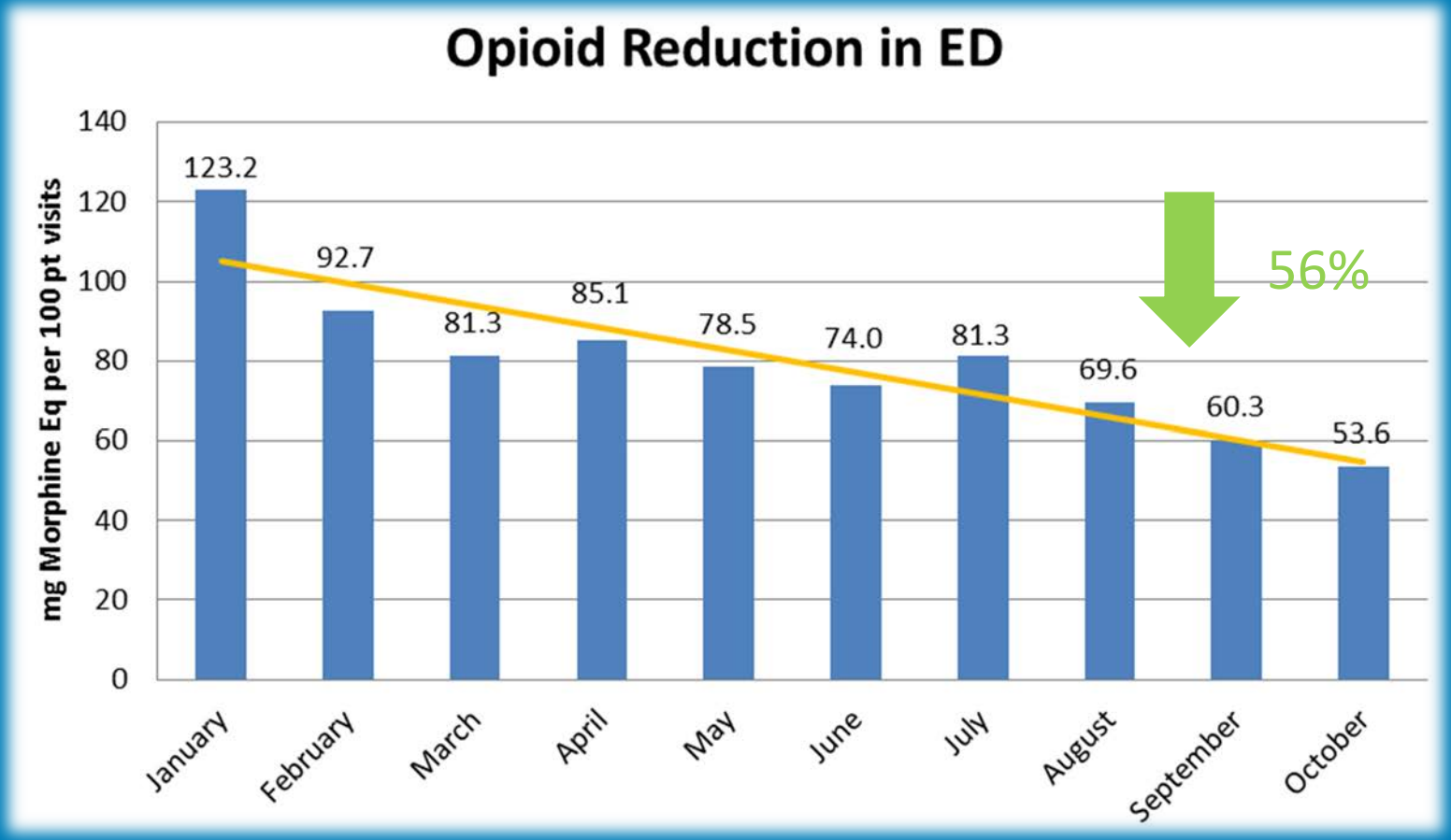
Daily Routines: PDSA Cycles Record (Each row – one experiment) TC # 3

Focus Process: Order-set usage			Learner: Managua	Coach: Emily
Note date, time, obstacle, step & metric and indicate type of PDSA.	What do you Expect? Note date and time.		What Happened?	What we Learned?
Run a report comparing total number of abdominal pain patients seen per provider for the month of August to those that received opioids.	We expect that of patients seen in August with a chief complaint of abdominal pain, 25% received an opioid		27% of the total number of patients with the chief complaint of abdominal pain received an opioid	Chief complaint of abdominal pain leads to increased likelihood of receiving an opioid. We need more education on opioid use in "abdominal pain"

Future Directions

- Determining appropriate patient presentations for increased use of alternatives
  - Potential additional disease states to utilize alternatives
  - Continuously updating order-sets
- Evaluate discharge prescriptions
  - Ensure short durations of low doses when opioids prescribed
- Dispense nasal naloxone on discharge to opioid overdose patients.
- Moving opioid light initiative to inpatient side

Outcome Metrics



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