

# Addressing California's Opioid Epidemic

## *Introducing the Opioid Safe Hospital Designation*

May 9, 2019

11:00am -12:00pm Pacific Time

Phone: 1-669-900-6833

Access code: 541-362-409

[Webinar link](#)



# Facilitators



**Steve Tremain**  
Physician Improvement  
Advisor Cynosure Health



**Aimee Moulin**  
Co-Director  
ED Bridge

# Tackling the Opioid Epidemic





**CHAT:**  
Why is opioid safety important to you?

# Using Zoom



Mute Me

Raise Hand

Claim Host

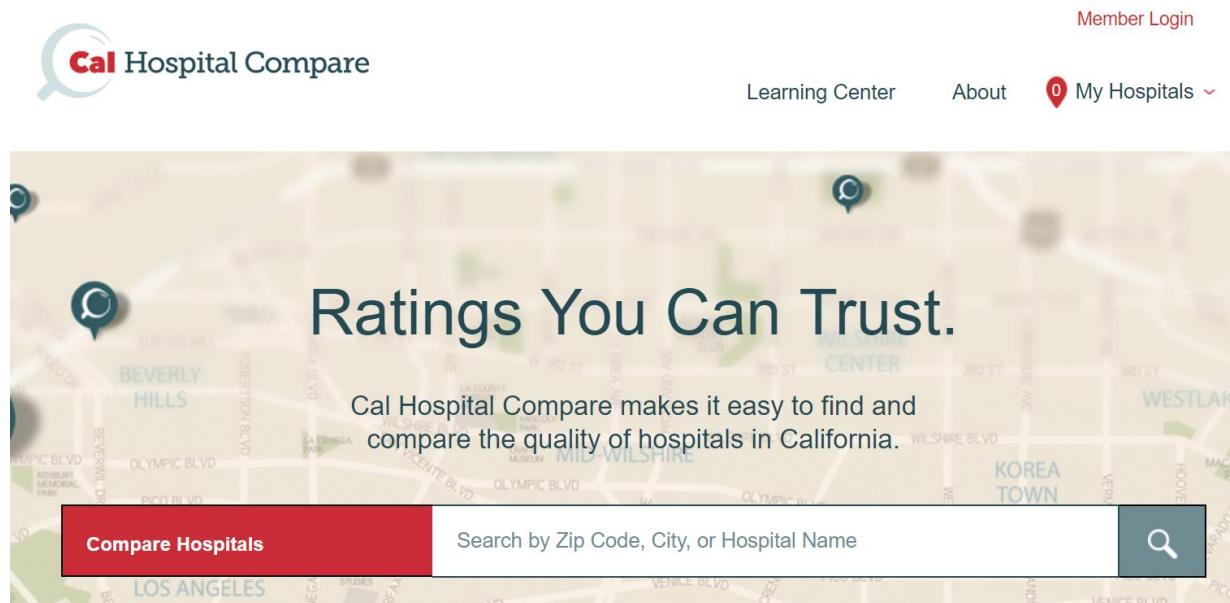


# Meeting Objectives

- ▶ Considered value of participating in the Opioid Safe Hospital program
- ▶ Examined four domains of opioid safety as measured by the Opioid Safe Hospital Self Assessment
- ▶ Described how to leverage the Opioid Safe Hospital Self-Assessment
- ▶ Heard from peer hospitals the steps they have taken to implement opioid safe strategies
- ▶ Communicated how CHC can support hospital progress

# Cal Hospital Compare

**About:** For more than a decade, Cal Hospital Compare (CHC) has been providing Californians with objective hospital performance ratings. CHC is a non-profit organization that is governed by a multi-stakeholder board, with representatives from hospitals, purchasers, consumer groups, and health plans. In effort to accelerate improvement and recognize high performance by California hospitals, CHC publishes an annual Patient Safety Honor Roll and Low-Risk C-section Honor Roll.





## CHAT:

- ▶ Name
- ▶ Role
- ▶ Organization
- ▶ Size of hospital you work with



# Opioid Safe Hospital Designation

Program Overview

# Opioid Safe Hospital Designation

## Accelerate improvement

- Accelerate the implementation and use of effective practices with the ultimate outcome being a reduction in opioid-related deaths, more effective treatment of patients with OUD
- While also managing pain and associated clinical conditions effectively.

## Measures of success

- Anticipate criteria will evolve over time. Focus on process and structural measures first.

# Multi-stakeholder Feedback & Support:

California  
Department of  
Health Care

Covered  
California

California  
Health Care  
Foundation

ED-BRIDGE

Hospital  
Association of  
Southern  
California

Inland Empire  
Health Plan

IBM Watson  
Health

John Muir  
Health PFAC

Memorial Care

Partnership  
HealthPlan

Project SHOUT

San Francisco  
General  
Hospital

Scripps Health

Sharp  
Healthcare

# Multi-stakeholder Feedback:

- ▶ Broad support to accelerate change in 4 domains (this is the right stuff)
- ▶ Allow for programmatic flexibility
- ▶ Present the assessment as roadmap & not guidelines for improvement
- ▶ Share supportive resources
- ▶ Raise the bar!

# Assessment Design (9 Questions)

Measure	Intent	Level 3 <i>Safe</i> (1 pt)	Level 2 <i>Safer</i> (2 pts)	Level 1 <i>Safest</i> (3 pts)	Example <i>(comparative tool &amp; resource)</i>
Prevent new opioid starts <ul style="list-style-type: none"> <li>• Prescribing guidelines</li> <li>• Alternatives to opioids for pain management</li> <li>• Formulary management</li> </ul>			Overdose Prevention <ul style="list-style-type: none"> <li>• Naloxone education &amp; distribution program</li> <li>• Hand-off to drug treatment program</li> </ul>		
Identification & Treatment <ul style="list-style-type: none"> <li>• Standardized assessment tool</li> <li>• MAT</li> <li>• BUP Waiver</li> <li>• MAT hand-off to outpatient setting</li> </ul>			Cross-cutting Opioid Safe Hospital Best Practices <ul style="list-style-type: none"> <li>• Organizational infrastructure</li> <li>• Provider/staff education</li> <li>• Patient education</li> </ul>		

*\*Extra credit available in key areas*

*Scoring: CHC will develop relevant threshold to recognize Opioid Safe Hospitals post assessment*

# Opioid Safe Hospital Self-Assessment

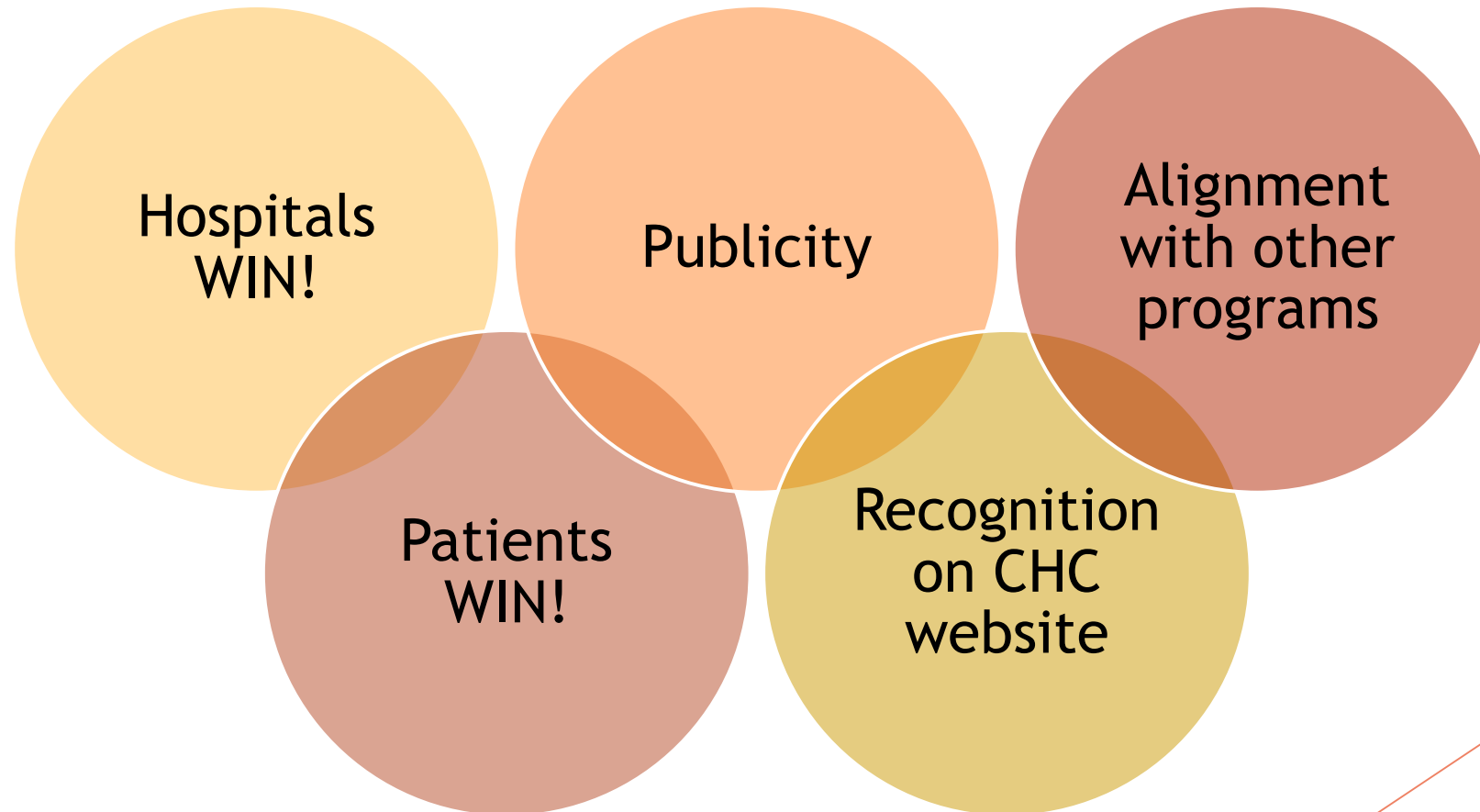
- ▶ Download self-assessment tool



# 2019 Timeline

Key Activities	Mar	Apr	May	Jun	July	Aug	Sept	Oct
Workgroup meetings & criteria development	Mar. 7 Mar. 19							
Multi-stakeholder feedback	End users health plans, patient reps, etc. Mar. 27 CHC TAC Apr. 3 CHC BOD							
Launch			Intro webinar  Survey Opens May 13	Webinar 2	Webinar 3	Webinar 4	Webinar 5  Survey Closed Sept 18	
Announce					Eval.	Eval.	Eval.	Publish list

# Program Benefits





# Programmatic Next Steps





**CHAT:**  
What questions do you have?

# Through the QI Lens





**CHAT:**  
What is your story?

# Local Approaches That Work

Patient-Provider Partnership



## Guest Speakers

**SHARP**®



Patty Atkins, VP Quality & Pt. Safety  
Pam Wells, CNO & VP Pt. Care Services  
Sharp Healthcare

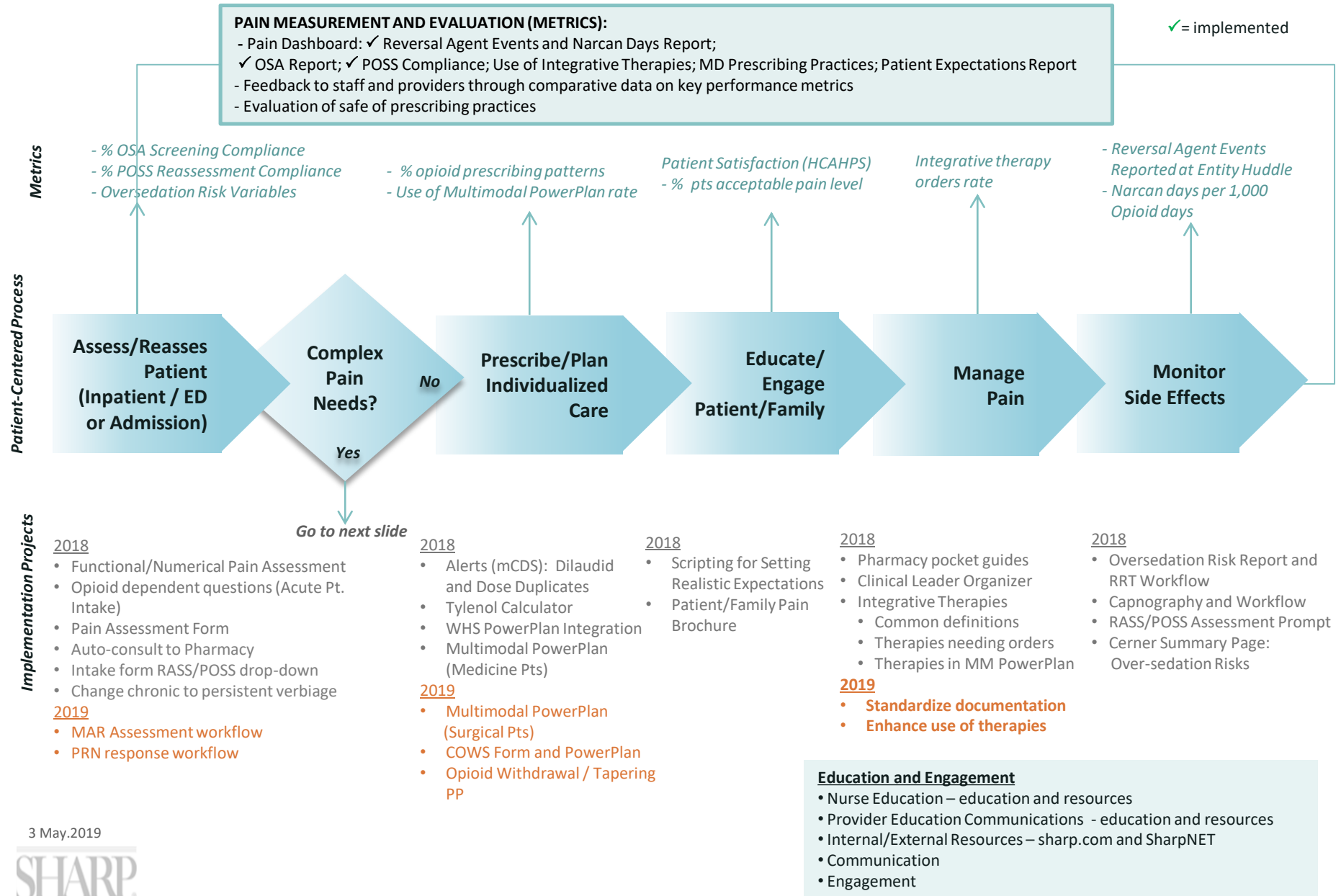
Joan Maxwell  
Patient Advisor  
John Muir Health

# **Safe and Effective Pain Management: Preventing New Opioid Starts by Setting Realistic Expectations for Pain Level**

Pam Wells, Chief Nursing Officer, Sharp Memorial Hospital  
Patty Atkins, VP Quality and Patient Safety, Sharp HealthCare



# 2019 Strategies for Safe and Effective Pain Management





## One Specific Problem:

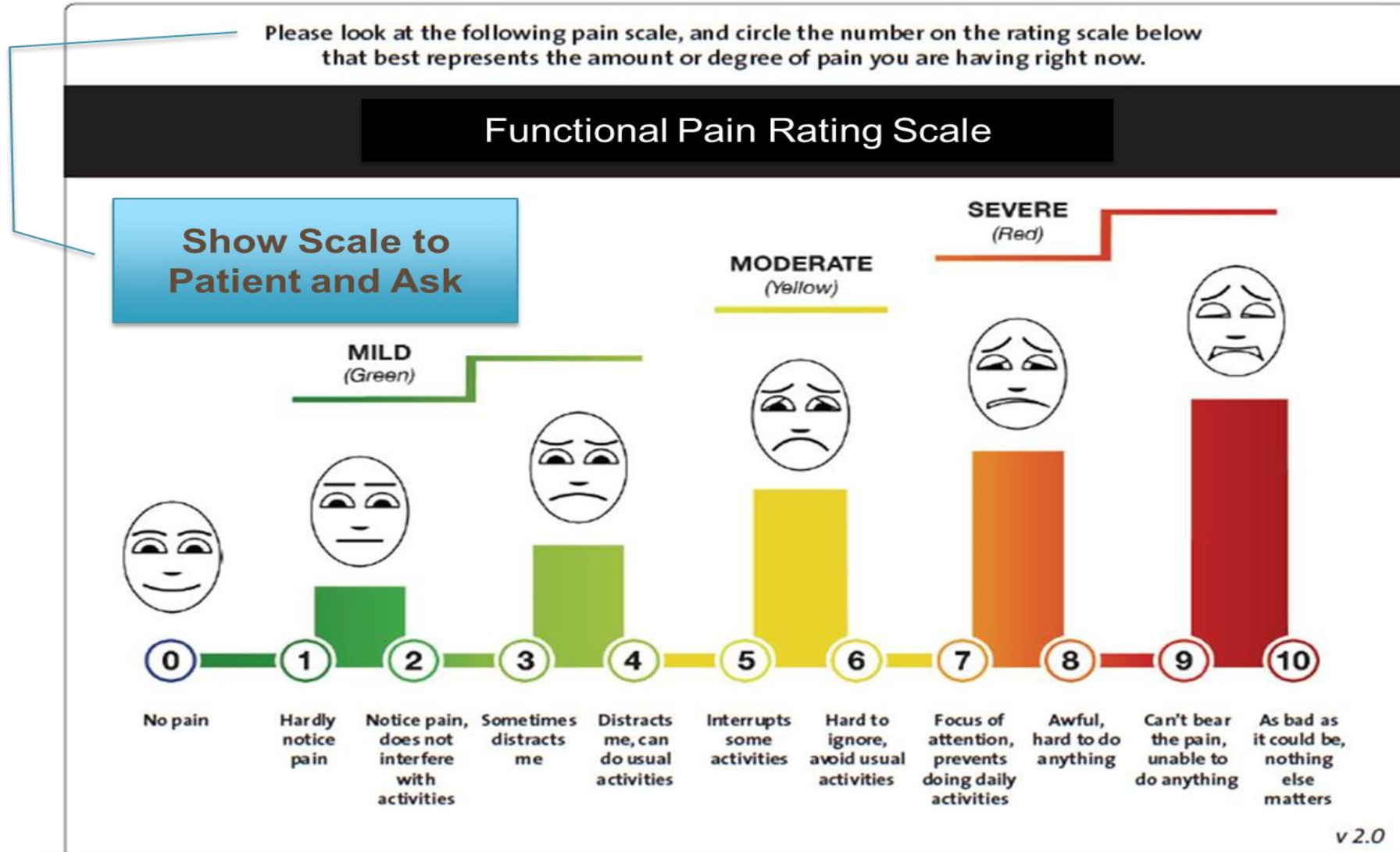
- Patients often unrealistically expect to have no pain while in the hospital which can lead to unnecessary opioids and their risks.

## The Goal for Patients:

- Relate pain rating to functional abilities
- Have realistic expectations for pain
- Understand the risks of opioids
- Understand the alternatives to receiving opioids



# First Things First: Implement Functional Pain Rating



# **Example Script for Setting Realistic Expectations for Acceptable Pain Level**

Explain 'acceptable', opioid risks, and focus on improved function



**Nurse:** *What is your Acceptable Pain Level?*

**Patient:** *"0 out of 10".*

**Nurse:** *"Zero means the absence of pain. While we do everything we can to reduce your pain level as low as possible, we may not be able to completely eliminate your pain.*

- *Sometimes pain can be informative that something is wrong and needs attention.*

*We use multi-modal approach to pain - we give non-opioids and provide integrative therapies.*

- *We give opioids only when needed because of the many side effects (list examples) and risk for becoming dependent.*

*An acceptable level of pain means the amount of pain:*

- *that you are able to experience without being in distress*
- *you can tolerate that does not affect your ability to function in an important way such as deep breathing, coughing or walking.*

***"With those ideas in mind, what is your acceptable pain level?"***

***Key take away: The goal should be tolerable pain that allows the patient to perform important functions such as coughing and moving.***

# Barriers to Setting Realistic Expectations for Acceptable Pain Level

Some reactions to the training:

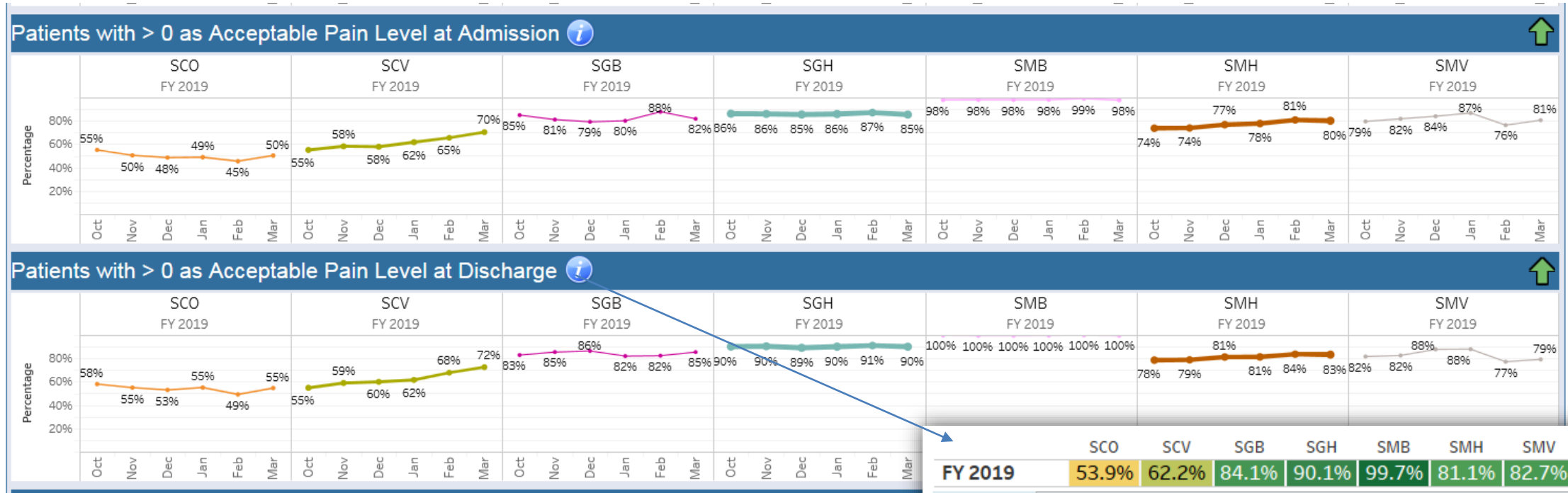
- Belief that the subjective report of pain and acceptable level was not up for discussion
  - *“It’s what the patient says it is”.*
- Fear that the discussion would be interpreted as being manipulative
- What if the patient really wants zero pain?
- A lot of the patients expectations are unrealistic, but we need to do our best to meet them
- I wouldn’t want to say that any pain is acceptable either!
  - *Why can’t it be zero?*

# Overcoming Barriers to Setting Realistic Expectations for Acceptable Pain Level

Focus on key advantages of realistic expectations

- Patients will likely receive less unnecessary opioids; therefore, less side effects including over-sedation and Narcan
- Patients will likely have higher satisfaction as expectations often influence satisfaction
- Patients have an opportunity to learn integrative therapies to help manage pain and will benefit from those options after they leave the hospital which can help with improved bowel function and early mobilization, etc.

# Elements of Safe and Effective Pain Management Dashboard: Acceptable Pain Level for Each Hospital




	SCO	SCV	SGB	SGH	SMB	SMH	SMV
<b>FY 2019</b>	<b>53.9%</b>	<b>62.2%</b>	<b>84.1%</b>	<b>90.1%</b>	<b>99.7%</b>	<b>81.1%</b>	<b>82.7%</b>
<b>SYSTEM Percent</b>	78.8%	79.7%	80.2%	80.6%	82.4%	83.2%	

Metric: Acceptable Pain Level at Discharge  
 Reported As: Percentage  
 Numerator: Number of patients who state "Non-Zero" as their acceptable pain level (last documented result prior to discharge)  
 Denominator: Number of patient with an acceptable pain level documented  
 Included Population: Inpatient and Observation  
 Exclusions: None  
 Source: Cerner Nursing Documentation

**Select Facility**  
 SGH

**Measure**  
 Acceptable Pain Level at Discharge

## Safe and Effective Pain Management Unit Trends



### Sharp Grossmont Hospital - FY 2019 (YTD)

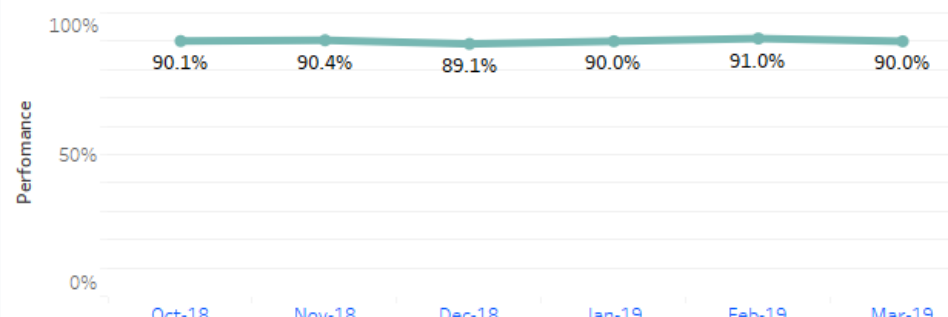
#### Acceptable Pain Level at Discharge

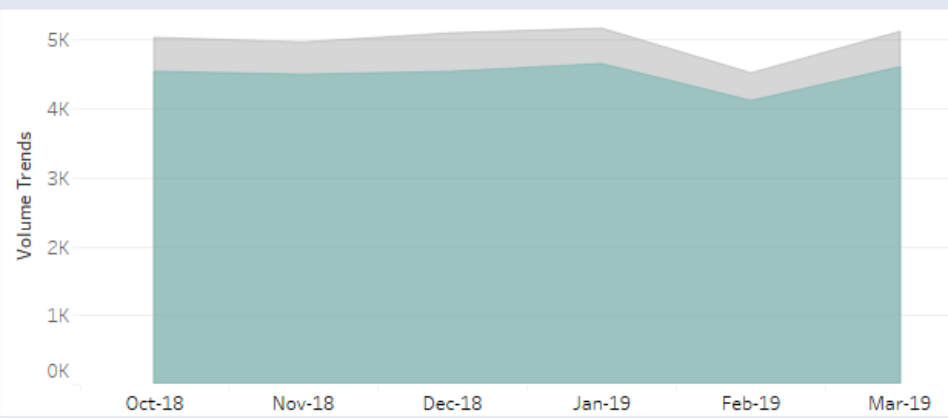
Unit (group)	Numerator	Denominator	Rate
<a href="#">ED Acute</a>	1	2	50.0%
<a href="#">Emergency Department</a>	12,445	15,155	82.1%
<a href="#">G 1 SOUTH</a>	850	855	99.4%
<a href="#">G 2 NORTH</a>	654	690	94.8%
<a href="#">G 2 SOUTH</a>	78	85	91.8%
<a href="#">G 3 NORTH</a>	141	141	100.0%
<a href="#">G 3 SOUTH</a>	897	914	98.1%
<a href="#">G 4 WEST</a>	1,556	1,565	99.4%
<a href="#">G 5 WEST</a>	1,179	1,240	95.1%
<a href="#">G ACC</a>	15	15	100.0%
<a href="#">G ER OBSERVATION</a>	39	40	97.5%
<a href="#">G LDR</a>	170	183	92.9%
<a href="#">G LEVEL A OBS</a>	1,520	1,529	99.4%
<a href="#">G MED ONCOLOGY 2E</a>	986	1,017	97.0%
<a href="#">G MICU</a>	139	168	82.7%
<a href="#">G OB/GYN</a>	1,573	1,576	99.8%
<a href="#">G PCU 4E</a>	1,463	1,470	99.5%
<a href="#">G PCU 5E</a>	1,544	1,554	99.4%
<a href="#">G REHAB CENTER A</a>	238	240	99.2%
<a href="#">G Surgical 3E</a>	1,333	1,345	99.1%
<a href="#">G WH OR</a>	2	2	100.0%
<a href="#">OP ACC 1</a>	3	3	100.0%
<a href="#">OP Main PACU A</a>	1	1	100.0%
<a href="#">SGH WH PACU Outpt</a>	2	2	100.0%
<a href="#">SICU</a>	83	88	94.3%
<a href="#">Unassigned Nurse Station</a>	2	2	100.0%
<b>Grand Total</b>	<b>26,914</b>	<b>29,882</b>	<b>90.1%</b>

↑

**Unit: All**  
**Acceptable Pain Level at Discharge**

**FYTD Performance**  
90.1%





	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Numerator	4,528	4,482	4,530	4,657	4,114	4,603
Denominator	5,026	4,960	5,086	5,173	4,522	5,115
Rate	90.1%	90.4%	89.1%	90.0%	91.0%	90.0%

Acceptable  
Pain Level  
for Each  
Patient Care  
Department





**Questions?**



# Guest Speakers



Joan Maxwell  
Patient Advisor  
John Muir Health



**CHAT:**  
What questions do you have?

Wrap up



## **CHAT:**

What do you want to know more about that would help to close a gap in your work?

# Webinar Schedule

*All calls start at 11:00am PT*

June 6th

- Beyond adopting prescribing guidelines: monitoring and strengthening the prescribing patterns of clinicians

July 10 (Topic TBD)

- Identification & Treatment:
  - Initiating MAT in the hospital: Unique aspects form the ED and inpatient settings
  - Using Alternatives to Opioids: overcoming resistance to non-opioid analgesics

August 27 (Topic TBD)

- Overdose prevention:
  - Connecting with families and friends of patients with OUD: limitations and opportunities
  - The nuts and bolts of dispensing naloxone to high-risk patients and their support systems

September 12 (Topic TBD)

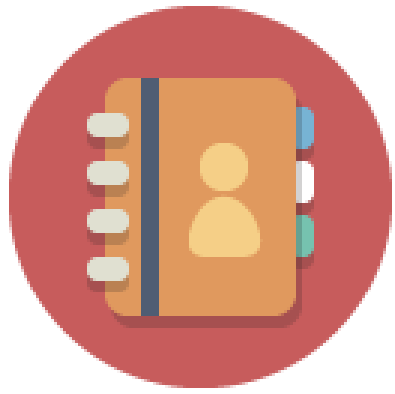
- Best Practices
  - Connecting the new patient on MAT with ambulatory providers
  - Understanding and eliminating stigma with OUD
  - Emerging measures in the hospital setting for safe opioid management in the hospital

Register at [calhospitalcompare.org](http://calhospitalcompare.org)

# Submit Self-Assessment

- ▶ Convene a multi-stakeholder workgroup
- ▶ Review early & ask questions if needed
- ▶ Submit answers & resources via e-survey @ [calhospitalcompare.org](http://calhospitalcompare.org)

**Assessment window:  
May 13 - Sept 18, 2019**



# Questions?

**Aimee Moulin**

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Coordinator

ED-BRIDGE Central Valley

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