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
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 publish 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)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Intent</th>
<th>Level 3 Safe (1 pt)</th>
<th>Level 2 Safer (2 pts)</th>
<th>Level 1 Safest (3 pts)</th>
<th>Example (comparative tool &amp; resource)</th>
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</thead>
<tbody>
<tr>
<td>Prevent new opioid starts</td>
<td>• Prescribing guidelines</td>
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<td>Overdose Prevention</td>
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<td>• Alternatives to opioids for pain management</td>
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<td>• Formulary management</td>
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<td>Identification &amp; Treatment</td>
<td>• Standardized assessment tool</td>
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<td>Cross-cutting Opioid Safe Hospital Best Practices</td>
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<td>• MAT</td>
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<td>• BUP Waiver</td>
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<td>• MAT hand-off to outpatient setting</td>
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*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

<table>
<thead>
<tr>
<th>Key Activities</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>July</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
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<tbody>
<tr>
<td>Workgroup meetings &amp; criteria development</td>
<td>Mar. 7</td>
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<td>Multi-stakeholder feedback</td>
<td>End users health plans, patient reps, etc.</td>
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<td>Mar. 27 CHC TAC</td>
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<td>Apr. 3 CHC BOD</td>
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<tr>
<td>Launch</td>
<td>Intro webinar</td>
<td>Webinar 2</td>
<td>Webinar 3</td>
<td>Webinar 4</td>
<td>Webinar 5</td>
<td>Survey Closed Sept 18</td>
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<td>Survey Opens May 13</td>
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Program Benefits

- Hospitals WIN!
- Patients WIN!
- Publicity
- Recognition on CHC website
- Alignment with other programs
Programmatic Next Steps

Compile resources  
Capture stories  
Add in quantitative measures  
Address other addictions
CHAT:
What questions do you have?
CHAT:
What is your story?
Local Approaches That Work

Patient-Provider Partnership
Guest Speakers

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

PAIN MEASUREMENT AND EVALUATION (METRICS):
- Pain Dashboard
- Reversal Agent Events and Narcan Days Report
- OSA Report
- POSS Compliance
- Use of Integrative Therapies
- MD Prescribing Practices
- Patient Expectations Report
- Feedback to staff and providers through comparative data on key performance metrics
- Evaluation of safe prescribing practices

Implementation Projects

2018
- Functional/Numerical Pain Assessment
- Opioid dependent questions (Acute Pl. Intake)
- Pain Assessment Form
- Auto-consult to Pharmacy
- Intake form RASS/POSS drop-down
- Change chronic to persistent verbiage

2019
- MAR Assessment workflow
- PRN response workflow

2018
- Alerts (mCDS): Dilaudid and Dose Duplicates
- Tylenol Calculator
- WHS PowerPlan Integration
- Multimodal PowerPlan (Medicine Pts)

2019
- Multimodal PowerPlan (Surgical Pts)
- COWS Form and PowerPlan
- Opioid Withdrawal / Tapering PP

Patient-Centered Processes

Assess/Reasses Patient (Inpatient / ED or Admission)

Complex Pain Needs?

Yes

No

Prescribe/Plan Individualized Care

Educate/Engage Patient/Family

Manage Pain

Monitor Side Effects

- % OSA Screening Compliance
- % POSS Reassessment Compliance
- Over-sedation Risk Variables
- % opioid prescribing patterns
- Use of Multimodal PowerPlan rate
- Patient Satisfaction (HCAHPS)
- % pts acceptable pain level
- Integrative therapy orders rate
- Reversal Agent Events Reported at Entity Huddle
- Narcan days per 1,000 Opioid days

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Metrics

Education and Engagement

- Nurse Education – education and resources
- Provider Education Communications - education and resources
- Internal/External Resources – sharp.com and SharpNET
- Communication
- Engagement
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

Please look at the following pain scale, and circle the number on the rating scale below that best represents the amount or degree of pain you are having right now.

Functional Pain Rating Scale

Show Scale to Patient and Ask

MILD (Green)

SEVERE (Red)

MODERATE (Yellow)

No pain
Hardly notice pain
Notice pain, does not interfere with activities
Sometimes distracts me
Distracts me, can do usual activities
Interrupts some activities
Hard to ignore, avoid usual activities
Focus of attention, prevents doing daily activities
Awful, hard to do anything
Can’t bear the pain, unable to do anything
As bad as it could be, nothing else matters
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

Patients with > 0 as Acceptable Pain Level at Admission

Patients with > 0 as Acceptable Pain Level at Discharge

FY 2019 Metrics:
- 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 patients with an acceptable pain level documented
- Included Population: Inpatient and Observation
- Exclusions: None
- Source: Cerner Nursing Documentation
Acceptable Pain Level for Each Patient Care Department
<table>
<thead>
<tr>
<th>Metric</th>
<th>Reported As</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Included Population</th>
<th>Exclusions</th>
<th>Breakdown</th>
<th>Source</th>
<th>Phase</th>
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<tbody>
<tr>
<td>Safe and Effective Pain Management</td>
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<td>Preliminary Dashboard Specifications</td>
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<tr>
<td>All metrics to be reported and displayed monthly</td>
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<tr>
<td>1 Narcan days per 1,000 Opioid days</td>
<td>Rate per 1,000 days</td>
<td>Number of days patients received at least one dose of naloxone</td>
<td>Number of days patients received at least one dose of opioid</td>
<td>Inpatient and observation</td>
<td>Medications administered in the OR and ED</td>
<td>Entity, Unit</td>
<td>Cerner MAR</td>
<td>1</td>
</tr>
<tr>
<td>2 POSS Reassessment Compliance (post-opioid administration)</td>
<td>Percentage</td>
<td>Number of opioid administrations with a POSS reassessment completed (within 70 min for oral, 40 min for IV)</td>
<td>Number of opioid administrations</td>
<td>Inpatient, observation, hospital-based outpatient</td>
<td>Sharp Mesa Vista</td>
<td>Entity, Unit</td>
<td>Cerner MAR, Nursing Documentation</td>
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<tr>
<td>3 OSA Screening Compliance</td>
<td>Percentage</td>
<td>Number of patients screened for OSA</td>
<td>Number of patients qualifying for OSA screen *** needs further clarification ***</td>
<td>TBD</td>
<td>TBD</td>
<td>TBD</td>
<td>Cerner Nursing Documentation</td>
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<tr>
<td>4 Narcan Administration Cause Analysis</td>
<td>TBD</td>
<td>N/A</td>
<td>All Narcan administrations entered in RL</td>
<td>TBD</td>
<td>TBD</td>
<td>RL Solutions</td>
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<td>2</td>
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<tr>
<td>5 Acceptable Pain Level at Admission</td>
<td>Percentage</td>
<td>Number of patients who state “zero” as their acceptable pain level (first documented result upon admission)</td>
<td>Number of patient with an acceptable pain level documented</td>
<td>Inpatient and observation</td>
<td>Entity, Unit</td>
<td>Cerner Nursing Documentation</td>
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<tr>
<td>6 Acceptable Pain Level at Discharge</td>
<td>Percentage</td>
<td>Number of patients who state “zero” as their acceptable pain level (last documented result prior to discharge)</td>
<td>Number of patient with an acceptable pain level documented</td>
<td>Inpatient and observation</td>
<td>Entity, Unit</td>
<td>Cerner Nursing Documentation</td>
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<tr>
<td>7 Opioid Prescribing Patterns</td>
<td>Percentage</td>
<td>Number of opioid orders</td>
<td>Number of opioid orders + Number of non-opioid analgesic orders + Number of integrative therapy orders</td>
<td>Inpatient, observation, ED</td>
<td>Entity, Ordering MD</td>
<td>Cerner Orders</td>
<td></td>
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</tr>
<tr>
<td>8 Integrative Therapy Orders</td>
<td>Rate per 100 discharges</td>
<td>Patients with at least one integrative therapy order</td>
<td>Inpatient and observation discharges</td>
<td>Inpatient and observation</td>
<td>Entity, Cerner Orders</td>
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<tr>
<td>9 Use of Multi-Modal PowerPlan</td>
<td>Rate per 100 discharges</td>
<td>Patients with multi-modal PowerPlan Ordered</td>
<td>Inpatient and observation discharges</td>
<td>Inpatient and observation</td>
<td>Entity, Cerner Orders</td>
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<td>10 Decrease in Morphine Equivalence</td>
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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
Submit Self-Assessment

- Convene a multi-stakeholder workgroup
- Review early & ask questions if needed
- Submit answers & resources via e-survey @ calhospitalcompare.org

Assessment window:
May 13 - Sept 18, 2019
Questions?

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