



New York State
Partnership
for Patients



Upper Allegheny Health System
A Member of Kaleida Health



Self-Assessment for Opioids Data Review

April 16, 2019

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System Director of Pharmacy

Upper Allegheny Health System

Current Status

- Meditech
 - PRN Pain Order Set
 - PCA Order Set
 - No current alerts related to opioid history or risk factors
- Diversion / Pain Management Committee
 - Interprofessional
 - Chaired by Pharmacy
 - Pain physician member

Our Results

- We received a 298 of 368 possible points
- Our score was 81%

Section	Our Score	Points Possible	%
General Items	188	234	80%
Specific Opioids or Modes of Delivery	94	118	80%
Opioid Addiction and Abuse	16	16	100%

Room for Improvement

- One or more protocols and/or guidelines associated with opioid use contain the following content:
 - The management of patients with aberrant drug-related behaviors
 - Tapering and discontinuing opioid to avoid withdrawal symptoms
 - Avoiding concomitant use of other opioids / sedating agents (or adjusting doses if administered concomitantly)

Room for Improvement

- Before prescribing an opioid, a standard process based on established definitions is used to determine if a patient is opioid-naïve or opioid-tolerant, and if the patient is a high-risk patient or exhibits aberrant drug-related behaviors, and this information is documented in a designated location in the medical record and used to establish a monitoring plan for the patient.

Room for Improvement

- For patients receiving IV opioids, nurses communicate the patients' opioid status (naïve or tolerant); recent pain assessment, sedation score, and medications administered; and risk factors for unintended advancing sedation and respiratory depression, during change of shift report and across all patient transitions in care.

Room for Improvement

- Educational programs for all practitioners who care for patients receiving opioids are delivered at least every year around the following content:
 - Definition and differences in the management of opioid-naïve, opioid-tolerant, and high-risk patients
 - Opioid conversion and how to use any tools provided by the facility
 - Appropriate starting doses and the danger of rapid dose escalation
 - Indications for extended-release and long-acting opioids, associated risks, and the requirements of the FDA ER/LA Opioid Analgesics REMS
 - Risk of initiating transdermal fentanyl patches in opioid-naïve patients

Room for Improvement

- Patients discharged on opioids are provided with verbal and up-to-date written information at an appropriate reading level and in their preferred language about pain management and the safe use of opioid medications including the following:
 - How to obtain naloxone from a retail pharmacy if the patient has risk factors for opioid overdose

Room for Improvement

- A process is in place (e.g., alert requesting confirmation during order entry) to verify that the patient is **opioid-tolerant** with chronic pain before dispensing ER or LA opioids that are indicated **only** for these patients (e.g., ER oxycodone ≥ 80 mg, ER hydromorphone, ER morphine 100 or 20 mg, or fentanyl patches).

Room for Improvement

- A process is in place (e.g., alert requesting confirmation during order entry) to verify that the patient is **opioid-tolerant** with chronic patient before dispensing high-dose opioids indicated **only** for breakthrough pain in **opioid-tolerant** patients [e.g., certainly forms of fentanyl (Actiq, Fentora, Lazanda, Subsys, Abstral)]

Room for Improvement

- Patient selection criteria have been established and are followed for PCA therapy, which exclude patients who cannot control medication delivery themselves due to their level of consciousness, physiological condition, or limited cognitive ability and comprehension.

Room for Improvement

- Protocols for prescribing methadone to adults and/or children have been established and include the following:
 - Guidelines for managing pain in patients taking methadone to treat addiction

Future Plans

- Update order sets and protocols
- Develop education for prescribers, nursing, pharmacists, patients, and care givers
- Add assessments and communication tools to CPOE
- Add alerts to CPOE



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