



New York State
Partnership
for Patients



NYSPFP ADE Webinar: Results of the ISMP Opioid Self-Assessment

April 16, 2019

*A partnership of the Healthcare Association of New
York State and the Greater New York Hospital
Association*



Agenda

Topic	Speaker
Welcome and Introduction	NYSPFP Staff <ul style="list-style-type: none">- Jon Salman, NYSPFP
Background and Review of Aggregate Results	NYSPFP Staff <ul style="list-style-type: none">- Jared Bosk, Vice President, Survey and Outcomes Research, GNYHA
Review of Hospital Reports	Institute for Safe Medication Practices (ISMP) Faculty <ul style="list-style-type: none">- Allen J. Vaida, Executive Vice President, ISMP- Rebecca L. Lamis, Medication Safety Analyst, ISMP
Hospital Report Out	Upper Allegheny Health System <ul style="list-style-type: none">- Paul Green Pharm.D., MHA, BCPS, System Director of Pharmacy & Residency Program Director
Q&A Next Steps	NYSPFP Staff <ul style="list-style-type: none">- Lynette Mancuso, NYSPFP



NYSPFP Opioid Stewardship Initiative

Background

- CMS recently introduced opioid stewardship as a new initiative being added to the Partnership for Patients
- NYSPFP believes that opioid stewardship is a key initiative in the support of the efforts to achieve a culture of safety

Goals

- Develop a hospital driven opioid stewardship program
- Promote judicious opioid prescribing in both the inpatient and outpatient setting
- Develop a means to improve, monitor and evaluate the use of opioids in the hospital and in outpatient settings
- Develop protocols and processes to support and protect patients from harm caused by opioid treatment
- Promote the use of non-opioid alternatives for pain management

ISMP Medication Safety Self Assessment® for High-Alert Medications (Current)

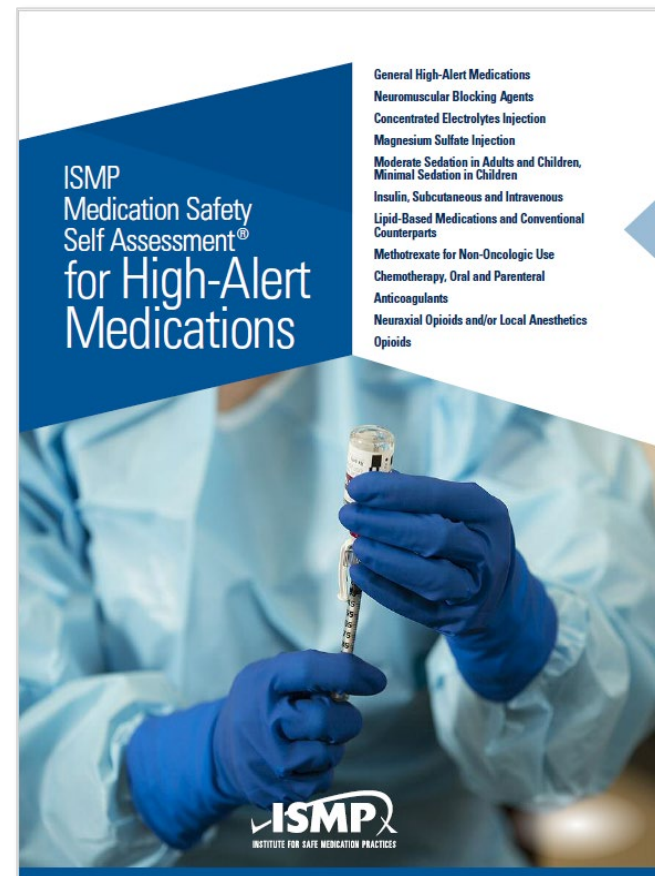
Self-Assessment Tool

Help providers assess the safety of systems and practices associated with up to 11 categories of high-alert medications

- Heighten awareness
- Identify and prioritize
- Create a national baseline

High-Alert Medications

Medications bearing a heightened risk of causing significant patient harm when used in error





ISMP Sections and Scoring

Opioids section

- 92 individual items
- 19 sub-sections
- Each section has between 1-12 items

Response Options (same for all items)

- There has been no activity to implement this item
- This item has been formally discussed and considered, but it has not been implemented
- This item has been partially implemented for some or all patients, orders, drugs, or staff
- This item is fully implemented for some patients, orders, drugs, or staff
- This item is fully implemented for all patients, orders, drugs, or staff

Scoring

- Items weighted so that “items with the highest maximum weighted scores have the greatest impact on safety because there is clear, documented evidence or expert consensus regarding their effectiveness”
- Maximum scores range from 2-12 points



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Review of Aggregate Results and Discussion

Hospital Respondents

46 Total Respondents

Region

Region	Count
NYC	21
Long Island	6
Metro- New Rochelle	6
Central NY	6
Buffalo	3
Rochester	2
Capital District	2

Average
National
Score = 69%

Average
NYSPFP
Score = 71%

Bed Size

Bed Size	Count
Up to 25 beds	3
26 to 99 beds	6
100 to 299 beds	16
300 to 499 beds	10
500 beds and over	11



High-Level Findings

Strengths

- Most hospitals have fully implemented the items in these sections

Mixed Outcomes

- Most hospitals have fully implemented some items in these sections
- However, other items have only been partially implemented or not implemented at all by the majority of hospitals

Improvement

- Some items have been fully or partially implemented by some hospitals
- However, some items have not been implemented by the majority of hospitals



Strengths

Dispensing

- Almost all hospitals use commercially available opioid IV infusions or prefilled syringes/bags for IV PCA, when available

Storage

- Most hospitals follow storage best practices including:
 - Separation of highly concentrated from usual-strength opioids;
 - Separation of extended-release from immediate-release opioids;
 - Only stocking highly concentrated opioids in the pharmacy and limited patient care areas (unit-dose only)
- Some hospitals, however, do not stock morphine and HYDROmorphine in differentiating strengths outside of the pharmacy to avoid mix-ups

Products Used

- Most hospitals standardize concentrations of continuous IV opioid infusions to a single concentration per drug



Strengths, Continued

Opioid Transdermal Patches

- Most hospitals have a consistent process for the application, documentation, verification, and disposal of opioid transdermal patches
- Most hospitals provide verbal and written instructions on key items to patients being discharged with a new prescription for an opioid transdermal patch

Addiction and Abuse

- Most hospitals:
 - Access the PDMP
 - Have effective systems to identify and deter drug diversion
 - Do not withhold adequate pain treatment from patients with a current or previous history of addiction

Reversal Agents

- The majority of hospitals have ensured that guidelines exist to rescue a patient with unintended advancing sedation and/or respiratory depression, have resuscitation equipment and naloxone readily accessible, and monitor patients after naloxone administration



Strengths, Continued

Patient Education

- Most hospitals provide written and verbal information to patients about pain management and safe opioid use on a variety of topics such as the effects of taking too much medication, the impact on motor and cognitive functioning, and avoidance of central nervous system depressants
- However, many do not include information on how to obtain naloxone from a retail pharmacy

Patient-Controlled Analgesia (PCA)

- Almost all hospitals require that PCA is initially prescribed with a standard order set. However, for some the order set does not include important information on dosing, patient opioid status, and monitoring and rescue guidelines.
- While almost all hospitals have patient selection criteria established which excludes certain patients, fewer ensure that PCA basal infusions are not used initially in opioid-naïve patients
- Not all hospitals educate patients and family members on the dangers of individuals other than the patient activating the PCA button



Mixed Outcomes

Patient Monitoring

- Most hospitals have strong nursing assessment processes prior to, during, and after opioid administration
- However, fewer hospitals have fully implemented technology to monitor patients, including continuous pulse oximetry or a reliable method of measuring the adequacy of ventilation and airflow

Patient Assessment

- Hospitals display mixed results in using a validated standardized sedation scale to assess and detect unintended advancing sedation
- Hospitals show similar mixed results around assessing patients for an opioid transdermal patch or implanted drug delivery system upon admission
- However, few hospitals have fully implemented a standard process to determine whether a patient is opioid-naïve, opioid-tolerant, high-risk, or displaying aberrant drug-related behaviors



Improvement

Protocols, Guidelines, and Order Sets

- Many hospitals have protocols and guidelines to guide practitioners when prescribing, preparing, dispensing, and administering opioids
- However, these protocols and guidelines do not often contain all of the specific information they should. Many hospitals are specifically missing information around dosing guidelines that differentiate between opioid-naïve, opioid-tolerant, and high-risk patients, managing patients with aberrant drug-related behaviors, and tapering and discontinuing opioids to avoid withdrawal symptoms.

Staff Competency and Education

- Few hospitals have fully implemented educational programs (containing all important topics) at least once a year for all practitioners who care for patients receiving opioids. While some topics are covered more than others, few hospitals cover all of them.



Improvement, Continued

Extended Release, Long-Acting, and High-Dose Opioids

- The majority of hospitals have not implemented a process to verify that a patient is opioid-tolerant with chronic pain before dispensing either extended-release/long-acting opioids or high-dose opioids

Prescribing

- Few hospitals have fully implemented CPOE systems that default to the lowest initial starting dose and frequency, and include alerts for patient-specific dose adjustments or are prescribed other sedating medications

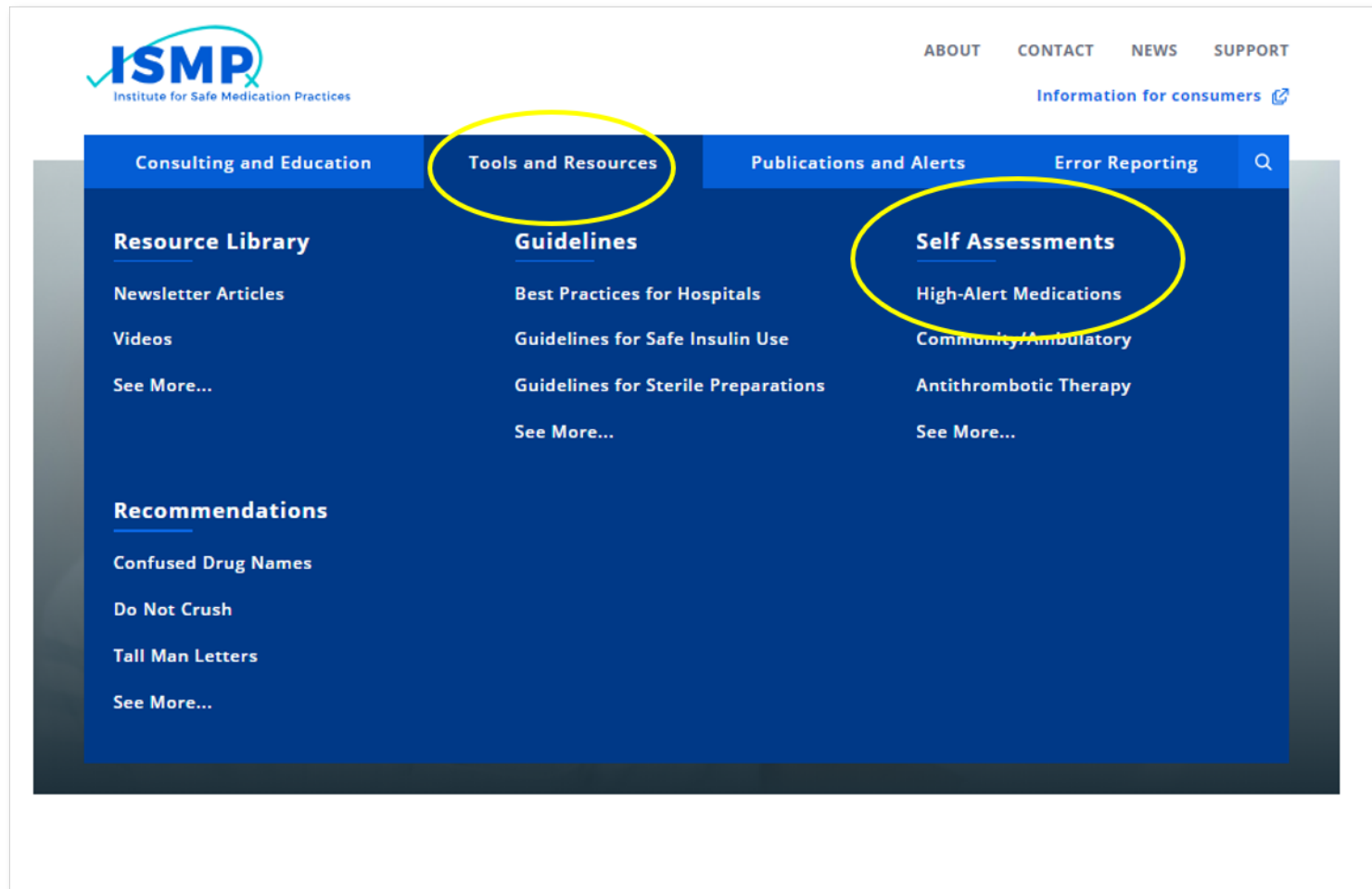


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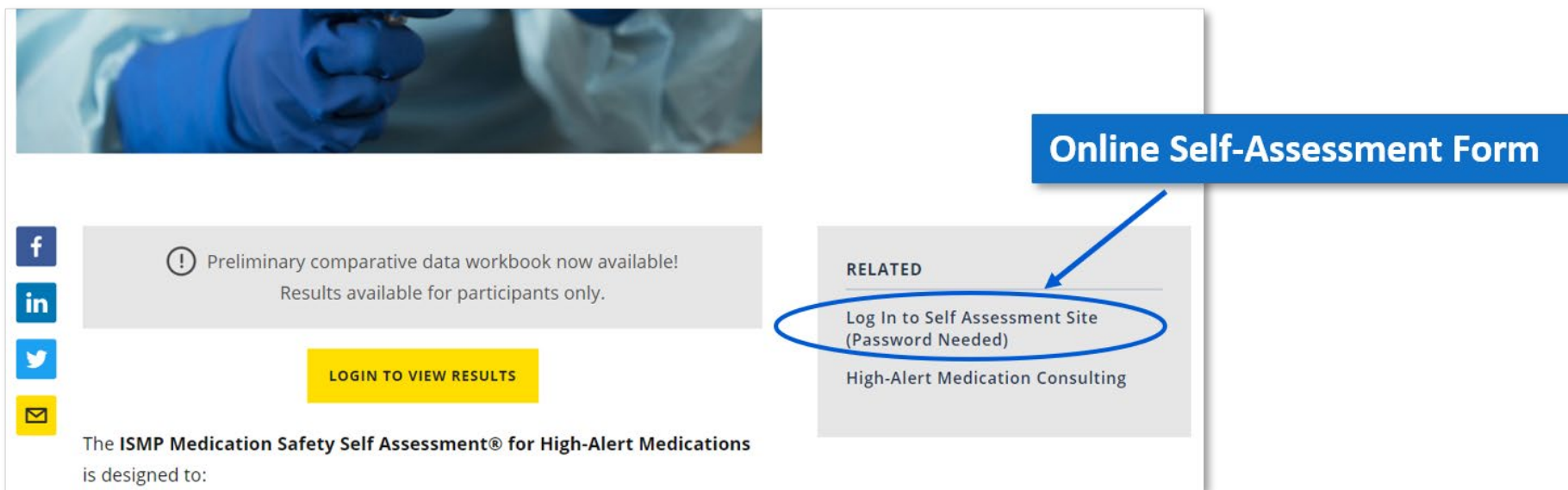
Review of ISMP's Hospital Reports

ISMP Website (www.ismp.org)



High-Alert Self Assessment Webpage

(www.ismp.org/assessments/high-alert-medications)



The screenshot shows the homepage of the ISMP High-Alert Medication Safety Self Assessment. At the top is a banner image of a hand in a blue glove. Below the banner are social media icons for Facebook, LinkedIn, Twitter, and Email. A grey box contains a message about a preliminary comparative data workbook. A yellow button labeled 'LOGIN TO VIEW RESULTS' is prominent. A 'RELATED' section on the right lists 'Log In to Self Assessment Site (Password Needed)' and 'High-Alert Medication Consulting'. A blue callout box labeled 'Online Self-Assessment Form' has an arrow pointing to the login link, which is also circled in blue.

Online Self-Assessment Form

! Preliminary comparative data workbook now available!
Results available for participants only.

LOGIN TO VIEW RESULTS

The **ISMP Medication Safety Self Assessment®** for High-Alert Medications is designed to:

RELATED

- Log In to Self Assessment Site (Password Needed)
- High-Alert Medication Consulting



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Online Self-Assessment Form

(https://ismpassessments.org/high_alert/)



ISMP Medication Safety Self Assessment®
for High-Alert Medications

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Medication Safety
Self Assessment®
for High-Alert
Medications

General High-Alert Medications
Neuromuscular Blocking Agents
Concentrated Electrolytes Injection
Magnesium Sulfate Injection
Moderate Sedation in Adults and Children,
Minimal Sedation in Children
Insulin, Subcutaneous and Intravenous
Lipid-Based Medications and Conventional
Counterparts
Methotrexate for Non-Oncologic Use
Chemotherapy, Oral and Parenteral
Anticoagulants
Neuraxial Opioids and/or Local Anesthetics
Opioids

The data submission period has ended.

No additional assessment data may be entered at this time.

Log in below to view your facility's results.

Username *

Password *

• [Request new password](#)

[Log in](#)


[Need help? Click here.](#)



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Your Hospital's Results ("My Account")



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ISMP Medication Safety Self Assessment®
for High-Alert Medications

[My account](#)
[Workbook](#)
[FAQs](#)
[Need help?](#)
[Log out](#)

View your demographic submissions

- Neuromuscular Blocking Agents
- Magnesium Sulfate Injection
- Insulin, Subcutaneous and Intravenous
- Chemotherapy, Oral and Parenteral
- Anticoagulants

General Demographics: Hospitals and Long-Term Care
View your general demographic submission

My profile

Complete Items

Assessment Item	Date Started	Date Finished	Your Percent Score	View Your Assessment
General High-Alert Medications	03/13/2018 - 14:21	03/15/2018 - 11:46	52%	View
Concentrated Electrolytes Injection	03/16/2018 - 12:40	03/16/2018 - 12:55	77%	View
Neuromuscular Blocking Agents	03/15/2018 - 13:27	03/15/2018 - 14:41	66%	View
Methotrexate for Non-Oncologic Use	03/16/2018 - 14:24	03/16/2018 - 14:32	42%	View
Magnesium Sulfate Injection	03/16/2018 - 12:59	03/16/2018 - 14:09	81%	View
Insulin, Subcutaneous and Intravenous	03/15/2018 - 15:05	03/16/2018 - 10:55	41%	View
Anticoagulants	03/16/2018 - 10:58	03/16/2018 - 12:39	66%	View
Opioids	03/16/2018 - 14:33	03/16/2018 - 16:26	53%	View



Your Hospital's Results



ISMP Medication Safety Self Assessment® for High-Alert Medications

General High-Alert Medications

You have completed the General High-Alert Medications self-assessment items.

To access the demographics and self-assessment items for the 11 targeted High-Alert Medications, please [click here](#).

To view your general high-alert medications results at any time, click on "My account" in the top-right corner.

You got 327 of 446 possible points. ←

Your score: 73% ←

Technology

1). COMPUTERIZED PRESCRIBER ORDER ENTRY systems are used to transmit nonemergent orders for high-alert medications in all settings in the facility (e.g., emergency departments, post-anesthesia care units, clinics, inpatient units).

Score: 9 of 12

Your answer	Choice	Score
	A. There has been no activity to implement this item.	0
	B. This item has been formally discussed and considered, but it has not been implemented.	0
	C. This item has been partially implemented for some or all patients, orders, drugs, or staff.	0
✓	D. This item is fully implemented for some patients, orders, drugs, or staff.	9
	E. This item is fully implemented for all patients, orders, drugs, or staff.	0





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Hospital Report Out



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Question & Answer



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Next Steps



NYSPFP Programming & Support

- NYSPFP Opioid Resources
 - NYSPFP Opioid Safety webinars
 - Reducing Adverse Drug Events Related to Opioids (RADEO) Implementation Guide
- Project Manager support
- NYSPFP Opioid Stewardship programming
 - Collaborate with National Quality Forum (NQF)
 - Host 3-5 state wide in-person conferences
 - Utilize NQF's Opioid Stewardship Playbook
 - Identifies seven fundamentals to promote opioid stewardship
 - NYSPFP will provide hospitals printed and electronic copies of the NQF Playbook