



# Claxton Hepburn Medical Center

Safe Opioids

Performance Improvement Project

# Project Goals

- ▶ Promote safety relative to inpatient opioid therapy
- ▶ Specifically, steps to reduce opioid-related respiratory depression have been enhanced and include:
  - ▶ Implementing an effective stratified patient risk assessment
  - ▶ Safe and evidenced-based prescribing and dispensing practices to include:
    - Alternatives to opioids when appropriate
    - Improved patient monitoring technology
    - Patient and family education

# Project History and Development

- ▶ The CHMC Safe Opioid Initiative started in 2018 as a multidisciplinary performance improvement initiative with the primary goal to advance patient safety culture within Claxton Hepburn Medical Center.
- ▶ The Institute for Safe Medication Practices, “Medication Safety Self-Assessment for High-Alert Medications, specific to Opioids” was completed and set the baseline for improvement.
- ▶ The completion of this self-assessment heightened CHMC awareness related to best practice use of opioids and allowed for CHMC to identify and prioritize the initiatives goals.
- ▶ Using The Society of Hospital Medicine’s, “Reducing Adverse Drug Events Related to opioids” Implementation Guide, CHMC implemented a quality improvement program aimed at making opioid prescribing safer, with lower adverse events.

# Project Progress

- ▶ Over the course of 3 years CHMC has enhanced the following processes:
  - Identification of patients opioid status, naive vs. tolerant, to more clearly identify risk.
  - Built a patient risk stratification tool that medical providers can utilize to identify those patients who may be at increased risk for opioid-related complications.
  - Established a standardized processes that can help reduce variability in opioid prescribing and administration through narcotic and non-narcotic pain medication order modules.
  - Incorporated alternative measures for pain relief that utilizes interventions other than opioid medications.
  - Enhanced patient monitoring via bedside nursing assessments and improved medical technology.
  - Focused patient & family education regarding opioid-related adverse event prevention.

# Opioid Naïve Vs. Tolerant

This order is ready to file.

Procedure Ordered

Opioid assessment

Pri	Service Date/Time	Series	Directions	Qty
R	10/07 N			

Opioid Naive: Patients NOT chronically receiving opioid analgesics on a daily basis

Opioid Tolerant: Patients chronically receiving opioid analgesics on a daily basis

Age>55	<input checked="" type="checkbox"/>
Opioid Naive	<input checked="" type="checkbox"/>
Untreated OSA,COPD,CHF	<input checked="" type="checkbox"/>
Hepatic or Renal disease	<input checked="" type="checkbox"/>
Total	4

# Patient Risk Stratification Tool

- ▶ **High-risk Criteria (4 point scale):**

- ▶ Age >55 (1 point)

- ▶ Opioid Naïve (1 point)

- ▶ Untreated OSA, COPD, CHF (1 point)

- ▶ Hepatic impairment **and/or** Renal impairment (1 point)

- ▶ **Hepatic impairment should be:**

- ▶ Patient with known liver disease **or**

- ▶ T bili greater than or equal 2 mg/dl (normal less than 1.2) **or**

- ▶ INR  $\geq$  to 1.7 not on anticoagulation. (The number was selected because these are the lower end cut off in calculating Child Pugh score.)

- ▶ **Renal impairment should be:**

- ▶ eGFR < or =59 **or**

- ▶ Cr greater or equal than 1.5 times baseline

# Behavioral Pain Scale

- ▶ Pain Legend: 0 = No pain, 1-3 = Mild pain, 4-7 = Moderate pain, 8-10 = Severe pain
- CHMC Standard Adult Pain Scale
- Wrong-Baker FACES Pain Rating Scale (Children greater than 2 years)
- FLACC Scale (Children less than 3 years of age or with developmental disabilities)
- Neonatal Infant Pain Scale (NIPS)
- Adult Nonverbal Pain Score (ANVPS)
- Pain Assessment in Advanced Dementia Scale (PAINAD)

# Ramsey Sedation Scale

- ▶ For Ramsey scale less than or equal to 3, hold narcotics

Administration Queries ✕

**\*\*\*Ramsay Sedation Scale\*\*\***

Level 1: Anxious, agitated, or restless

Level 2: Cooperative, oriented, tranquil

Level 3: Drowsy but responds to commands

Level 4: Asleep but exhibits a brisk response to a stimuli

Level 5: Asleep and exhibits a sluggish response to a stimuli

Level 6: Asleep with no response to stimuli

Level of Sedation




# Narcotic Order Sets

- ▶ **Choices reflexed based on:**
  - ▶ **Risk Assessment Score**
    - ▶ **0-4**
  - ▶ **Behavioral Pain Scale**
    - ▶ Pain Legend: 0 = No pain, 1-3 = Mild pain, 4-7 = Moderate pain, 8-10 = Severe pain
  - ▶ **For Ramsey scale less than or equal to 3, hold narcotics**


# Narcotic Order Set Example

- Inpatient Narcotic Pain Module (1 Additional Sets) Save As Set

- + Orders (1/1)


+ Opioid assessment 10/07 N 


- Meeting 3/4, 4/4


- + FDA Link-----... (0/0) 


- + Moderate Pain 4-7 (0/7) 2 reminders

Reminder: Ramsey Scale of < or = to 3 hold narcotic  
MUST ONLY CHOOSE 1 PAIN MEDICATION

+ Oxycodone\Acetaminophen 5/325 (Percocet 5/325mg)   
10/07 0700 Stop: 10/13 0659  
PO 1 TAB Q6HPRN PRN Moderate Pain 4-7

+ Tramadol (Ultram) 10/07 0700 Stop: 10/13 0659   
PO 50 MG Q12HPRN PRN Moderate Pain 4-7

+ Oxycodone Immediate Release (OxyIR) 10/07 0700 Stop: 10/13 0659   
PO 5 MG Q6HPRN PRN Moderate Pain 4-7

+ Morphine IR Tablet (MSIR) 10/07 0700 Stop: 10/13 0659   
PO 15 MG Q8HPRN PRN Moderate Pain 4-7

# Non-Narcotic Order Set Example

- ▶ General:
  - ▶ Tylenol 650 Mg Po Q6h PRN
  - ▶ Celecoxib 100 mg po BID
  - ▶ Ibuprofen 400 mg po q6h prn
  - ▶ Ibuprofen 600 mg PO q6h prn
- ▶ Renal Colic, Abdominal Pain, Headache
- ▶ Muscle Relaxer
- ▶ Neuropathy
- ▶ Headache

# Alternatives to Opioids

Pain Control

02/11 1129 00015214 TEST,083

Pain scale used	
Pain level	
Level tolerable	<input type="checkbox"/>
Location	
Description	
Other	
CARE <input type="checkbox"/>	Action
	Drug Used
	Non-pharmacological
	Comment
TEACH <input type="checkbox"/>	Topic
	Details
	Learner

Non-pharmacological Modalities Lookup

Select

	Mnemonic	Responses
1	B	Breathing/relaxation
2	BR	Back rub
3	C	Visit from clergy
4	CA	Cold application
5	CG	Caffeine given
6	DR	Darken room
7	E	Emotional support
8	EB	Extra blanket(s)
9	EP	Extra pillow(s)
10	HA	Heat application
11	K	Knees/ankles elevated
12	M	Soothing music
13	MS	Mouth swabs
14	PB	Pajama bottoms
15	PC	Deodorant/toothpaste/comb
16	Q	Quiet, uninterrupted time
17	R	Reposition
18	RE	Reassured
19	SC	Shampoo/condition
20	T	Adjust room temperature
	↓	

# Patient Monitoring

- ▶ Pain Level
- ▶ The Ramsey Sedation Scale
- ▶ Vital Signs: (PO Opioids Vs. IV Opioids)
- ▶ Nursing Judgment & Observation

**\*All used in conjunction by nursing to make decisions about administering PRN or scheduled opioids as well as other sedating medications**

# Patient & Family Education

  
CLAXTON HEPBURN  
MEDICAL CENTER  
214 King Street - Ogdensburg, NY 13669



## Opioids for Acute Pain

OPIOIDAP

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### Know what to expect from your doctor and nurse:

if your doctor is prescribing an opioid for acute pain, you can expect him or her to protect your safety in some of the following ways. Your provider and nurse may:

- Ask you to rate your pain on a pain scale to accurately understand your pain level,
- Suggest alternatives to opioid medications first such as change in position, heat or cold application, or other non-opioid medication as prescribed by your provider.
- Ask you screening questions to assess your risk for opioid side effects.
- Monitor your vital signs frequently such as your blood pressure, heart rate, pulse, and respiratory rate.
- Assess your level of sleep by gently waking you periodically to check your level of sedation. This along with monitoring your respiratory effort is required to safely monitor the use of Opioid medications.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Nurse's Signature

\_\_\_\_\_  
Date/Time

# Project Auditing

- ▶ # Opioids given per 1000 patient days: Med/Surg, ICU, OB
- ▶ # Adverse drug events related to opioids: Use of Narcan
- ▶ % No Opioids given
- ▶ % Opioids Assessments Completed
- ▶ % Reflexed Orders Used
- ▶ % Nurse Monitoring Compliance
- ▶ % Evidence of Weaning
- ▶ % Opioid & Benzo Prescribed

# The Future

Claxton Hepburn Medical Center's safe opioid initiatives will continue in 2022.

- We will continue to promote safety through the consistent use of the patient risk stratification tool
- Compliance with best practice and use of best practice-driven medication order sets
- Appropriate patient monitoring
- EHR alert to Provider and Nursing when Opioid and Benzo are prescribed