



Opioid Stewardship Program (OSP) | Session 7

Partnering with Pharmacists for Opioid Medication Management

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Thursday, February 10, 2022

Last Session's Action Items

1. Review two resources from today's session with your OSP team.
2. Identify/delineate opioid naïve, opioid tolerant, and opioid use disorder (OUD) pathways in your organization's pain management policies.



Have You Completed Your OSP Assessment?

- How do you know where your OSP stands?
- What gaps in opioid stewardship does your facility currently have?
- Do you have documentation to refer to with OSP implementation planning?

Opioid Stewardship Program (OSP) Implementation
Acute Care Provider OSP Assessment

Facility Name: _____ CCN: _____ Assessment Date: _____ Completed by: _____

Work with your department leadership team to complete the following assessment. Each item relates to OSP elements that should be in place for a successful OSP in your facility. This OSP implementation assessment is supported by published evidence and best practices including, but not limited to, the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS), The Joint Commission (TJC) National Quality Forum (NQF), Institute for Healthcare Improvement (IHI), and state government recommendations. Select the level of implementation status on the right for each assessment item. Once this form is complete, please go online and enter your answers.

Opioid Stewardship Program (OSP) Implementation
Emergency Department OSP Assessment

Facility Name: _____ CCN: _____ Assessment Date: _____ Completed by: _____

Work with your department leadership team to complete the following assessment. Each item relates to OSP elements that should be in place for a successful OSP in your facility. This OSP implementation assessment is supported by published evidence and best practices including, but not limited to, the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS), The Joint Commission (TJC) National Quality Forum (NQF), Institute for Healthcare Improvement (IHI), and state government recommendations. Select one of the implementation status options on the right for each assessment item. Once this form is complete, please go online and enter your answers.

Pain Assessment & Management Program (PAMP) Implementation
Skilled Nursing Facility (SNF) PAMP Assessment

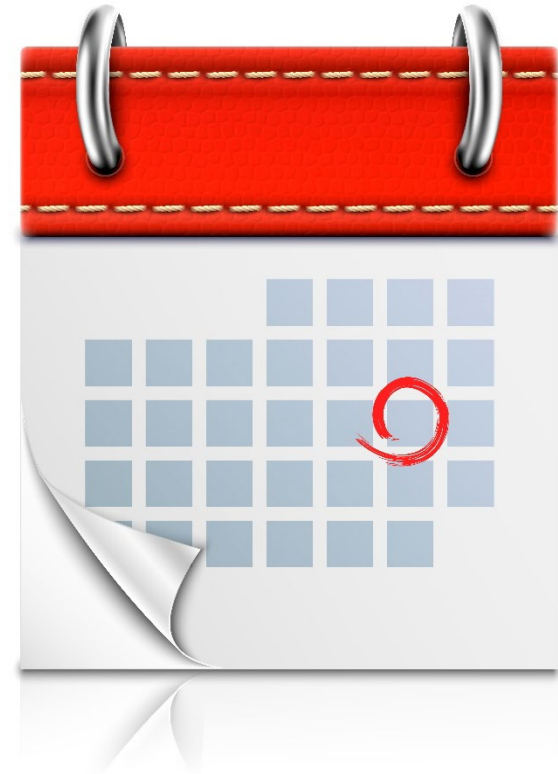
Facility Name: _____ CCN: _____ Assessment Date: _____ Completed by: _____

Work with your interdisciplinary leadership team to complete the following assessment. Each item relates to PAMP elements that should be in place for a successful PAMP in your facility. The PAMP assessment is supported by published evidence and best practices including but not limited to the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS), The Joint Commission (TJC) National Quality Forum (NQF), Institute for Healthcare Improvement (IHI), and state government recommendations. Select one of the implementation status options on the right for each assessment item. Once this form is complete, please go online and enter your answers.

Assessment Items	Not implemented no plan	Plan to implement start date set	Plan to implement start date set	In place less than 6 months	In place 6 months or more
A. Commitment					
1. A facility-wide leadership team is in place with representatives from various departments and disciplines—including administrators, nursing, activities, social services, and medical director—who are responsible for pain management and safe opioid practices. ¹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The medical director/nurse practitioner/physician assistant of your facility are required to review the Prescription Drug Monitoring Program (PDMP) database prior to prescribing or renewing opioids. ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Your facility uses screening tools to identify residents who are or may have been at risk for OUD. ³	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Action					
4. Your facility has defined criteria to screen, assess, and reassess pain that are consistent with the patient's age, condition, and ability to understand. ⁴	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.1 Your facility reassesses/responds to the resident's pain through the following:					
a. Evaluation and documentation of response(s) to pain intervention(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Progress toward pain management goals including functional ability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Side effects of treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Risk factors for adverse events caused by the treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is Time a Barrier to Completing Your Initial Assessment?

- Most teams can complete the initial assessment in 45 minutes or less.
- Set an Outlook Calendar reminder now to help your team prioritize it.



Take Control of Your OSP



Complete your **OSP facility assessment**

And



Document results in your **HSAG Quality Improvement and Innovation Portal (QIIP)** profile



Quality Improvement Innovation Portal

 Assessments	 Reports	 Performance Dashboards	 Interventions	 Data Submission
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- Acute Opioids
- ED Opioids
- Acute ADE
- Acute Care Transitions
- ED Care Transitions

Opioid Stewardship Program (OSP) Implementation

Work with your department leadership team to complete the following assessment. Each item relates to OSP elements that should be in place for a successful OSP in your facility. This OSP implementation assessment is supported by published evidence and best practices including, but not limited to, the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS), The Joint Commission (TJC), National Quality Forum (NQF), Institute for Healthcare Improvement (IHI), and state government recommendations. Select the level of implementation status on the right for each assessment item.

Download Assessment

To understand the rationale and references for each question, click [here](#).

A. Commitment ▼

<https://qiip.hsag.com>

D. Education and Expertise ▼

Open Response ▼

Cancel Save

PARTNERING WITH PHARMACISTS FOR OPIOID MEDICATION MANAGEMENT

Sarah Stephens, PharmD, CPPS
Network Medication Safety Officer

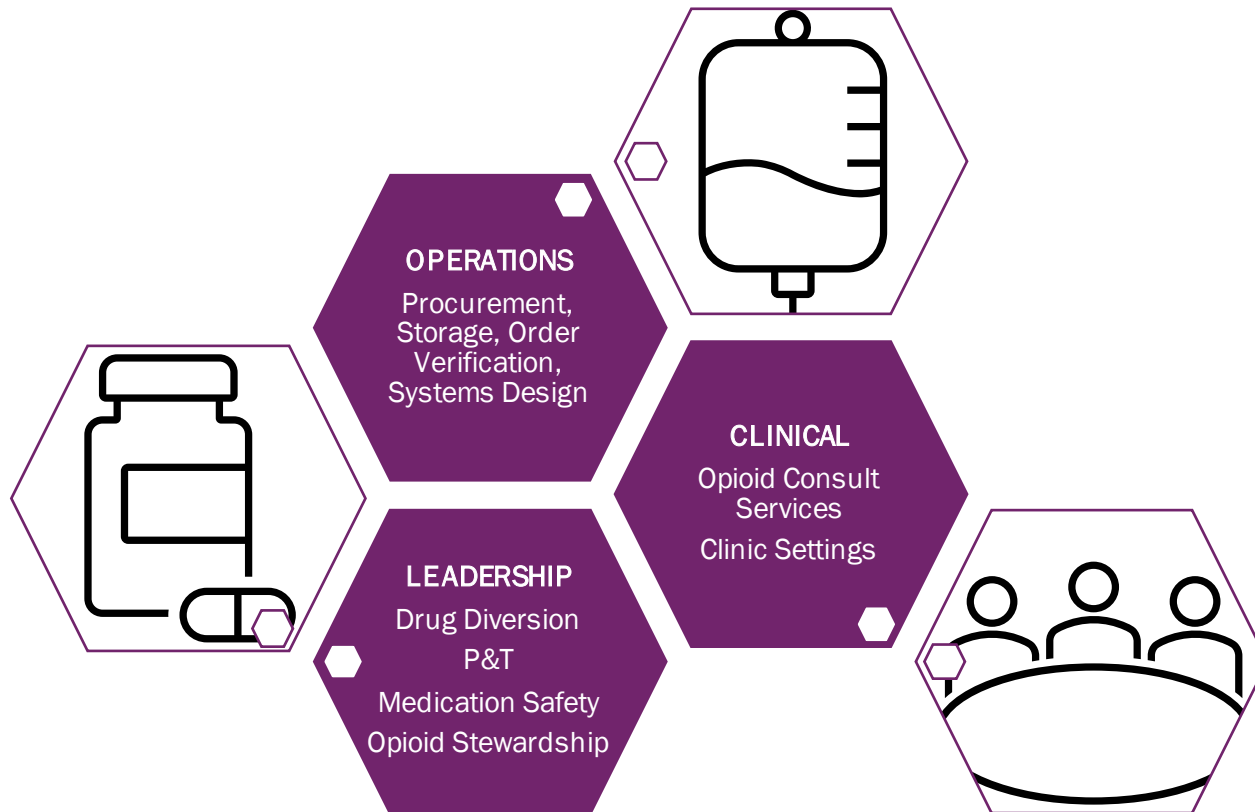
February 10, 2022



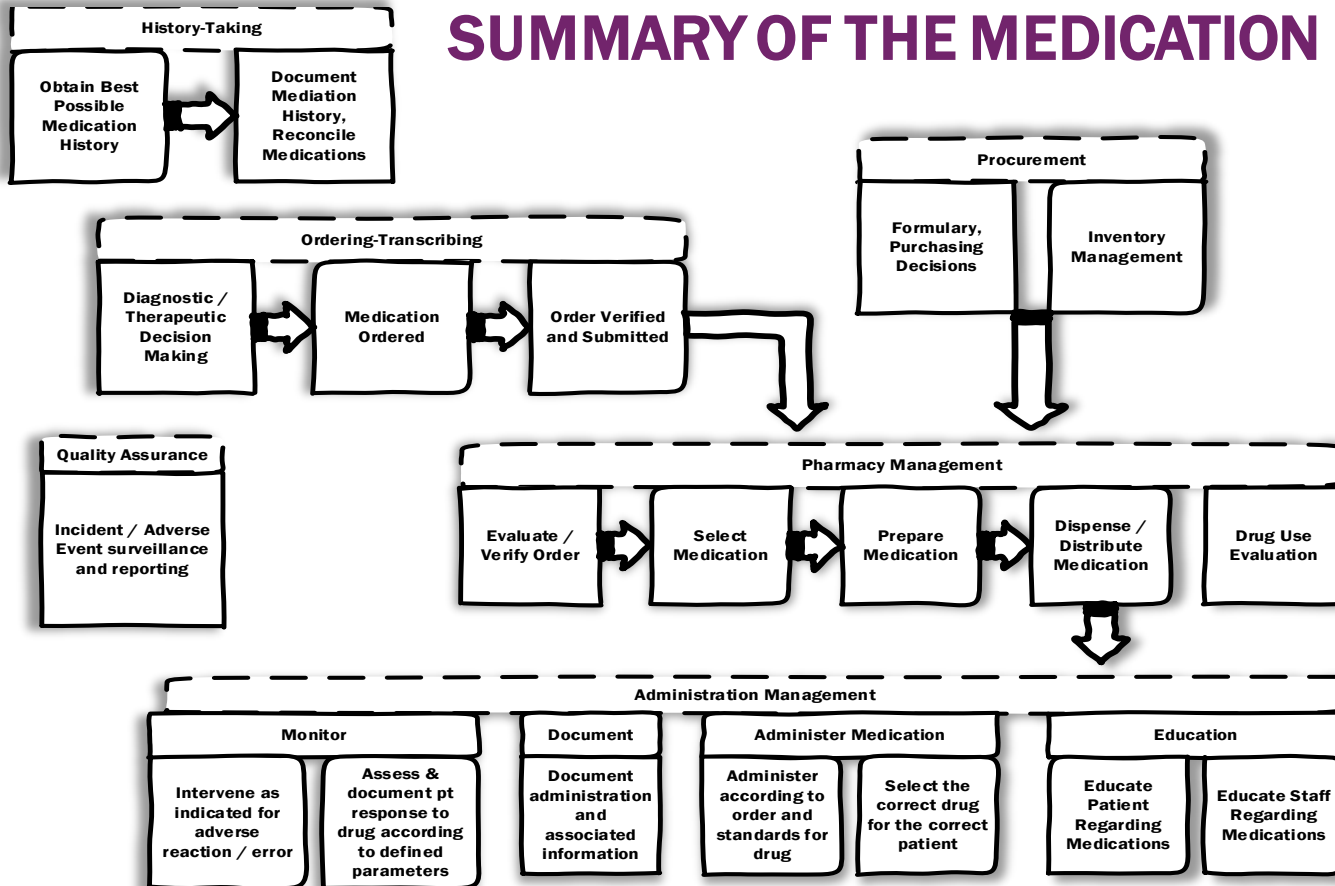
LEARNING OBJECTIVES

- Identify multiple roles of the pharmacist with OSP: Evaluating orders, partnering with prescribers for pain management, and communicating with patients.
- Describe the pharmacist's role in safe pain care and opioid stewardship across acute and chronic care settings, including transitions of care.

THE ROLE OF THE PHARMACIST



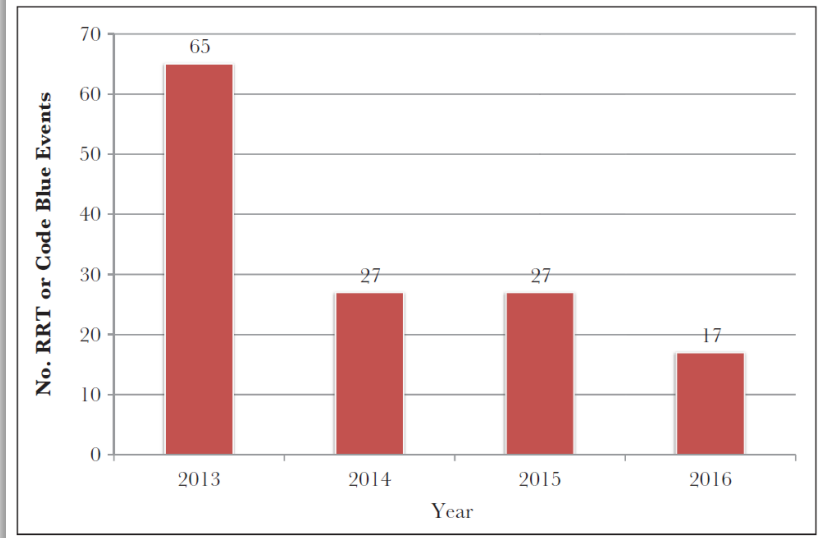
SUMMARY OF THE MEDICATION USE PROCESS



PHARMACIST IMPACT ON CARE

- Pharmacy pain management service (581 bed hospital, 3 FTEs)
- Consultation service and opioid stewardship activities
- Reduction in total institutional opioid medication use and an increase in multi-modal therapies
- Decrease in rapid response and code blue events associated with opioid-induced oversedation

Figure 2. Opioid-induced rapid response team (RRT) and code blue events before (2013) and after implementation of the pharmacist-directed pain management service in 2014.



HONORHEALTH OPIOID STEWARDSHIP COMMITTEE

- Physician Chair (Anesthesiologist), Pharmacist Co-Chair (Medication Safety Officer)
- Reports up through Quality Committee of the Board
- Monthly cadence
- Subgroup/Task Force meetings biweekly
 - Electronic health record enhancements
 - Order set reviews
- Metric approval and monitoring
- Best practice evaluations and prioritization of initiatives

OPIOID SAFETY—WHERE TO START

- ISMP Targeted Medication Safety Best Practice #15

NEW BEST PRACTICE 15:

NEW Best Practice

Verify and document a patient's opioid status (naïve versus tolerant*) and type of pain (acute versus chronic) before prescribing and dispensing extended-release and long-acting opioids.

- Default order entry systems to the lowest initial starting dose and frequency when initiating orders for extended-release and long-acting opioids.
- Alert practitioners when extended-release and long-acting opioid dose adjustments are required due to age, renal or liver impairment, or when patients are prescribed other sedating medications.
- Eliminate the prescribing of fentaNYL patches for opioid-naïve patients and/or patients with acute pain.
- Eliminate the storage of fentaNYL patches in automated dispensing cabinets or as unit stock in clinical locations where acute pain is primarily treated (e.g., in the emergency department, operating room, postanesthesia care unit, procedural areas).

FentaNYL patches are for the management of pain in opioid-tolerant patients, severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate.

Extended-release formulations are for the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate.

***Opioid-tolerant patient:** Opioid tolerance is defined by the following markers: Patients receiving, for 1 week or longer, at least: 60 mg oral morphine/day; 25 mcg transdermal fentaNYL/hour; 30 mg oral oxyCODONE/day; 8 mg oral HYDROmorphine/day; 25 mg oral oxyMORphone/day; 60 mg oral HYDROcodone/day; or an equianalgesic dose of another opioid, including heroin and/or non-prescribed opioids.

OPIOID SAFETY—PHARMACY IS YOUR BEST FRIEND

- Medication history collection—LEVERAGE PHARMACY SERVICES!
- Steward criteria for use (e.g., fentanyl patches)
- Identify at risk patient populations for pharmacist review/attend rounds/collaboratively manage (available for consult)
- Patient education on discharge
- Chronic pain management clinic—ambulatory care pharmacy
- Emergency department pharmacy services

SPECIALIZED PHARMACIST TRAINING

- PGY2 training in pain management and palliative care
- ASHP—Pain Management Certificate program



KEY TAKEAWAYS

- Pharmacists are available to assist with all aspects of the medication use process
- Leveraging pharmacy services to improve pain management can reduce opioid use, improve utilization of multimodal therapy, and reduce adverse drug events
- Leadership positions, such as Medication Safety, may improve OSP committee facilitation and function
- A team approach including pharmacists is effective!

QUESTIONS?



Action Items by Next Quickinar (3/10/2022)

1. Explore how to better incorporate pharmacist collaboration on your OSP Team.

(See OSP Assessment Question #7 for Acute, #4 for ED, #8 for SNF)

2. Complete your OSP Assessment and enter it into the QIIP.



OSP “Quickinar” Schedule: Mark Your Calendars

OSP Quickinar Kickoff: Introduction to Opioid Stewardship and Quickinar Format Thursday, October 21, 2021 10:30–11:00 a.m. PT	✓	Partnering with Pharmacists for ongoing Medication Management Thursday, February 10, 2022 10:30–11:00 a.m. PT	✓
OSP Assessment Overview Thursday, October 28, 2021 10:30–11:00 a.m. PT	✓	Double Trouble: Benzos and Opioids Harm Reduction with Naloxone Thursday, March 10, 2022 10:30–11:00 a.m. PT	
Interpreting the OSP Assessment Results/Developing an Action Plan Thursday, November 18, 2021 10:30–11:00 a.m. PT	✓	Medication for OUD (MOUD): Prescribing Buprenorphine Thursday, April 14, 2022 10:30–11:00 a.m. PT	
Developing a Dashboard Thursday, December 9, 2021 10:30–11:00 a.m. PT	✓	Getting Patient Buy-in through Education Thursday, May 12, 2022 10:30–11:00 a.m. PT	
Screening Patients for OUD Risk and Opioid Withdrawal Thursday, January 13, 2022 10:30–11:00 a.m. PT	✓	Reevaluating Your Program and Celebrating Success Thursday, May 26, 2022 10:30–11:00 a.m. PT	
A Good Discharge Plan for Pain Management with Opioids Thursday, January 27, 2022 10:30–11:00 a.m. PT	✓		

Register for the entire OSP “Quickinar” series today!
bit.ly/OpioidStewardshipProgramQuickinars



Please Take 5 Seconds and Let Us Know



We want this call to be meaningful to you, so we need your input.

At the end of the webinar, you will be asked **one question** to determine if this call equipped your organization to begin implementing opioid stewardship practices.



Thank you!

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