



# Opioid Prescription Reduction Project

PA NSQIP Consortium  
January 17, 2019



# Baseline Data-Top 5 Procedures

Section	Pt Volume	Total Prescribed	Avg Prescribed	Median Prescribed	Range Prescribed
<b>CARD</b>	120	3,774	31.5	30	20-60
<b>THS</b>	87	2,220	25.5	25	10-42
<b>NRS</b>	185	12,881	69.9	90	15-120
<b>TRS</b>	267	6,099	22.8	21	6-45
<b>GEN</b>	1,061	23,492	22.1	21	5-180
<b>PLS</b>	98	2,656	27.1	30	4-90
<b>URY</b>	373	7,997	21.4	20	1-140

# Take Action

## Multidisciplinary team

- Each surgical specialty
- Pain management
- Anesthesia
- Pharmacy
- Nursing-periop & postop

# Goal

By December 31, 2018, the team will:

- Develop/adopt postoperative prescribing recommendations for postoperative pain control for each surgical specialty
- Develop/adopt guidelines for patient education and counseling about postoperative pain management and proper disposal of unused medications
- Develop/adopt guidelines for referral to Pain Management for patients with preoperative history of addiction to pain medication
- Develop/ initiate plan for surgeon education

# Hawthorne effect

Section	Pt Volume	Total Prescribed	Avg Prescribed	Range Prescribed	If 6 per patient	Goal: 30% Reduction	Range Prescribed (May-Jul'18)	Avg Prescribed (May-Jul '18)
CARD	120	3,774	31.5	20-60	720	2,642	5-30	15
THS	87	2,220	25.5	10-42	522	1,554	5-20 (90x1)	19
NRS	185	12,881	69.9	15-120	1,110	9,017	5-120	72
TRS	267	6,099	22.8	6-45	1,602	4,269	4-50 (120 x1)	22
GEN	1,061	23,492	22.1	5-180	6,366	16,444	4-50 (90, 120 x1)	18
PLS	98	2,656	27.1	4-90	588	1,859	10-68	34
URY	373	7,997	21.4	1-140	2,238	5,598	8-34 (112 x1)	19
ORTH	1648	90,730	55.1	10-90	9888	63,511	5-94 (120 x1)	52
ENT	29	696	23.2	20-51	174	487	12-32	23
POD	80	2,272	28.4	10-90	480	1,590	6-40	23
VASC	46	1,008	21.9	9-51	276	706	5-30 (120x1, 180x1)	13
GYN	1013	2,018	20	2-60	6078	14,139	5-50	20

# || Patient Education: AVS

- You are going home on a pain medicine that is called an opioid
- **Safe Use:** Take your medicine only as it is prescribed. Call your doctor if you have extreme sleepiness, trouble breathing, nausea or constipation.
- **Safe Storage:** Hide or lock up opioid medications to avoid access by others including family and friends.
- **Safe Disposal:** All unused medicine should be disposed of properly. It is recommended to use a community-sponsored take-back program. Use the website <https://apps.ddap.pa.gov/GetHelpNow/PillDrop.aspx> to help find a location near you.

# Having Surgery Booklet

## Things to know about Pain

- Talk with your surgeon about what pain to expect after your surgery. We know that preventing complications depends on you breathing deeply and walking after surgery. Treating pain will help you stay on track and heal faster with less risk of problems.
- It is normal to have some pain after surgery. Usually as you heal there is less pain. Most people take less pain medicine after the first couple of days.
- You may help to choose the pain treatment you prefer. Talk about your choices with your doctor and your anesthesiologist.
- There are many ways to treat pain without medicine. Tell us about what has worked well for you in the past. You may try heat, cold, different positions or walking. Some people use relaxation methods with music, or mindful breathing. Talk to your doctor if your pain is not under control.

# Having Surgery Booklet (cont'd)

## Use, Storage and Disposal of Opioid Pain Medicine

- **Use Opioids Safely**
- Opioids are strong pain killers. They are used for severe pain. Take only for your surgical pain.
- Ask your surgeon if you may take other pain medicine like acetaminophen (Tylenol®) or Ibuprofen (Motrin®, Advil®).
- Take opioids only when your pain is not better after taking over-the-counter medicines.
- Do not mix opioids with alcohol or other medicines that make you sleepy.
- Try to stretch the time between taking the opioids as your pain improves.
- Your pills are only for you. Sharing or selling your pills with anyone else is against the law.
- **Store Opioids Safely**
- Hide or lock up your opioid medicines, if possible.
- Avoid kitchens and bathrooms where others could easily get to this medicine.
- Keep track of how many pills you have on hand
- **Dispose of Unused Opioids Safely**
- Dispose of unneeded or unwanted medicine through drug take-back programs across Pennsylvania
- Drugs are collected at convenient locations, helping to keep them off the streets, out of your house, and out of landfills.
- **Reading Hospital Ambulatory Pharmacy is a drop-off location.**
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- To learn more about drug take back programs and to find a drop off location near your home, please visit: [http://www.ddap.pa.gov/Prevention/Pages/Drug\\_take\\_back.asapx](http://www.ddap.pa.gov/Prevention/Pages/Drug_take_back.asapx).



# Admission Booklet

- Lists opioid medications
- Includes “Take Back” Card for ambulatory pharmacy
  
- **Tips**
- Only use for the reason it was prescribed
- Do not mix with alcohol or other medicines that make you sleepy
- Try to stretch the time between taking the opioids as your pain improves.
- Your pills are only for you. Sharing or selling your pills with anyone else is against the law.
- Hide or lock up your opioid medicines, if possible.
- Avoid kitchens and bathrooms where others could easily get to this medicine.
- Keep track of how many pills you have on hand
- Dispose of unneeded or unwanted medicine through drug take-back programs across Pennsylvania
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You are  
the most  
important  
part of  
your  
healthcare  
team –  
ask questions  
and know  
the facts  
before using  
opioids for  
your pain.

**Michigan-OPEN.org**

## Safely store your opioids & dispose of any unused pills!

**Safely store opioids out of reach of infants, children, teens & pets.**

- Lock your pills if possible.
- Try to keep a count of how many pills you have left.
- Do not store your opioids in places that allow easy access to your pills. (Example: bathrooms, kitchens)

### **SAFELY dispose of unused opioids:**

- Medication Take-Back Drives
- Pharmacy & police station drop boxes
- Mix drugs (do not crush) with used coffee grounds or kitty litter in a plastic bag, then throw away.

Please return your unused medications to Reading Hospital Ambulatory Pharmacy in the 5th Avenue lobby, or, to find a disposal location near you, visit:

[www.ddap.pa.gov/Prevention/Pages/Drug\\_take\\_back.aspx](http://www.ddap.pa.gov/Prevention/Pages/Drug_take_back.aspx)

*Michigan OPEN is partially funded by the Michigan Department of Health and Human Services.*

Do you know  
the facts about  
**opioid pain  
medications?**



**OPEN**  
OPIOID PRESCRIBING ENGAGEMENT NETWORK



**Reading Hospital**

TOWER HEALTH  
Advancing Health. Transforming Lives.

# EPIC Discharge Orders

## Surgical Pain Management Discharge Orders <sup>^</sup>

### ▼ All Service Lines

#### ▼ Non-opioid Medications

Select any of the following:

acetaminophen (TYLENOL) 325 MG tablet

Take 3 tablets (975 mg total) by mouth every 6 (six) hours as needed for Pain.  
Normal, Disp-30 tablet, R-0

ibuprofen (ADVIL,MOTRIN) 600 MG tablet

Take 1 tablet (600 mg total) by mouth every 6 (six) hours as needed for Pain.  
Normal, Disp-30 tablet, R-0

#### ▼ Cardiothoracic Surgery

##### ▶ All Procedures

##### ▶ Non-opioid medications:

#### ▼ General Surgery

#### ▼ Laparoscopy, Hernia repair, Mastectomy

If opioids required, choose 1:

oxyCODONE-acetaminophen (PERCOCET) 5-325 mg Tab

Take 1 tablet by mouth every 6 (six) hours as needed (Severe Pain). Max Daily Amount: 4 tablets  
Normal, Disp-10 each, R-0  
Maximum MEDD: Unknown for this order

**i This medication will not be e-prescribed.** Invalid items: **Controlled medication** [Details...](#)

**i The patient does not have an active pain agreement on file.**

acetaminophen-codeine (TYLENOL-CODEINE #3) 300-30 mg Tab

Normal, Disp-10 each, R-0

traMADol (ULTRAM) 50 mg tablet

Disp-30 tablet, R-0

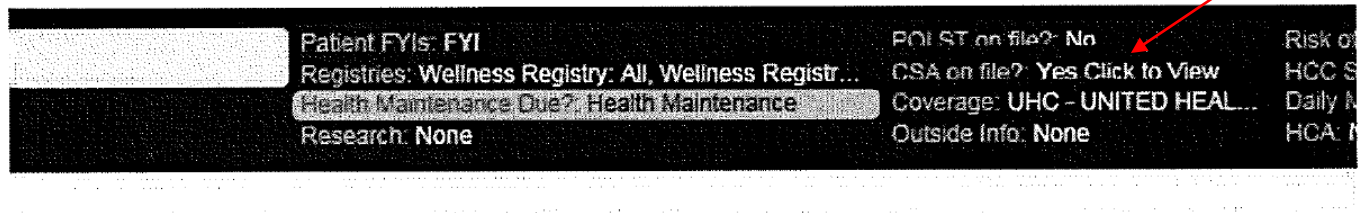
## || **Next Step: At risk / Opioid Tolerant Patient**

- ORT added to all surgical navigators
- What can you do now?
  - Check PDMP for all patients prior to scheduling surgery
  - Check for banner/ review problem list
  - Reach out to “prescriber” for tolerant patients
  - Encourage inbasket or phone conversation to develop perioperative management plan
  - Preoperative conversations & expectations
- Preop pain management evaluation for at risk/tolerant patients

## Who does this impact: Physicians, Advanced Practice Providers, Medical Residents, Clinical Staff, Directors of Physician Practices, and Practice Managers/Supervisors

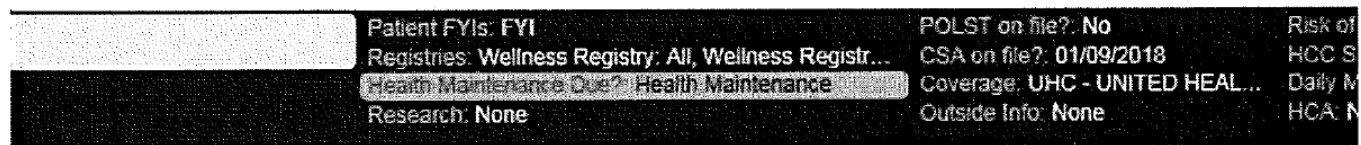
**Issue:** The **CSA on File?** field in the patient header only shows Yes or No. This is difficult to determine if a new agreement must be signed without further research.

**Resolution:** Now, if a controlled substance agreement is signed, it will show the date it was scanned in the patient header.



Patient FYIs: FYI	POL ST on file?: No	Risk of
Registries: Wellness Registry: All, Wellness Registr...	CSA on file?: Yes Click to View	HCC S
Health Maintenance Due?: Health Maintenance	Coverage: UHC - UNITED HEAL...	Daily M
Research: None	Outside Info: None	HCA: N

Current CSA on File? field in patient header



Patient FYIs: FYI	POLST on file?: No	Risk of
Registries: Wellness Registry: All, Wellness Registr...	CSA on file?: 01/09/2018	HCC S
Health Maintenance Due?: Health Maintenance	Coverage: UHC - UNITED HEAL...	Daily M
Research: None	Outside Info: None	HCA: N

Future CSA on File? field in patient header

#### NARCOTIC PRESCRIPTION

No narcotic pain relievers will be prescribed at the time of initial consultation. The referring physician should manage all pain medication until the time that a final treatment plan has been recommended by this office. A final treatment plan is developed after all diagnostic testing (MRI's, x-rays, EMG, CT scan, laboratory work-up, etc.) is evaluated and discussed with the patient.

In the event surgery has been recommended, this office will render post-operative pain management. Narcotic pain management in the post-operative period will not exceed 90 days. If narcotic pain management is required beyond 90 days, then a referral to a Chronic Pain Specialist will be made.

In the event a non-operative treatment plan has been recommended, pain management can be rendered by either the primary care physician (PCP) or by the non-surgical specialist, who the patient is referred to for care.

#### ALL PRESCRIPTION MEDICATION

Requests for prescription refills will only be handled during the following office hours:

- Monday – Thursday: 9:00 a.m. to 5:00 p.m.
- Friday: 9:00 – 12:00 p.m.
- All refills require 24 hour notice. The medical chart must be reviewed and the request approved by the physician or physician assistant.
- Pharmacy name and telephone number are required in order for requests to be processed.
- Requests taken after 12:00 p.m. on Friday will not be processed until Monday.
- Requests for narcotic medications will not be taken after office hours or on weekends.

#### IMPORTANT NOTE

In the event of suspected or documented narcotic abuse, further prescriptions of narcotic pain medications will not be made. Extreme cases, as determined by O.A.R., Ltd., may mean the patient will be discharged from care.

In the event of suspected or documented narcotic criminal activity, physicians will limit narcotic pain medication prescriptions to post-operative care. Extreme cases, as determined by O.A.R., Ltd., may mean the patient will be discharged from care.

If a patient has not been seen in this office during the preceding three months, no prescriptions will be "called-in" to the pharmacy without re-assessment of the patient.

Please review your personal prescription drug program carefully as new guidelines require special authorization for certain drugs and new formularies may eliminate the specific prescription medication you are now taking. These factors could play a role in the timeliness of your prescription refill.

I have read, understand and will adhere to the Prescription Medication Policy established at Orthopaedic Associates of Reading, Ltd.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



# Questions?

