

Offering Other Options

Baptist Memorial Hospital - Memphis Transitions to an 'Opioid-Light' ED

The opioid epidemic sweeping the United States doesn't discriminate by gender, race or socioeconomic status. While it is a national problem, the state of Tennessee has been particularly hard hit with the second highest rate of opioid-related deaths in the country. In fact, more Tennesseans now die of drug overdoses than in motor vehicle accidents.

Exacerbating the problem is the sheer volume of opioid prescriptions dispensed in the state. There were more opioid prescriptions written in 2016 than total number of people in Tennessee. While Emergency Department providers aren't responsible for the largest number of opioid prescriptions, the ED is often a patient's first exposure to the highly addictive drugs.

At Baptist Memorial Hospital in Memphis, the staff witnessed patterns familiar to most emergency providers with increasing numbers of drug seekers arriving in the department and a sharp climb in overdoses. "We've got to be able to do something different,"

became the prevailing sentiment, noted Baptist Memorial Hospital Clinical Pharmacy Manager Dawn Waddell, PharmD, BCPS.

With Emergency Department Medical Director Marilyn McLeod, MD, on-board as a physician champion, the pharmacy team began exploring alternatives for pain management. At a national conference, Waddell and colleague Julie Bennett, PharmD, had the opportunity to speak with fellow pharmacist Rachael Duncan, who helped lead efforts at Swedish Medical Center in Denver to offer alternatives for pain management in the ED.

"It would have taken us so much longer to get this initiative off the ground without the help of Rachael," Waddell said of the collaboration.

Exploring Options

Starting with information shared by the Denver clinicians, the Memphis team began exploring applicable pain management options and the most effective way to roll out the new program at Baptist Memorial Hospital.

"There is evidence that has shown in some indications, alternatives to opioids are actually more effective than opioids in managing pain," Waddell explained. "The thing about opioids is they are so easy to use," she continued. "We forget about all the different pathways we can use to control pain. There are a lot of different types of receptors in our bodies that contribute to our perception of pain. If we can target those pathways with different medications, we can reduce our reliance on opioids."

Five common clinical conditions were identified as having effective, evidence-based alternatives to treatment with opioids: migraine, musculoskeletal pain, joint dislocation and extremity fractures, kidney stones, and abdominal pain. NSAIDs, lidocaine injections and transdermal patches are among the options shown to effectively treat musculoskeletal pain. "All opioids do is block our perception of pain, but they don't do anything to calm the underlying inflammation," Waddell said.

Education

Before going live on March 2, 2017, the pharmacy staff spent a lot of time on education with physicians and nurses. "It's not that they didn't know these alternatives existed, but it had been a long time since they had been used," she said. New opioid-light order sets were created for the five pathways and built into the hospital's computerized physician order entry (CPOE) system for ease of ordering and as a clinical decision support tool.

Waddell noted, "We needed to make it really easy for the providers and nurses to use these alternatives so we had to rethink how we stocked the medication cabinet in the ED to make the alternatives as readily accessible as the opioids."



Prior to the launch, the pharmacy team pulled baseline data looking at the ED's day-to-day opioid usage, as well as usage by provider. In order to accurately compare prescribing patterns, each physician's data was converted to morphine milligram equivalents (MME) per 100 patients. Not surprisingly, Dr. McLeod, a strong advocate for opioid alternatives, had low MME figures. Others had usage rates four to six times greater than hers. "Everyone was surprised by this huge range," said Waddell. "If there's that much variability in practice, you know there is room for improvement."

Drilling down in the data, Waddell said it became clear that some physicians might not order opioids as often as their colleagues but had higher MME rates because they automatically ordered a high dose. "We all do a lot of things by habit," she pointed out. "If we helped them start at a lower dose, they could reduce their overall usage by 50 percent. That was one of our most effective tools."

Tracking Success

Since the launch, Waddell has kept a keen eye on the data. There has been a 60 percent drop in MME from baseline and a 50 percent drop in the number of patients receiving opioids. The pharmacy team has also seen increased usage of the new order sets and a significant increase in prescriptions for many of the alternative therapies compared to baseline.

One statistic that came as a pleasant surprise was the increase in patient satisfaction numbers. Prior to beginning the opioid initiative, providers were concerned about patient reaction and how that might impact satisfaction rates. "It was a true concern, and I think it was a valid concern because patient surveys specifically ask about pain control," said Waddell.

Early on in the process, Waddell said the hospital's top administrators expressed their support for the program even if it meant lower patient satisfaction scores because the leadership believed it was the right thing to do. "It was important for providers to know the administration had their back."

While the concerns might have been valid, they turned out to be a non-issue. Not only was there no dip in scores, patient satisfaction with pain management in the ED has actually increased by 30 percent. "I think our patients are appreciative that we're thinking about their well-being for the long term," said Waddell.

Paying It Forward

"We've been asked through the Tennessee Hospital Association and Department of Health to help pilot the 'opioid-light' program throughout other hospitals in the state," Waddell said of the next steps. "We've had help and support all along the way. If there's any way we can help other hospitals, then we're more than happy to do it."

Recognizing it will take a multimodal approach to address Tennessee's opioid epidemic, Waddell said this initiative is a great place for hospitals to start. "There's a lot of literature that shows a patient's first exposure to opioids is often in the ED. If we can prevent that exposure, then hopefully we can prevent a patient from ever being addicted to an opioid," she concluded.



Dr. Dawn Waddell

The Tennessee Center for Patient Safety, a department of the Tennessee Hospital Association, develops and shares hospital and health system success stories and promotes best practices.

