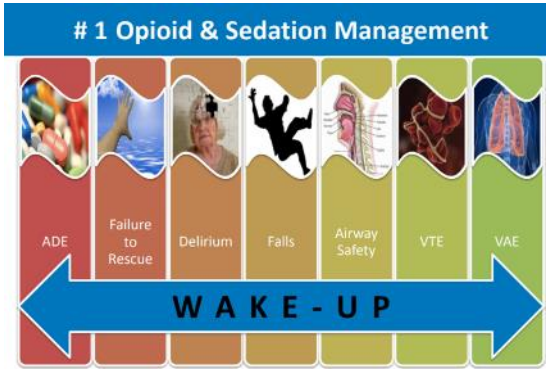
Indiana Patient Safety Center
of the Indiana Hospital Association



January 23, 2018

IHAconnect.org/Quality-Patient-Safety

Indiana's Bold Aim

Indiana Patient Safety Center
of the Indiana Hospital Association

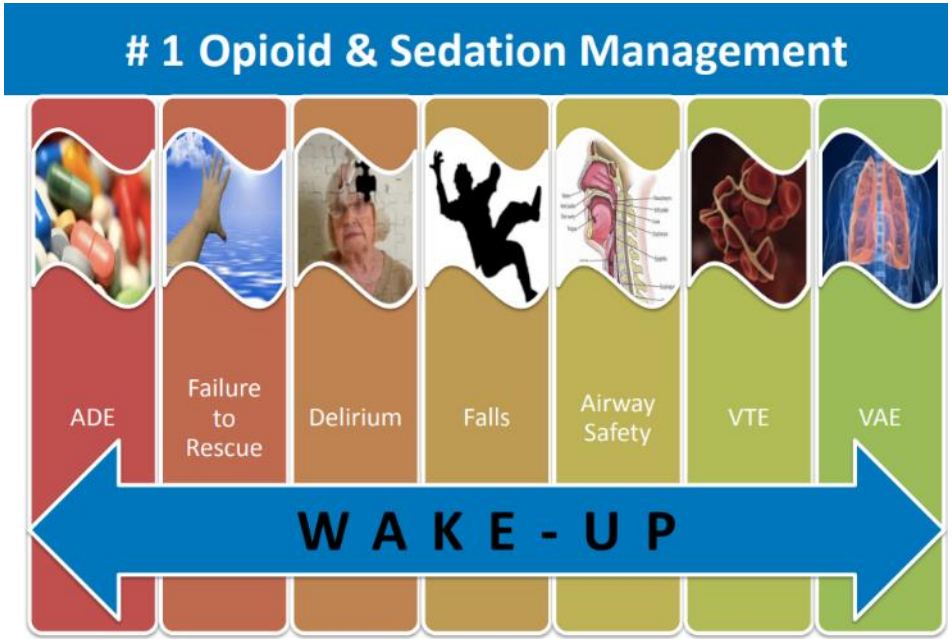
To make Indiana the safest place to receive health care in the United States…
if not the world

WAKE UP

Indiana Patient Safety Center
of the Indiana Hospital Association

WAKE UP promotes opioid and sedation management to reduce unnecessary sleepiness and sedation.

- Informational State Survey
- Educational Webinars
- Online Resources
  - Resource sheet, webinar information sheet and pre-written WAKE UP social media are available here on the IHAconnect.org website: https://www.ihaconnect.org/patientsafety/Initiatives/Pages/UP-Campaign.aspx



Wake Up Webinars

Indiana Patient Safety Center
of the Indiana Hospital Association

State of the State: State & National Opioid Stats and Emergency Department Point Program	•January 23, 3-4pm ET: Kaitlyn Boller, MHA & Krista Buckler, MD •**Audience**: Emergency Dept personnel, LCSW, pharmacy, discharge planners, care coordinators, quality, educators
Obstructive Sleep Apnea & STOP BANG Assessment	•February 20, 3-4pm ET: Abhinav Singh, MD •**Audience**: Medical Surgical Staff, Respiratory, Educators
Sedation Management and Opioid Practices to Minimize Harm	•March 6, 3-4pm ET •**Audience:** ICU/Medical/Surgical/Procedural Staff & Managers, Pharmacy, Respiratory, Educators
Delirium Assessment, Prevention, & Treatment	•March 20, 3-4pm ET: Malaz Boustani, MD •**Audience**: Quality, ICU/Medical/Surgical Staff & Managers, Pharmacy, Educators

Use the following to join each installment in the series:

Dial in number: (888) 390-3967 **Participant link:** https://join.onstreammedia.com

IHAconnect.org/Quality-Patient-Safety

Polling Question #1

Indiana Patient Safety Center
of the Indiana Hospital Association

- What is your primary role within your organization?
  - Infection Preventionist
  - Nursing Professional
  - Laboratory Professional
  - Medical Staff
  - Environment Services / Housekeeping
  - Social Worker
  - Mental Health Professional

Objectives

Indiana Patient Safety Center
of the Indiana Hospital Association

- *Following this webinar,*
  - Describe the Wake Up Campaign's primary processes & outcomes
  - Describe Indiana statistics related to opioid use & abuse
  - Identify POINT Emergency Department management processes for post-overdose patients
  - Review content for applicability to your facility

Wake UP Overview

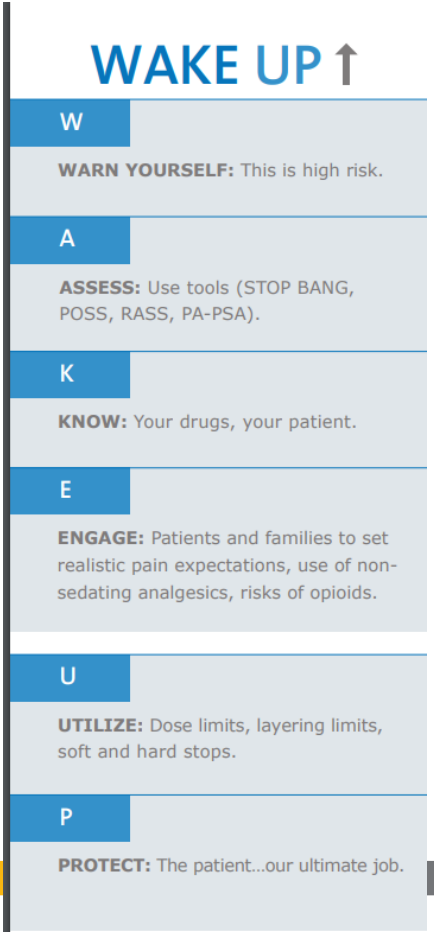
Indiana Patient Safety Center
of the Indiana Hospital Association

- *1. Is my patient awake enough to get up or is there a change in sedation level?*
- *At risk medicines:*
  - Opioids & Sedatives
  - Antihistamines/anticholinergics
  - Antipsychotics
  - Some antidepressants
  - Anti-emetics
  - Muscle relaxants

American Geriatric Society Beers Criteria

Processes

- *Patient & family awareness of dangers of opioids*
- *Use of non-opioid and non-pharmacologic pain management*
- *Safe order sets preventing high opioid doses to opioid naïve patients and prevent layering of benzos on opioids*
- *Routine nursing assessments with standardized tools (POSS)*



Wake Up Set Up Tool (Processes)

Indiana Patient Safety Center
of the Indiana Hospital Association

WAKE UP

To reduce: ADE, airway safety events, delirium, falls, VAE and VTE

- ☐ Are the dangers of over sedation known?
- ☐ Is there a strong desire to keep sedation to a minimum?
- ☐ Have you selected evidence-based assessment tools such as:
  - ☐ STOP BANG (identifies patients at risk for obstructive sleep apnea)
  - ☐ PASERO OPIOID-INDUCED SEDATION SCALE (POSS)
  - ☐ RICHMOND AGITATION SEDATION SCALE (RASS)
- ☐ Have staff been educated on the use of the selected assessment tool(s) and performance expectations?
- ☐ Is there a place to document the results of the assessment(s)?
- ☐ Are assessment targets established for each patient?
- ☐ Are the results from assessment(s) used to modify sedation levels?
- ☐ Is there a protocol in place to adjust sedation levels?

Wake Up Outcomes

Indiana Patient Safety Center
of the Indiana Hospital Association

Rate of ADE's due to Opioids=

- *# patients treated with opioids who received naloxone /*
- *# patients who received an opioid agent*

- *HARMS—was over-sedation a cause?*
  - How would you know?
  - Are sedation levels documented clearly in adequate detail?

  - Pair PAIN & SEDATION TOOLS and base pain management on both (Pasero-POSS)

Wake-Up Resources

Indiana Patient Safety Center
of the Indiana Hospital Association

- *Social Media*
- *Resource Sheet*
- *Webinar Information*
  - (click hyperlink above to access—also accessible on IHA website-Patient Safety Up Campaign)
- *Patient Safety Awareness Week Toolkit and*
  - IPSCresources.com—place orders by Feb. 2

Transitions in Care are Dangerous

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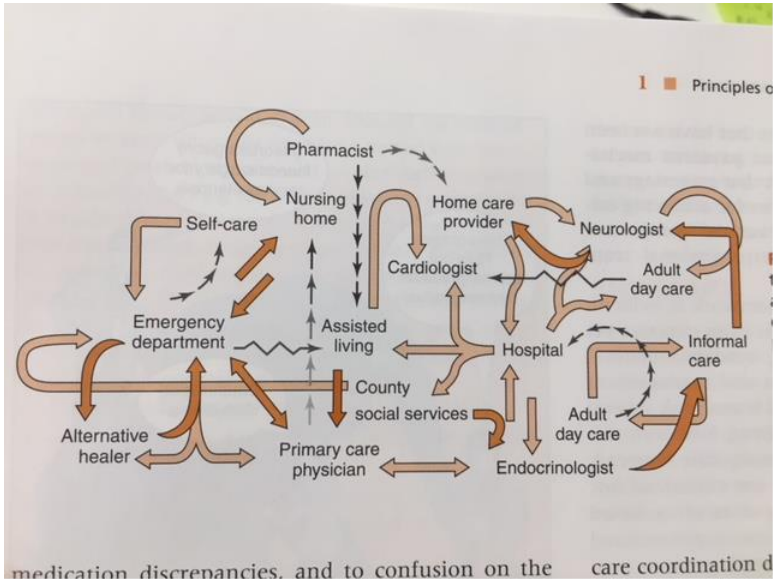
of the Indiana Hospital Association

Linear?

Spaghetti like?



(Hamm, Sloane, Warshaw, Potter & Flaherty; Ham's Primary Care Geriatrics, 6th Edition2014)

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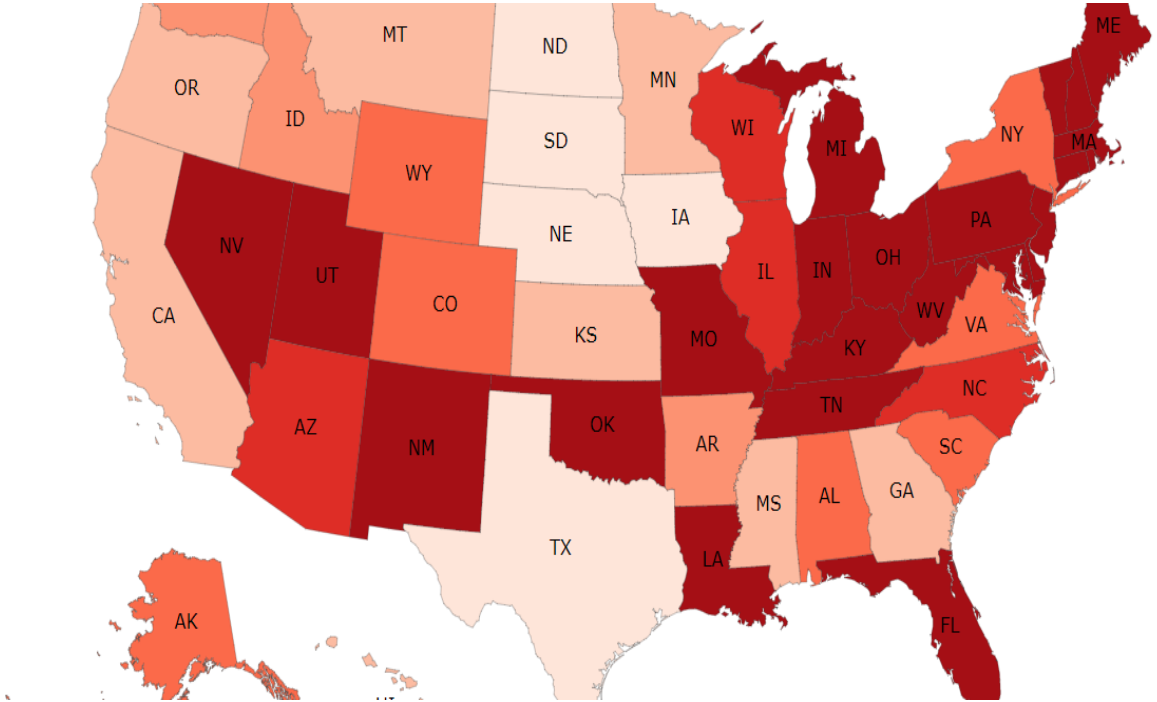
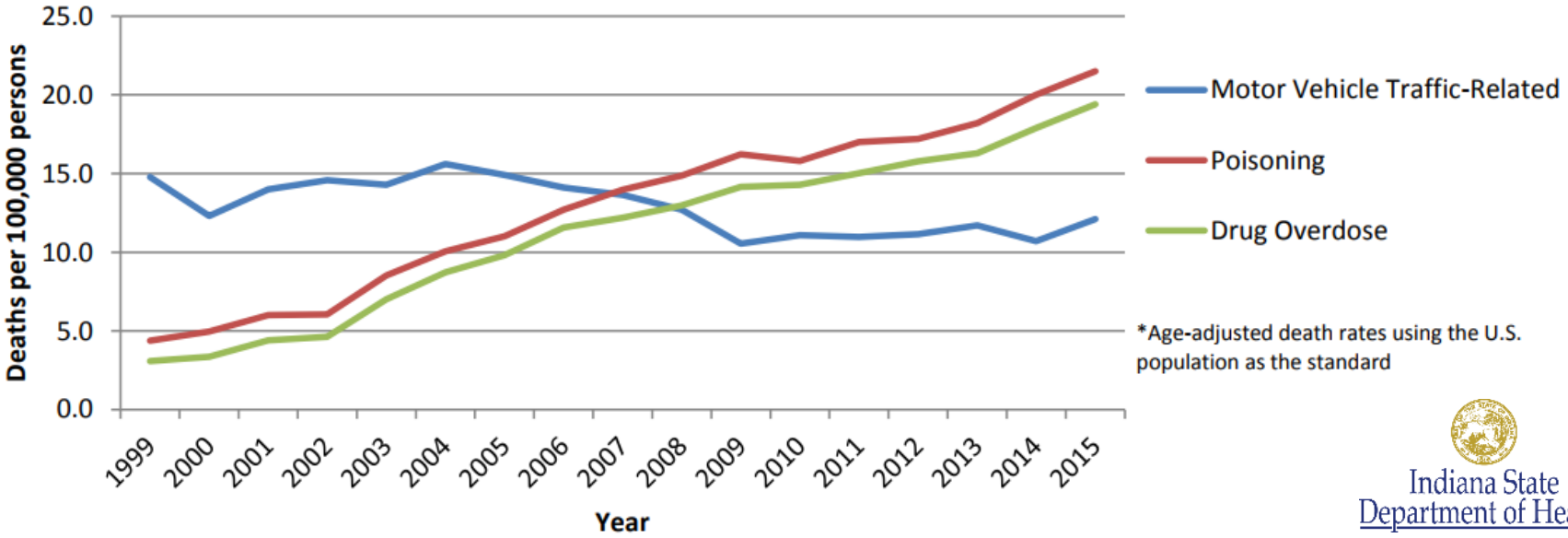
National Overdose Deaths, 2016



Indiana Overdose Death Rates

Indiana Hospital Association

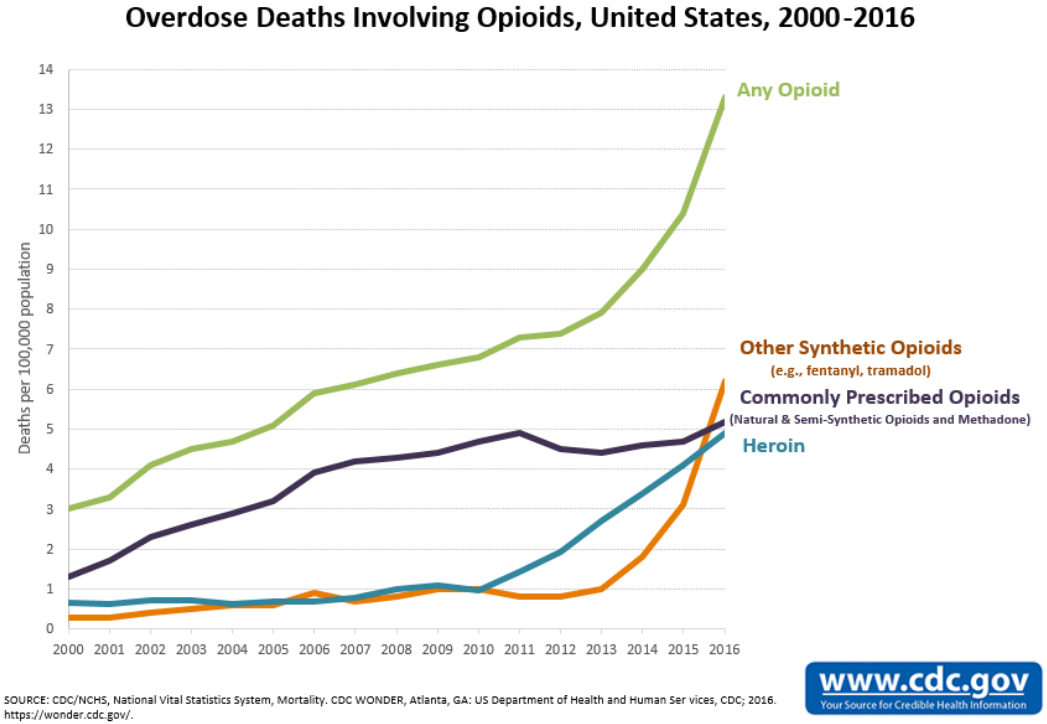
Figure 1. Drug overdose death rates* compared to motor vehicle-related death rates, Indiana residents, 1999-2015



Indiana State Department of Health

Source: Indiana State Department of Health Special Emphasis Report

Changing Drug Categories



SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Ser vices, CDC; 2016. https://wonder.cdc.gov/.

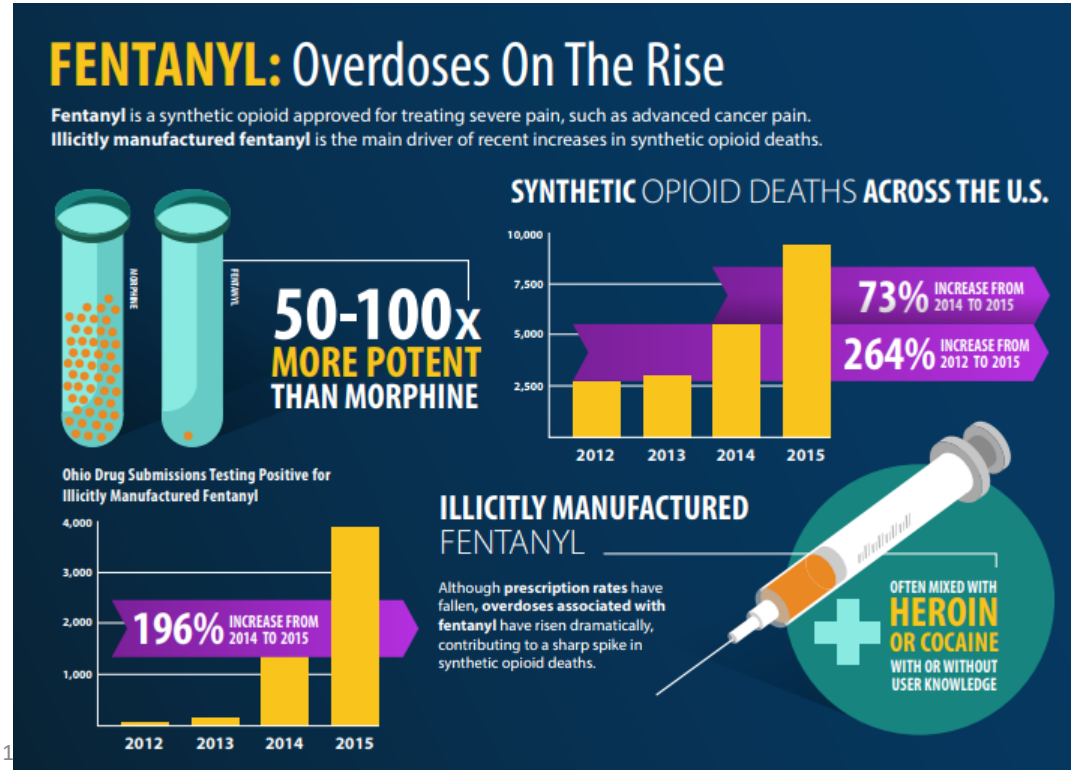
www.cdc.gov
Your Source for Credible Health Information

1. **Natural opioid analgesics,** including morphine and codeine, and **semi-synthetic opioid analgesics,** including drugs such as oxycodone, hydrocodone, hydromorphone, and oxymorphone;

2. **Heroin,** an illicit (illegally-made) opioid synthesized from morphine that can be a white or brown powder, or a black sticky substance; and

3. **Synthetic opioid analgesics** other than methadone, including drugs such as tramadol and fentanyl.

Synthetic Opioids



Lethal doses of heroin, fentanyl, and carfentanil

Gov. Holcomb: Why I am focusing on the opioid crisis

(Photo: Jenna Watson/IndyStar)

There is no single solution or secret weapon to end this epidemic: Indiana must attack substance abuse as aggressively as substance abuse is attacking Hoosier lives, families and communities.

The stories are gut-wrenching: babies born addicted to drugs; high school athletes who get hooked on the pills they're prescribed for sports injuries; elderly Hoosiers with chronic pain problems. They come from all walks of life, and they are dying.

In 2016, more people died from drug overdoses in the U.S. than the total number of Americans killed in the Vietnam War. In Indiana, opioid overdose deaths rose 52 percent between 2015 and 2016 and have more than doubled in the last three years. Over the same period, we saw drug-related arrests by Indiana State Police increase by more than 40 percent.

IndyStar. PART OF THE USA TODAY NETWORK

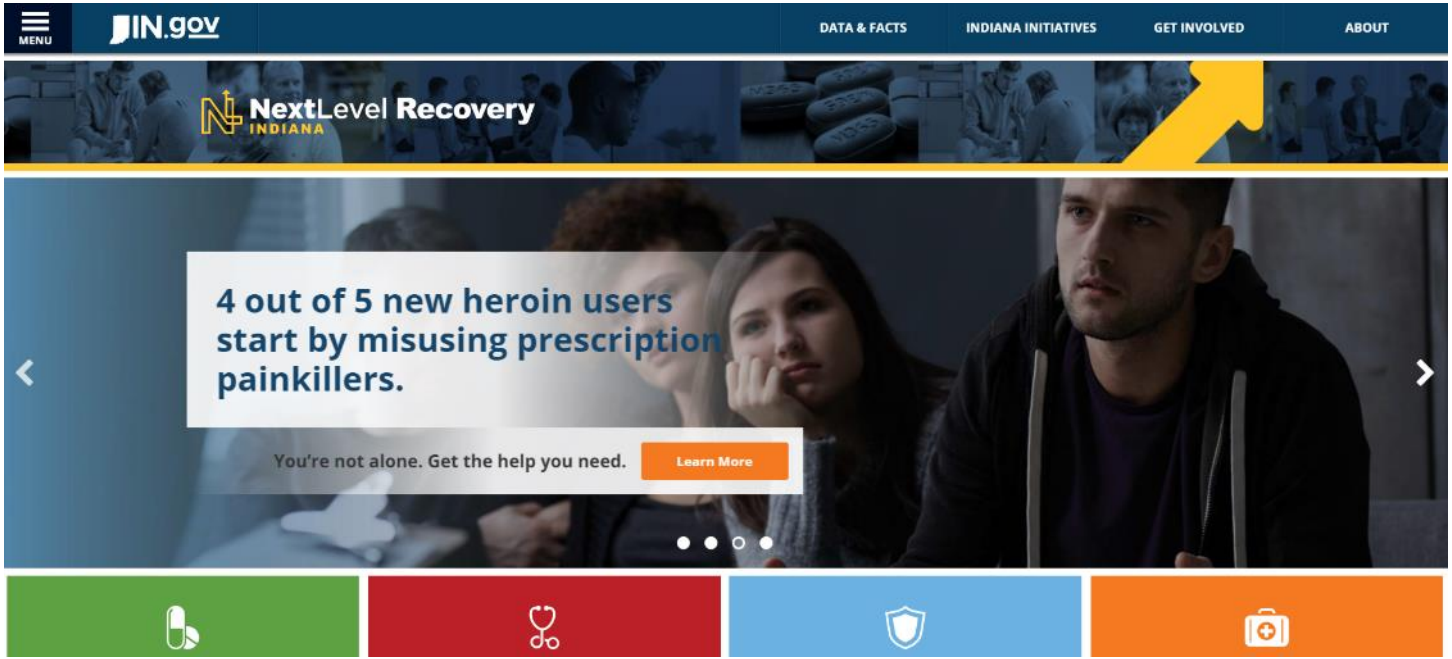
IHAconnect.org

Governor's Agenda

- Establish a felony charge for drug-induced homicide and a felony murder charge for those who illicitly manufacture drugs that result in drug-induced death
- Require physicians to check the state's prescription drug monitoring program, INSPECT, before issuing first prescriptions for opioids and benzodiazepines
- Improve the state's reporting of drug overdose deaths to increase consistency and knowledge about the scale of the problem

- Increase the number of FSSA-approved opioid treatment locations so Hoosiers have better access to treatment
- Increase drug treatment options by initiating a state referral process that links patients directly to available inpatient and residential treatment

Indiana NextLevel Recovery



http://in.gov/recovery/

IHA Hospital Pledge:
Addressing Opioids & Substance Use

Pledge was emailed to CEO/CMOs asking all hospitals/health systems to commit to addressing these priority areas (as applicable):

- Adopt prescribing guidelines: ED and acute
- Accelerate prescriber & staff education
- Increase community engagement
- Review prescribing patterns
- Review safe handling procedures (handling, diversion, and disposal)

IHA Hospital Pledge: Webinar Series

IHA is planning an opioid webinar series to accompany the work of our hospital pledge:

- April 10: Adopt ED Opioid Prescribing Guidelines
- April 24: Adopt Acute Pain Opioid Prescribing Guidelines
- May 22: Accelerate Prescriber Education
- June 12: Increase Community Engagement
- July 10: Review Prescribing Patterns
- August 14: Review Safe Handling Procedures

If your hospital is interested in presenting, please contact: Kaitlyn Boller kboller@IHAconnect.org

Hospital Resources

ADDRESSING SUBSTANCE ABUSE

Designed to help staff provide support to all patients with special attention to substance abuse, this toolkit provides access to articles, policies, management techniques, assessment tools and more. Our Addressing Substance Abuse Checklist should be printed and shared.

Prescribing and Treatment

ED Prescribing Guidelines

- Indiana Guidelines for Opioid Prescribing in the Emergency Department

Chronic Pain Rules

- Indiana Pain Management Prescribing Requirements Final Rule
- Summary | Indiana Pain Management Prescribing Final Rule | ISMA
- Comparison of CDC Guidelines to Indiana Prescribing Rule | ISMA

Acute Pain Prescribing Guidelines

- Indiana Guidelines for Managing Acute Pain

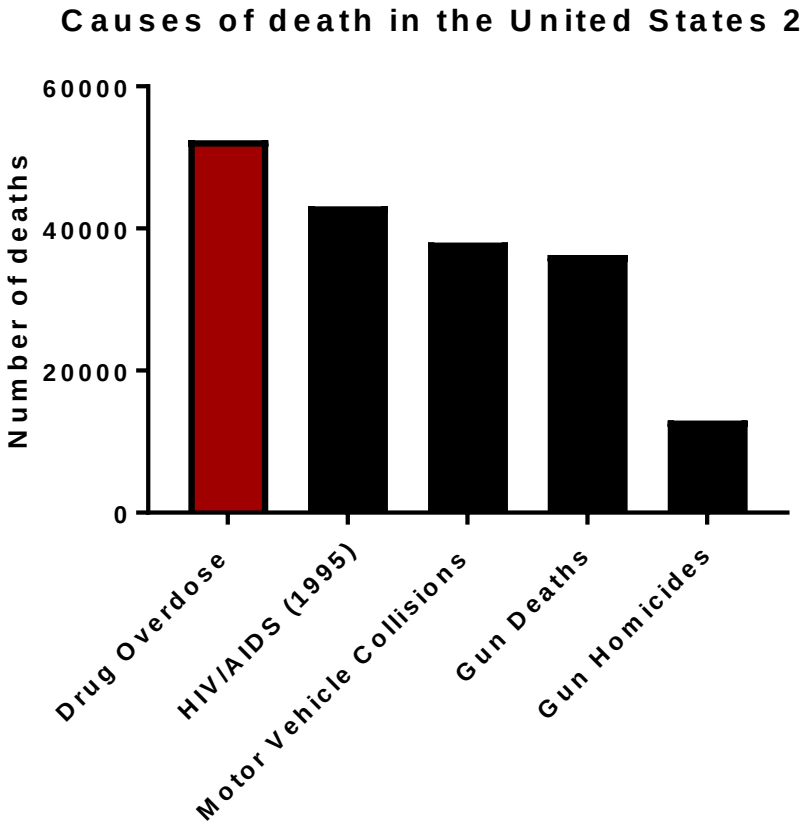
https://www.ihaconnect.org/member/resources/Pages/Checklist.aspx

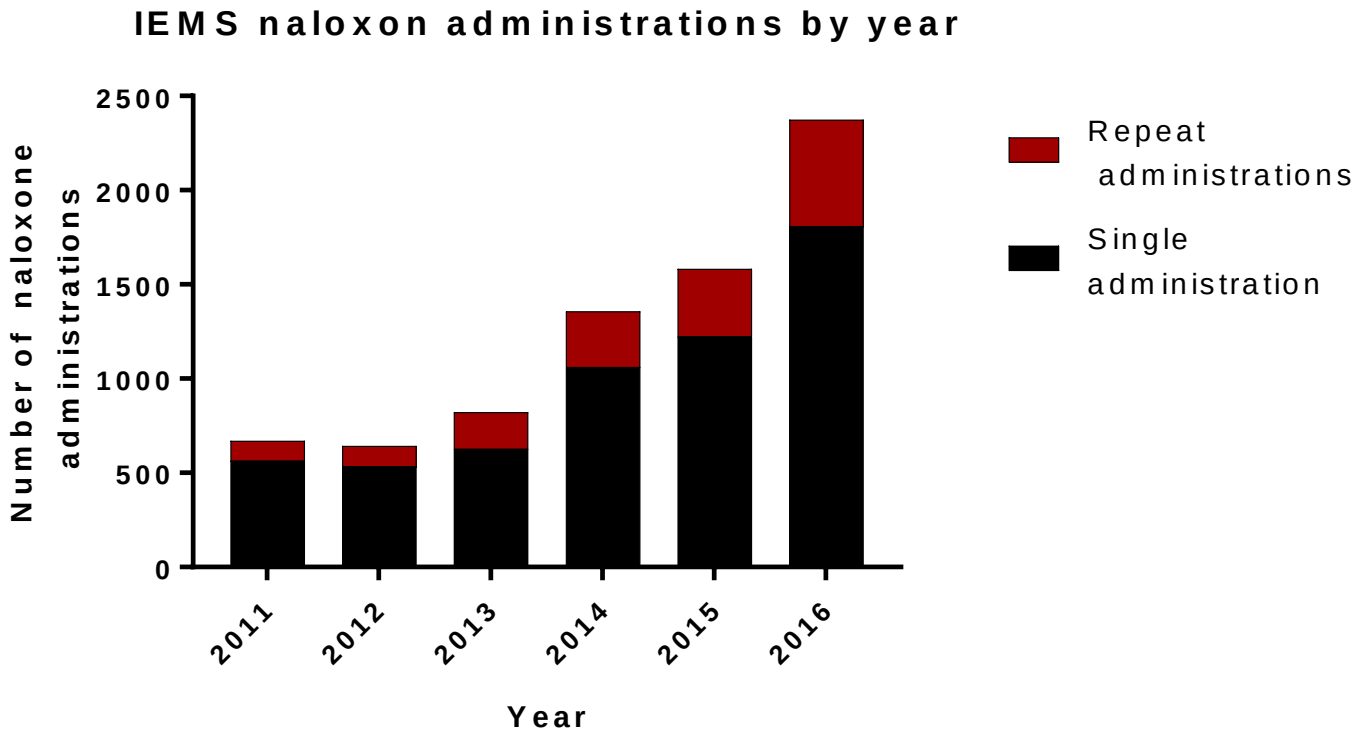
THE DEPARTMENT OF EMERGENCY MEDICINE

Project POINT

Meeting post-overdose patients where they are

Krista Brucker, MD
Indiana University School of Medicine
Eskenazi Health


Causes of death in the United States 2015
Number of deaths
60000
40000
20000
0
Drug Overdose
HIV/AIDS (1995)
Motor Vehicle Collisions
Gun Deaths
Gun Homicides

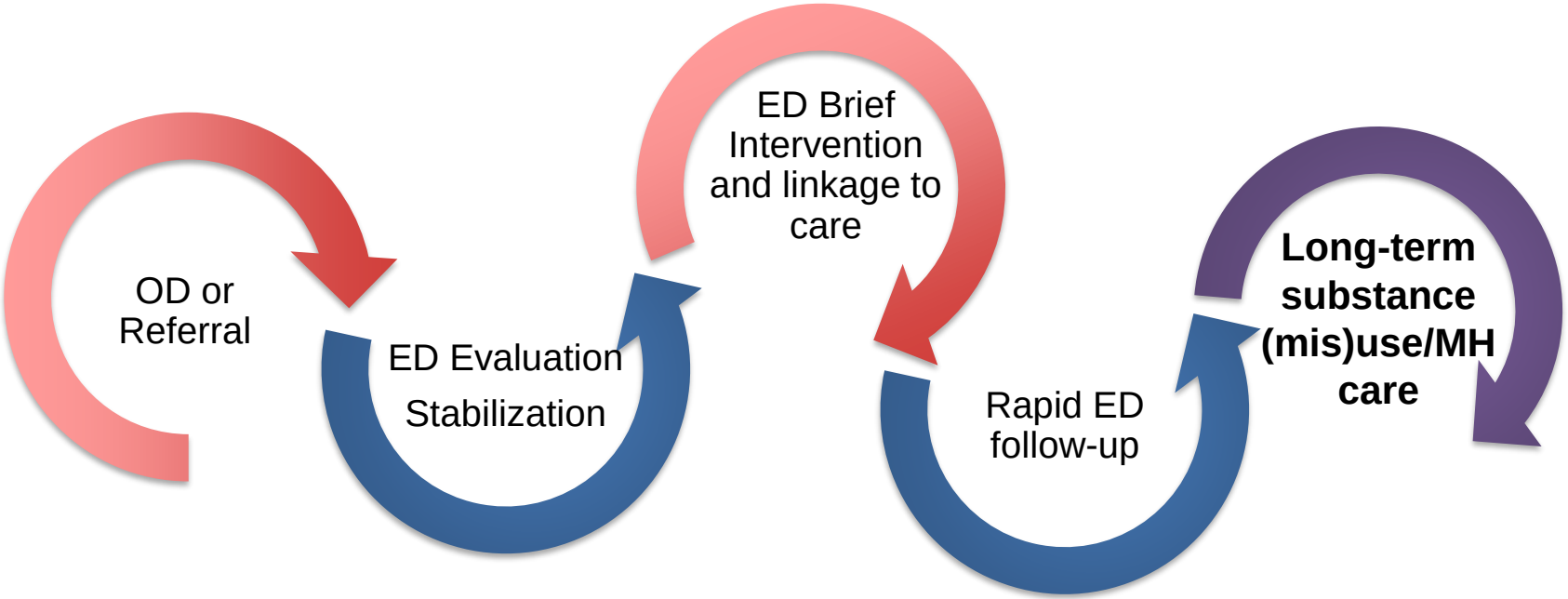

IEMS naloxon administrations by year
Number of naloxone administrations
2500
2000
1500
1000
500
0
2011
2012
2013
2014
2015
2016
Year
Repeat administrations
Single administration

Fatalities/Mortality

- In a sample of IEMS Naloxone administrations over a FIVE year period
  - 9.4% have died
    - 3.3% from a drug related issue
- Having multiple incidents requiring EMS naloxone increases hazard of death by 65%
  - Hazard of death from drug related causes by 200%

So, now what happens?

What if we treated an overdose like a heart attack?


OD or Referral
ED Evaluation Stabilization
ED Brief Intervention and linkage to care
Rapid ED follow-up
Long-term substance (mis)use/MH care


ECOLAB

AnchorED

TEN16 recovery network
Real. Hope. Now.

CENTER FOR FAMILY SERVICES

Original Investigation

Emergency Department–Initiated Buprenorphine/Naloxone Treatment for Opioid Dependence
A Randomized Clinical Trial

Gail D'Onofrio, MD, MS; Patrick G. O'Connor, MD, MPH; Michael V. Pantalon, PhD; Marek C. Chawarski, PhD; Susan H. Busch, PhD; Patricia H. Owens, MS; Steven L. Bernstein, MD; David A. Fiellin, MD

- Randomized ED patients
  - Buprenorphine vs regular care
- 30 day follow up
  - Significant increase in treatment rates
  - 78% vs. 35%

Lessons from POINT's 1st year

The VAST majority of overdose survivors want help

POINT Observational data
Feb-Dec 2016

	Total	Percentage
Interested ED intervention		
Treatment referral	73	89.0%
HIV testing	57	69.5%
Hepatitis C testing*	23	41.1%

*56 without known hep C

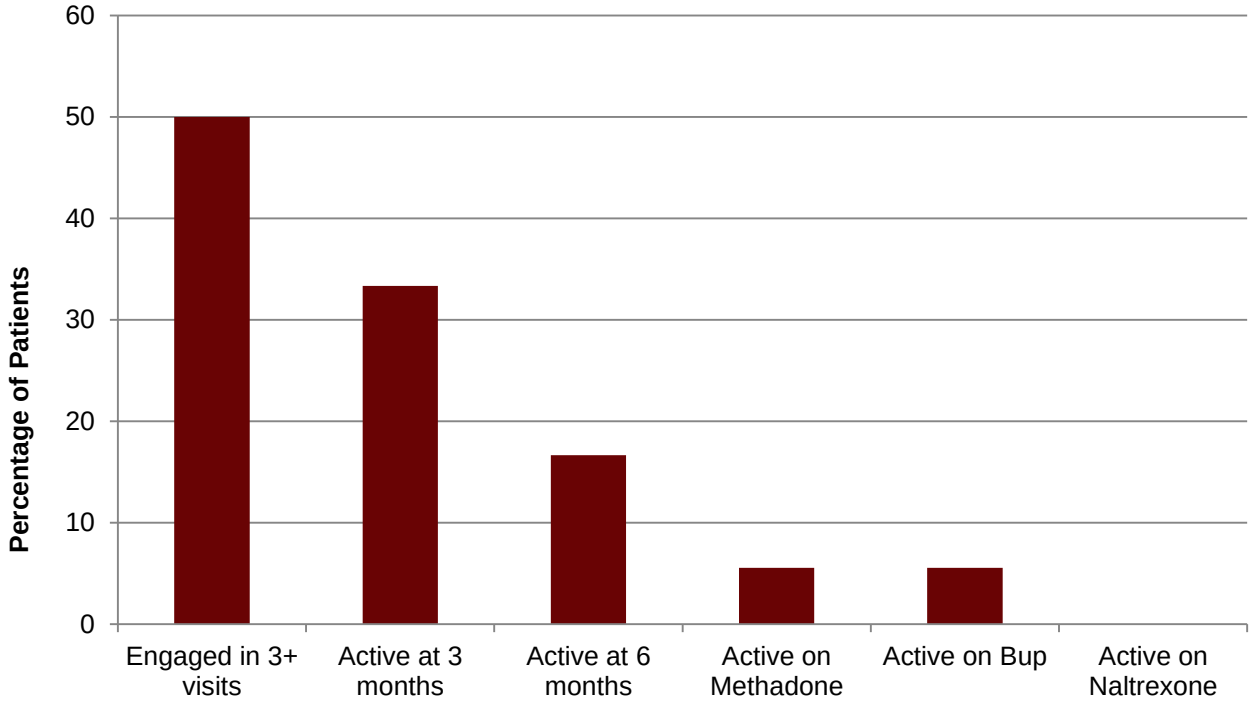
Source: Project Point Data Set

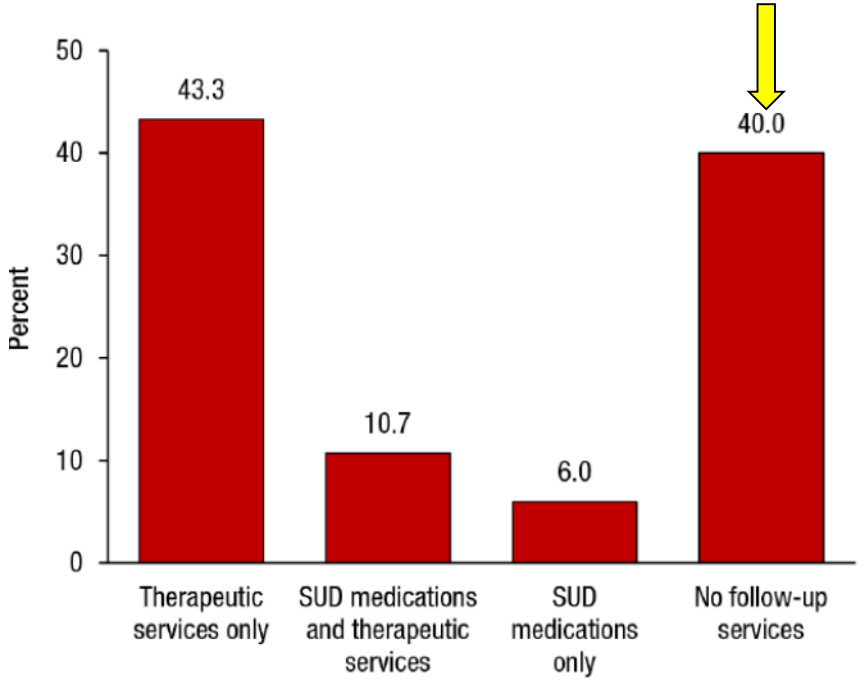
The role of healthcare system dysfunction

"the struggle to get help is real and it's devastating my family"

-POINT parent

POINT six month follow up





Post-discharge services provided within 30 days following an opioid-related hospitalization among the privately insured: 2010-14

The role of healthcare system dysfunction

Out 2016 POINT patients

59% had been prescribed a controlled substance in the year prior to their OD

Of these, 12.5% had an active opioid script at the time of OD

39% were prescribed a controlled substance after the OD

59% (24% of TOTAL) were prescribed an opioid (not buprenorphine) in the six months AFTER their overdose

The role of psychiatric disease

Mental Health History
POINT Feb-Dec 2016

	Total	Percentage
Total Interviews	82	
Reported hx mental illness	31	37.8%
Previous Visits at Midtown	45	54.9%

Source: Project Point Data Set

The role of psychiatric disease

Table 3: Reported Mental Health History
Feb-Dec 2016

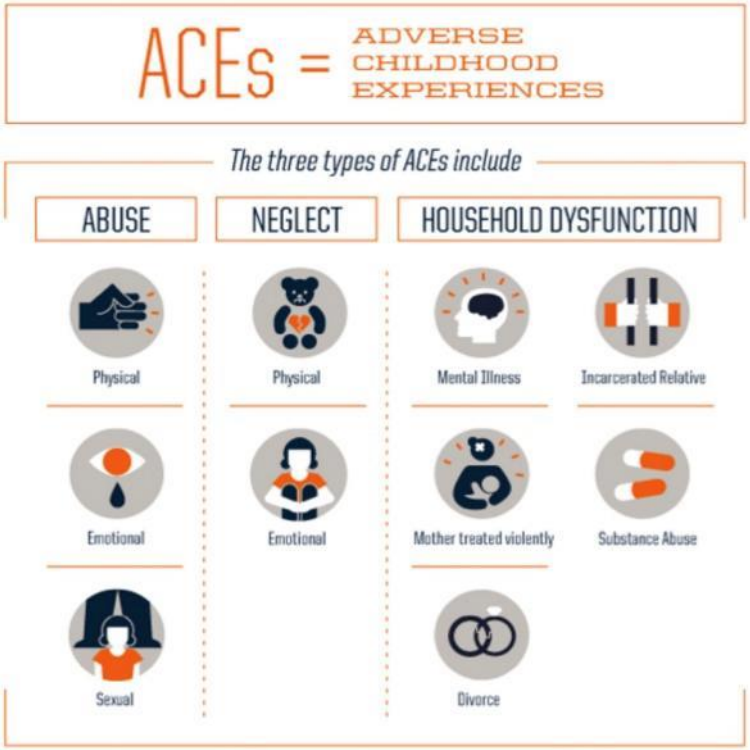
	Total	Percentage
Total Interviews	82	
Hx mental illness	31	37.8%
Depression	17	20.7%
Bipolar	10	12.2%
Anxiety	8	9.8%
PTSD	8	9.8%
Schizophrenia	2	2.4%
Previous Visits at Midtown	45	54.9%

Source: Project Point Data Set

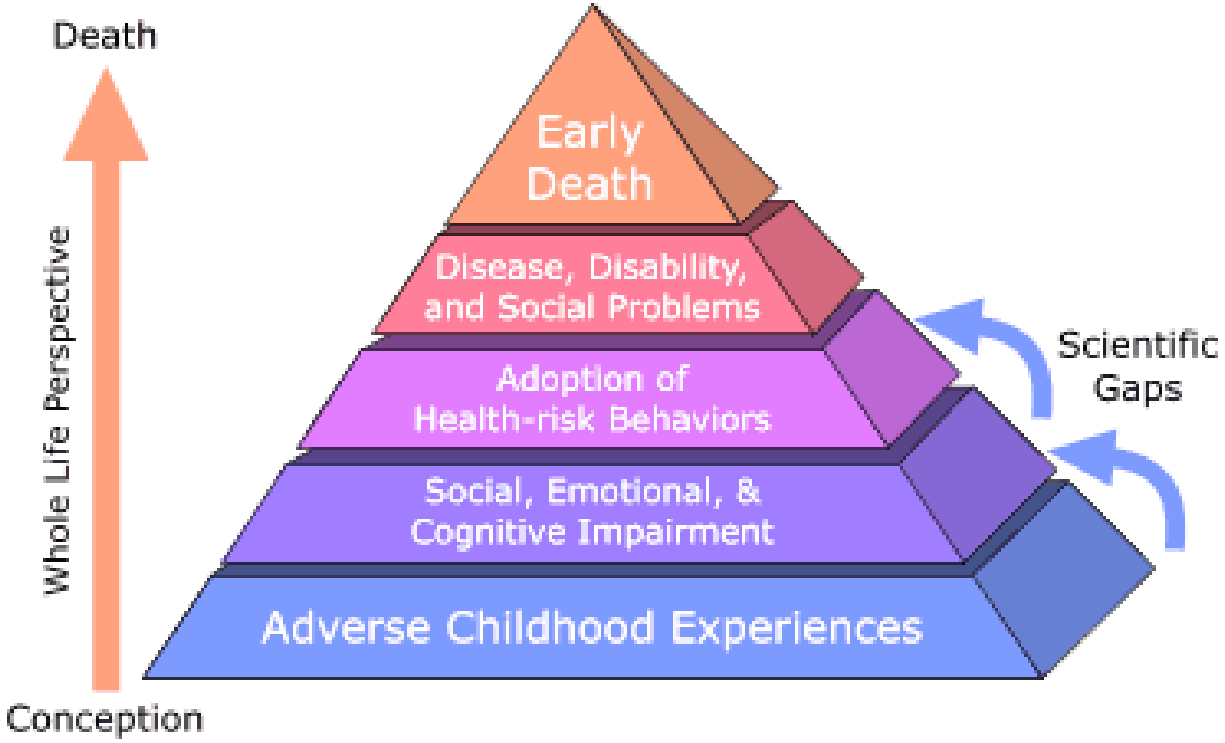
"Heroin is the only way to make my mind stop racing."

"I am on a whole bunch of meds, but they just don't work."

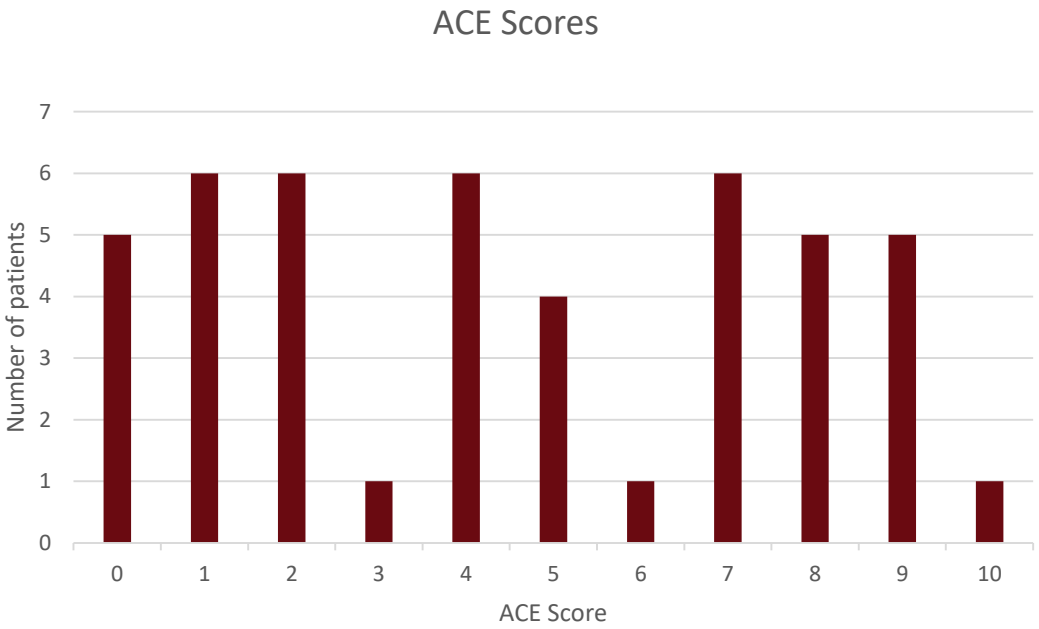
The role of childhood trauma



The role of childhood trauma



The role of childhood trauma



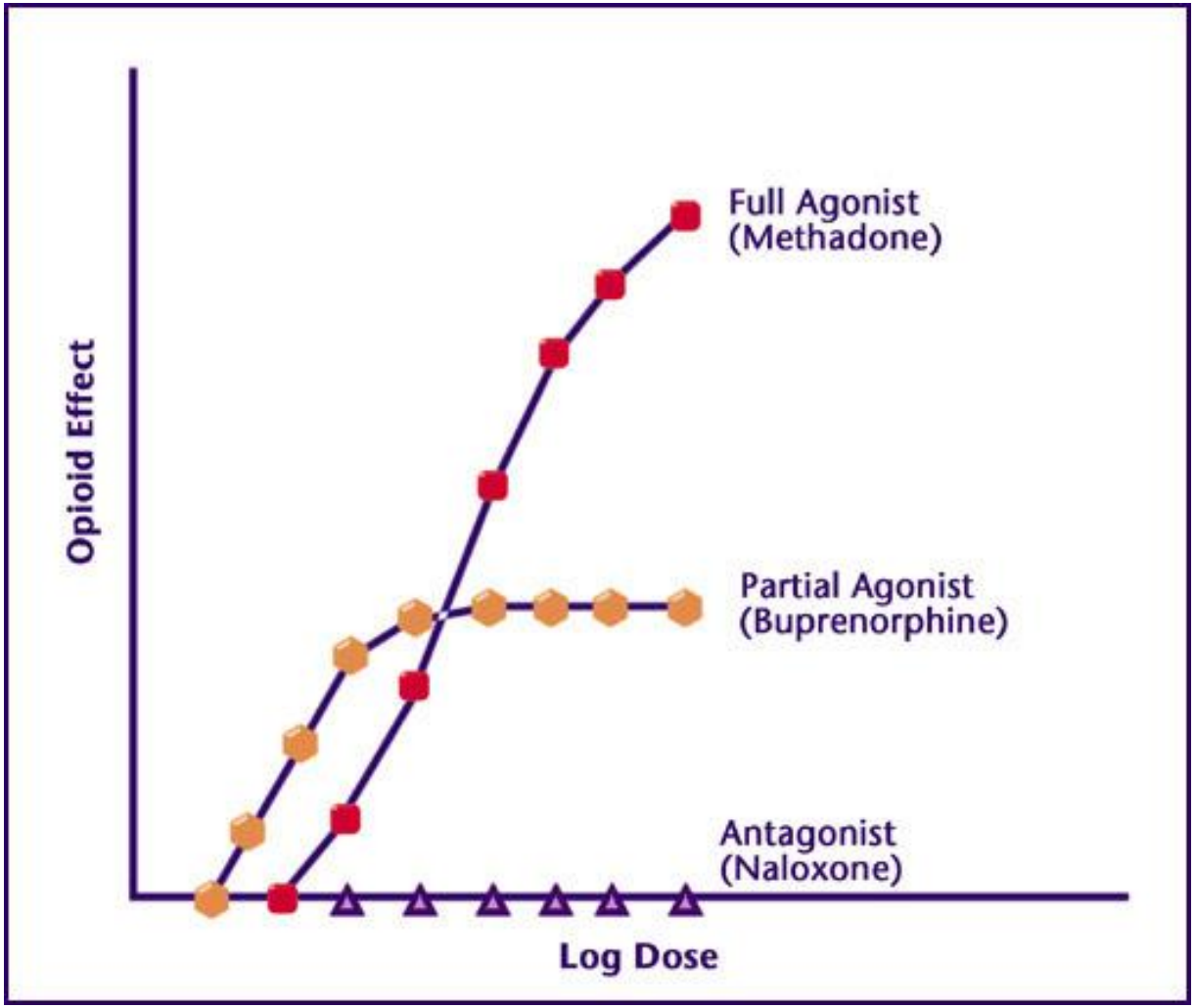
"I was abused in foster care and pills were the only way to make it through the night."

"It's the only way I can forget, just for a little bit, what happened."

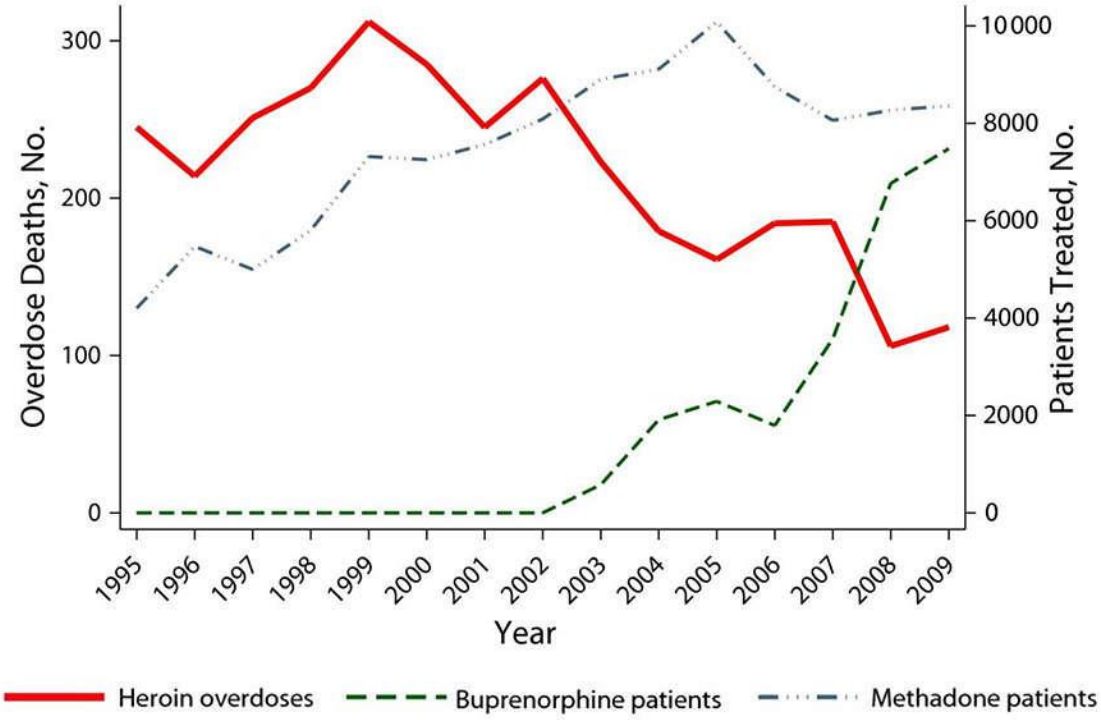
"My mom gave me my first hit when I was eight."

So what can we do?

Actively support to incorporation of medication assisted treatment into your hospital system


Opioid Effect
Full Agonist
(Methadone)
Partial Agonist
(Buprenorphine)
Antagonist
(Naloxone)
Log Dose

MAT REDUCES HEROIN OD DEATHS



Support Needle Exchange and Naloxone Distribution

POINT Observational data
Feb-Dec 2016

	Total	Percentage
Sharing Needles	43	52.4%
Known Hepatitis Positive	26	31.7%
% of +hep C sharing needles	21	80.8%

Source: Project Point Data Set

POINT Observational data
Feb-Dec 2016

	Total	Percentage
Total Interviews	82	
Naloxone		
Knowledge	53	64.6%
Has access	3	3.7%

Source: Project Point Data Set


Opioid
OVERDOSE KIT
IRON DUCK

Thank you

POINT team

Dr. Dan O'Donnell, Jennifer Hoffman, AJ Warren, Twila Fuqua, Jennifer Jackson
Melissa Reyes, Gloria Haynes

Early Supporters

Andy Chambers, MD, Dean Babcock, Dan Rusyniak, MD, Dennis Watson, Ph.D.

- Eskenazi Health
- Midtown Mental Health Addictions Team
- Fairbanks School of Public Health
- IU School of Medicine, Department of Emergency Medicine
- Drug Free Marion County
- Richard M. Fairbanks Foundation

Questions?

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krmbruc@iu.edu

Objectives

Indiana Patient Safety Center
of the Indiana Hospital Association

- Describe the Wake Up Campaign's primary processes & outcomes
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- Identify POINT Emergency Department management processes for post-overdose patients
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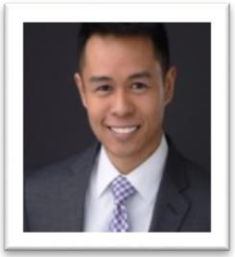

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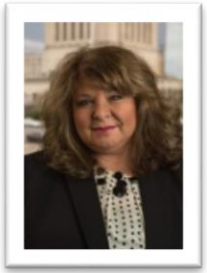

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