Identify and Share Best Practices for Prescribing

• Provide physicians with patient opioid prescriptions history and risk profile through EMR

• Utilize EMR to encourage naloxone prescriptions for all patients who suffer from an opioid overdose

• Change default prescription amounts in EMR for ED and Primary Care to ensure safe prescribing

• Change presets in EMR to default to 7 days rather than 3
Identify and Share Best Practices for Prescribing

• Use PMP at every visit and document
• Provide residents access to PMP
• Require PMP registration for all providers who prescribe opioids
• Integrate PMP into a "one-click" system for registered providers
Identify and Share Best Practices for Prescribing

- Institute pain management contracts and urine drug screening
- Revise orders to include scheduled Ibuprofen and Acetaminophen for post partum pain management (resulted in 57% ↓ in opioid use)
- Multiple ERAS (early recovery after surgery) protocols which use local anesthesia and multi-modal analgesia for opioid avoidance/opioid reduction including colorectal pathways and thoracic surgery pathways
Identify and Share Best Practices for Prescribing

• Limit opiates for acute pain to 5 days, then reassess. For chronic pain, non-opiates for pharmacologic management, PT, psychiatry services if needed, etc.

• Discuss risk and benefits of opiate therapy at the start of therapy

• Create system policy regarding termination from practice and discontinuance of opioids

• Attempt to wean chronic therapy at most visits
Increase Provider Training and Education

• Offer continuing education (CME) credit programming related to opioid stewardship

• Development of opioid specific metrics which are tracked and monitored on a regional and department basis to monitor prescribing behavior

• Help educate providers on appropriate prescribing habits, increase knowledge of appropriate referrals to pain management

• Education of residents about use of naloxone, history of overdose, especially higher doses of opiates and education for family, etc.
Increase Patient Family and Caregiver Education

- Create patient facing educational materials (posters, flyers) to educate about opioid use
- Add information about managing opioids at home
- Identify point person on Recovery staff to work with addicted patients and connect them to community resources
- Partner to deliver education to various community groups including schools
- Participate in community events such as Drug Takeback Day
Prevent Neonatal Abstinence Syndrome

• Woman’s Hospital has implemented GRACE (Guiding Recovery & Creating Empowerment) program to support expectant mothers struggling with opioid addiction by providing comprehensive care-coordination services
Advocate for Increased Evidence-Based Treatment

• Develop opioid-sparing techniques for general anesthesia - Ochsner completed a study specifically looking at urological procedures

• Explore non-pharmacological modalities for treating pain (aromatherapy, pet therapy, e-stimulation)

• Encourage referrals for patients to pain management, physical therapy programs

• Strive to identify those that need treatment for substance use disorder, and get them into care. (One of the challenges is identifying the actual services to refer patients to.)