C. Duane Dauner Award Application

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Title of application
Turning the Tide on Opioid Use in the ED

Identified topical area(s) of focus in this application:
Patient Safety

Brief statement by an executive leader in support of the application.

On behalf of Cottage Health Senior Leadership, I am honored to support the proactive efforts of our Emergency Departments to reduce opioid use. Centers for Disease Control and Prevention (CDC) reports that in 2016, the number of overdose deaths involving opioids was five times higher than in 1999. The ED physicians and staff experience the effects of opioid overuse each day. They decided to do something to offer more alternative pain management therapies, which ultimately led to significant reduction of opioid use both within and outside the hospital walls. Their results were nothing short of transformative. I commend the ED frontline staff, management and physicians for their ongoing pursuit of safe patient care.

Edmund M. Wroblewski, MD
Vice President Medical Affairs & Chief Medical Officer
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2. Executive Summary, which must contain a summary of results (limit 200 words).

Cottage Health is a not-for-profit hospital system that includes Santa Barbara Cottage Hospital, Cottage Children's Medical Center, Cottage Rehabilitation Hospital, Santa Ynez Valley Cottage Hospital, and Goleta Valley Cottage Hospital. Our three Emergency Departments treat over 100,000 patients a year. Using principles of shared governance and high reliability, a team of physicians, nurses, pharmacists and case managers developed a series of strategies to reduce opioid use within the ED as well as the number of prescriptions written at discharge. They expanded non-narcotic pain management options, developed scripting to support respectful and informative conversations with patients, created individualized care plans for high utilizers,
notified pharmacies and local providers of at-risk patients and identified high-prescribing providers using the database for CURES, California's prescription drug monitoring program. These strategies were tested and then spread to all three Emergency Departments over the course of 18 months. During this period, Norco, Percocet, Dialaudid and Morphine use decreased by 32% at SBCH, 22% at GVCH and 19.5% at SYVCH. These efforts are ongoing and have expanded the dialogue throughout the acute care system and to community based providers.

3. Background and relevance of problem being addressed and effort undertaken.

We are all aware of the opioid overdose epidemic and the sobering statistics. It is an issue that touches everyone along the care continuum - patients, nurses, doctors, hospitals, pharmacies, and the community. Fortunately, we now have a deeper understanding of the role health care played and how to safely prescribe and manage chronic pain going forward. We are also better at quality improvement, recognizing that this daunting problem requires a new pain management culture based on professionalism and respect as well as a system hardwired to deliver a safer, better experience for patients and staff.

The Emergency Department at Santa Barbara Cottage Hospital, the largest of our campuses, first took on this challenge mid-2016 when we sensed a key moment of peak community need, commitment from hospital leadership and a genuine desire by our staff to improve opioid usage and confront abuse. Our efforts began with a team of doctors and nurses who shared leadership and decision-making. This group helped create the pain management culture we needed and made it easy for staff to offer patients more choices and have respectful conversations. We also realized that there was a huge communication gap – abuse concerns were not shared consistently with the patient’s pharmacist and primary provider. This was a missed opportunity to stop the cycle of abuse and increase the odds of recovery. No longer sitting on the sideline, we made better communication our standard and also held accountable community providers who were overprescribing. These efforts were scaled through our three-campus system and nearly two years later, we have sustainably cut opioid use across each department by 20-30%, accompanied by a palpable improvement in the experience by patients and staff.

4. Description of the effort, including the scope, processes, strategies and tactics utilized, challenges encountered and how they were addressed.

Leadership Involvement and Alignment with Hospital Efforts from Beginning

Timing is everything, and in 2016 our Santa Barbara hospital and community had reached a moment of peak need and interest in solving this complex problem. There was broad consensus that action was needed and a genuine desire by nurses, doctors and administration to address this problem. Recognizing this key moment, our hospital CEO and department leaders travelled to Monterey County to learn how they had made gains on safe prescribing and breaking the opioid addiction cycle. Energized from this visit, we launched a series of improvement efforts in
our hospital and community including a safe-prescribing website for community providers, medical staff opioid task force to increase safe practices and target high utilizing departments, training for community doctors on safely taking patients off of chronic pain medications and interviews on local radio and cable TV shows discussing risks of opioid medications and addiction.

Emergency departments are uniquely impacted by this crisis, and for our ED in Santa Barbara, as well as our ED's in Goleta Valley and Santa Ynez Valley, lasting change would require an entirely new culture of pain management and system improvements making it easy for staff to offer patients better treatment options. Our improvement actions dovetailed with those of our hospitals and community.

ED Quality and Clinical Practice Committee Creates a New Pain Management Culture

Nearly 40 physicians and over 70 nurses staff our high-volume Emergency Department in Santa Barbara, resulting in significant practice variability and necessitating the application of high reliability practices to impact lasting change. We employed a model of shared leadership between nurses and physicians and formed the ED Quality and Clinical Practice Committee, which was tasked to help enact improvement actions. To ensure scalability, this group also had frontline staff from our two other low-volume emergency departments for additional insight and information spread.

Most improvement projects begin and end with a policy change and education. We understood that policy change has little impact, and our group took the route of repetitive education as a starting point. We avoided a rehearsal of statistics and instead focused on scripting that addressed a real frustration shared by both patients and staff – outdated and ineffective communication that often felt confrontational rather than caring. Our staff needed this meaningful skill, and it has fostered a culture of professionalism and respect for everyone involved.

One challenge that all departments face when confronting dependency and abuse is staff fear of patient complaints. We recognized that there was a lack of support for making the right care decision to talk about abuse and provide alternative treatment. Scripting supports a culture of safety and respect, but it doesn’t address the fear of complaints. We saw this as a significant barrier and directly addressed it with backing by leadership and the promise that staff would be supported.

We also understood our system was not helping to deliver the practice changes that we needed. One reason we would order Dilaudid was that our system made it easy – one click. On the other hand, searching for non-narcotic options beyond acetaminophen or ibuprofen was frustrating, and it was unclear what options were included in our formulary. We needed to make it easier for staff to give our patients more choice. To this end, we developed one-click evidence-based treatment pathways for selected top-10 ED complaints such as headache, for
which narcotics are not helpful. We also created a one-click order panel grouping the non-narcotic options in our formulary, making it easier for staff to use alternatives.

**Listening to Our Patients and Giving Them More Choices**

We decided to listen to our patients more closely and identify risk factors that may place them at higher risk of addiction. We started having in-depth discussions about side effects and risks associated with narcotic pain control so that patients could make more informed decisions. As community awareness has grown, patients have begun to ask for non-opioid options. To this end, we have expanded our formulary and now offer ultrasound-guided nerve blocks. One-click order pathways for selected clinical conditions have helped enable best practices. We also worked with pharmacy to provide Narcan dispensing for patients being discharged after an overdose. By spending more time upfront discussing management of pain and aligning our system to support this goal, we are utilizing less opioids and giving some of our patients a lifesaving option.

**Case Management Creates Shared Care Plans**

Our Emergency Department is a high volume setting with many care providers. We have over a hundred patients that visit our department more than 20 times a year, many with chronic pain and some with dependency and abuse. We struggled with variability – some physicians would judiciously use analgesia and others would simply take the path of least resistance. Our case management team, comprised of case management and physicians, developed care plans tailored to each patient for our providers to follow. These plans are easily identified in our electronic health record with a colored flag and shared system-wide across all three campuses. We have empowered our providers by being able to add to the care plan at point of care. By being more consistent, we’ve seen a reduction in abuse-related visits and those seeking medication refills. Key in this process is leadership holding staff and physicians accountable in following the recommended care plans.

**ED Pharmacist Helps Close Communication Gap**

We recognized that we could do a better job communicating with other providers in the continuum of care and that we had an untapped resource – our ED pharmacist. Prior to our project, we might identify a patient at risk or community provider overprescribing and make note of it in the chart. This essentially made us a spectator at a moment when we needed to communicate and provide better care coordination. We realized that asking our providers to take on more work was a barrier, and we tasked our ED pharmacist to notify local pharmacies and community providers when we found someone at risk. This helped us make a more sustained impact by increasing the odds of intervention and recovery. We made this practice of sharing information standard work for our department.

**New Report Helps Us Track Problem and Identify Overprescribing Care Providers**
We also created a report that tracks visits related to refill requests, withdrawal and overdoses. Piggybacking on the ED pharmacist efforts, we were able to secure hospital funding for our administrative secretary to follow up with community providers caring for patients identified in this report. We also decided to take the bold step in holding our community providers accountable and began giving feedback when prescribing patterns were not consistent with best practices. In one such case, we found a physician clearly overprescribing, and we teamed with the Drug Enforcement Administration (DEA) to remove the provider from our community.

**CURES Resource Embraced**

We found that our state’s PDMP database – Controlled Substance Utilization Review and Evaluation System (CURES) – was inconsistently used partly because providers encountered barriers related to registering, as a notary was required. We saw value in tracking prescription history and being able to communicate securely with pharmacies and providers within this system. We were able to achieve near 100% enrollment by bringing a notary to our department meeting. We also made website access easy by installing a quick link on our ordering page.

5. **Describe the results of the effort.**

From October 2016 to February 2018 we tracked the total amount of Norco, Percocet, Dilaudid and Morphine used in our department on a monthly basis. The results have been dramatic with a sustained and continued drop in usage successfully scaled across all three campuses. Specifically, we have seen a drop at Santa Barbara Cottage Health ED, Goleta Valley Cottage Health ED and Santa Ynez Cottage Health ED of 32%, 22% and 19.5% respectively. We achieved these results despite a steady growth in volume at each practice site.

**Opioid use within the Emergency Departments**

![Chart showing opioid utilization from October 2016 to February 2018 with a 32% Reduction]
In addition to reducing opioid usage in our departments, we were able to significantly cut the amount of Norco prescribed for discharged patients across all three campuses. Specifically, we have seen a drop at Santa Barbara Cottage Health ED, Goleta Valley Cottage Health ED and Santa Ynez Cottage Health ED of 29%, 17% and 38% respectively.
Norco Discharge Prescriptions

SBCH ED
Norco Tablets Prescribed Oct 2016-Apr 2018

17% Reduction

GVCH ED
Norco Tablets Prescribed Oct 2016-Apr 2018

38% Reduction

SYVCH ED
Norco Tablets Prescribed Oct 2016-Apr 2018

29% Reduction
6. Discuss the significance of the results. How do the results demonstrate outstanding achievement?

The reduction in opioid usage has been sustained and continues to drop, which clearly represents a significant positive impact for our system and our community. Further, this shows the benefits of shared leadership and the power of addressing cultural and system barriers that would otherwise sabotage change. By forging a project that had genuine support and making meaningful changes that improved the experience for both the patient and staff, we were able to create a new culture based on professionalism and respect. Giving our patients better options for pain management and improving our communication with patients and outpatient providers reflected our belief that it is our role not only to care for but also protect our community.

7. Describe sustainability and scaling of achievements.

What helped us create sustained and scaled results started with an understanding of the human and system factors within our department that helped perpetuate opioid overuse. We knew early on that we had to communicate better with patients at risk and offer them more choice. Scripting is a powerful tool, but administrative backing to initiate these difficult conversations was the key to starting a new culture based on genuine concern and respect. System improvements that made it easy to order non-opioid treatments gave our providers an alternative to one-click Dilaudid. It’s now standard work for our ED pharmacist to communicate with local pharmacies and community providers and for our case management team to develop shared care plans easily accessed across all three campuses. Having a culture of safety also means holding people accountable and providing feedback when needed.

8. Describe key lessons learned and any advice to colleagues who might try to undertake a similar effort.

You can take away three key lessons from our effort to tackle this challenging problem. Lesson No. 1 is to recognize your moment to act. In our case, community need peaked and consensus to “do something” had coalesced. We were ready to align with this initiative at the get-go, which gave our project a boost and additional resources. The second lesson is to take stock in the resources you have at hand and be creative. We utilized leadership, frontline staff, case management, the ED pharmacist and our administrative secretary. You may not have all of these resources, but we can assure you that you do have untapped frontline staff who are eager to improve the care in your department. It’s the discussions with this group people that will help you uncover the culture-based and system barriers that need to be addressed in your department. The final lesson is to choose meaningful improvement actions that contribute to a culture of safety. Most of our improvement actions were aimed at improving care and making for a more professional and respectful experience for both staff and patients.