



KHC Office Hours for Compass HQIC

October 27, 2021

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Agenda

- + Welcome and Announcements
- + Featured topic:
Opioid prescribing: hospital strategies to reduce opioid misuse
- + Introduction to High-dose Opioid Prescribing upon Discharge measure, peer-to-peer sharing
- + Data and Program Updates
- + Resources, Upcoming events and Next Steps

October 27, 2021

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Presenters



Michele Clark
KHC Senior Director of Quality
Initiatives & Special Projects



Eric Cook-Wiens
Data & Measurement Director



Heidi Courson
Quality Improvement Advisor



Erin McGuire
Quality Improvement Advisor

Special guest:



Rachael Duncan, PharmD, BCPS, BCCCP
Clinical Pharmacist Consultant
Stader Opioid Consultants

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Opioid Stewardship Best Practices

Hospital strategies and tools to
advance patient safety and care

Rachael Duncan, PharmD, BCPS, BCCCP
Clinical Pharmacist Consultant, Stader Opioid Consultants

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Conflict of Interest Disclosure

Rachael Duncan has no conflicts of interest, financial or otherwise, to disclose.

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Learning Objectives

- Describe appropriate use of nonopioid alternatives for inpatient and post-discharge pain management
- Review effective strategies for implementation of opioid stewardship process and policy at your institution
- Discuss opioid stewardship resources and toolkits available for inpatient and outpatient settings

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Opioid Stewardship

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Four Pillars of Care


How can we address the opioid epidemic in your hospital?

Limiting Opioids

ALTO for Painful Conditions

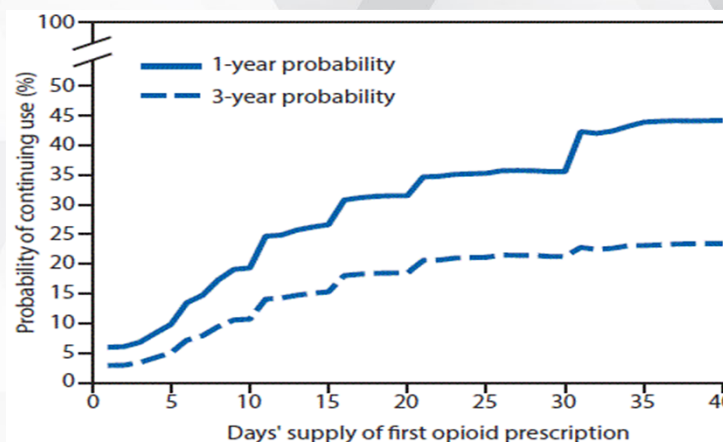
Harm Reduction

Treatment of Addicted Patients and Referral



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Myth: Short term Opioids = No Risk



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<https://www.cdc.gov/mmwr/volumes/66/wr/mm6610a1.htm>

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Limiting Opioids

- Reserve opioids for severe pain, rescue therapy, or if ALTOs are CI.
- Screen for abuse potential and medical comorbidities.
- Have a “no” list that everyone agrees on and supports = uncomplicated back pain, dental pain, cyclic vomiting, HA/migraine.
- When prescribing opioids on discharge, have a pill/day limit = 3-7 days.
- Don't replace lost or stolen opioid prescriptions.
- Educate patients and caregivers on risks of unsecured opioids and provide instructions on proper storage and disposal.

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ALTO Approach

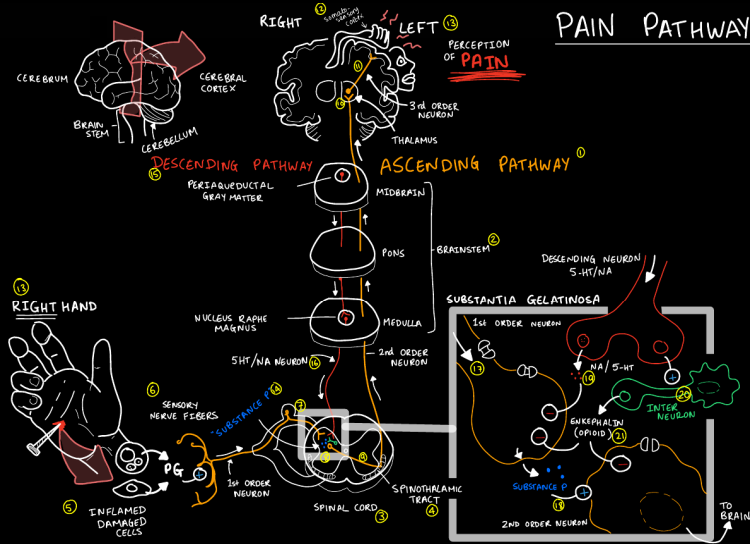
- Consider nonopioid medications first.
- Consider several agents for multimodal pain control > monotherapies.
- Use opioids as rescue therapy.
- Discuss realistic, functional pain management goals.

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CERTA Approach

Channels, Enzymes, and Receptors
for Targeted Analgesia



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Examples

Channels

- Sodium (lidocaine)
- Calcium (gabapentin)

Enzymes


- COX 1,2,3 (NSAIDs)
- Amine reuptake inhibitors (duloxetine, venlafaxine, amitriptyline)

Receptors

- MOP/DOP/KOP (opioids)
- NMDA (ketamine/magnesium)
- GABA (gabapentin/pregabalin/sodium valproate)
- 5HT₁₋₄ (haloperidol/ondansetron/metoclopramide)
- D1-2 (haloperidol/droperidol/prochlorperazine)

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Discussion Point

How can using medications from different pathways be effective?

Example: **Headache**

- Dexamethasone: enzymes
- Prochlorperazine: receptors
- Lidocaine trigger-point injection: channels

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Lidocaine

- Acts on sodium channels and NMDA receptors
- Used **topically, intravenously, trigger-point injections, regional analgesia**
- Musculoskeletal pain, migraines, renal colic, abdominal, neuropathic






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MYTH: My surgeon won't let me give ketorolac to anyone potentially going to surgery

[Laryngoscope](#). 2019 May 30. doi: 10.1002/lary.28077.

Ketorolac usage in tonsillectomy and uvulopalatopharyngoplasty patients.

[Aesthet Surg J](#). 2015 May;35(4):462-6. doi: 10.1093/asj/sjv005. Epub 2015 Mar 29.

[Stephens DM](#)1,

Is ketorolac safe to use in plastic surgery? A critical review.

[J Neurosurg Pediatr](#). 2016 Jan;17(1):107-15. doi: 10.3171/2015.4.PEDS14411. Epub 2015 Oct 9.

Routine perioperative ketorolac administration is not associated with hemorrhage in pediatric neurosurgery patients.

[Am J Surg](#). 2014 Apr;207(4):566-72. doi: 10.1016/j.amjsurg.2013.05.011. Epub 2013 Oct 7.

Use of ketorolac is associated with decreased pneumonia following rib fractures.

[Yang Y](#)1, [Young JB](#)1, [Schmer CR](#)1, [Utter GH](#)2.

[Curr Drug Saf](#). 2017;12(1):67-73. doi: 10.2174/1574886311666160719154420.

Safety Considerations in the Use of Ketorolac for Postoperative Pain.[Maslin B](#)1,

[Curr Drug Saf](#). 2017;12(1):67-73. doi: 10.2174/1574886311666160719154420.

Safety Considerations in the Use of Ketorolac for Postoperative Pain.



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Ketorolac

- 7.5-15 mg for everyone!
No difference in pain reduction with 7.5 mg vs 15 or 30 mg
- Great for many pain indications, including musculoskeletal pain, renal colic, migraine
- **Caution:** pregnancy, cardiovascular history, renal dysfunction, anticoagulant therapy, fracture healing, future surgery



Motov S et al. Ann Emerg Med. 2017; 70 (2): 177-184.

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MYTH: Opioids are just more effective?

Effect of a Single Dose of Oral Opioid and Nonopioid Analgesics on Acute Extremity Pain in the Emergency

Department: A Randomized Clinical Trial. [JAMA](#). 2017 Nov 7;318(17):1661-1667. doi: 10.1001/jama.2017.16190.

Table 2. Numerical Rating Scale (NRS) Pain Scores and Decline in Pain Scores by Treatment Group

	NRS Pain Score, Mean (95% CI) ^a				P Value ^f
	Ibuprofen and Acetaminophen ^b	Oxycodone and Acetaminophen ^c	Hydrocodone and Acetaminophen ^d	Codeine and Acetaminophen ^e	
No. of patients ^g	101	104	103	103	
Primary end point: decline in score to 2 h	4.3 (3.6 to 4.9)	4.4 (3.7 to 5.0)	3.5 (2.9 to 4.2)	3.9 (3.2 to 4.5)	.053
Baseline score	8.9 (8.5 to 9.2)	8.7 (8.3 to 9.0)	8.6 (8.3 to 9.0)	8.6 (8.2 to 8.9)	.47
Score at 1 h	5.9 (5.3 to 6.6)	5.5 (4.9 to 6.2)	6.2 (5.6 to 6.9)	5.9 (5.2 to 6.5)	.25
Score at 2 h	4.6 (3.9 to 5.3)	4.3 (3.6 to 5.0)	5.1 (4.5 to 5.8)	4.7 (4.0 to 5.4)	.13
Decline in score to 1 h	2.9 (2.4 to 3.5)	3.1 (2.6 to 3.7)	2.4 (1.8 to 3.0)	2.7 (2.1 to 3.3)	.13

CONCLUSION: no statistically significant or clinically important differences in pain reduction at 2 hours among single-dose treatment with ibuprofen and acetaminophen or with 3 different opioid and acetaminophen combination analgesics.

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APAP + Ibuprofen

- Multiple studies show that APAP + NSAID provide better pain relief than either agent alone.
- APAP + NSAID has been found to be more effective than oxycodone for postoperative pain.

-NNT for 50% pain relief vs oxycodone's 1.6 vs 4.6

NSAIDs are equally as effective as opioids for reducing pain associated with renal colic and with fewer side effects.



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ALTO Pain Treatment Pathways

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Pain Pathways



First-Line Agents

▼

Second-Line Agents

▼

Discharge

▼

Prevention

- What has patient already tried?
- Worked/not worked in past?
- Contraindications?
- DDIs?

- What therapy options can be transitioned to outpatient care?

- Prescription and OTC options
- Nonpharmacologic options
- Patient counseling

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Abdominal Pain Example: Chronic Functional

First-Line Agents

- Haloperidol 2.5-5 mg IV/IM
- Dicyclomine 20 mg PO/IM
- Ketorolac 10 mg IV/15 mg IM
- **Capsaicin 0.1% cream applied in thin layer to abdomen**

>

Second-Line Agents

- Olanzapine 2.5-5 mg PO/IV/IM
- Lidocaine 1.5 mg/kg IV over 10 min
- **Metoclopramide 10 mg IV or prochlorperazine 10 mg IV**
- Diphenhydramine 25 mg IV

>

Discharge Agents

- Amine reuptake inhibitor
- **Olanzapine 5 mg ODT 3-4x daily**
- **Dicyclomine 20 mg PO 4x daily**
- **Capsaicin 0.1% cream**

- Special considerations in cyclic vomiting syndrome/cannabis hyperemesis syndrome

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Renal Colic

First-Line Agents

- Ketorolac 10 mg IV
- APAP 1000 mg PO
- Lidocaine 1.5 mg/kg IV over 10 min

Second-Line Agents


- Desmopressin 40 mcg IN
- Ketamine 0.1-0.3 mg IV over 10 min **or** 50 mg IN
- Dicyclomine 20 mg PO/IM

Discharge Agents

- NSAID + APAP
- Tamsulosin 0.4 mg PO daily
- Desmopressin 0.4 mg PO daily

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Implementation

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A graphic titled "Project Champions" featuring a line of stylized human figures holding hands, forming a wave-like shape. The background is a gradient of orange and brown. The title "Project Champions" is in white, bold font. Below the title, there are two columns of bulleted text. The left column lists roles: Nursing (Director, charge RNs, staff), Physicians (Director, staff), and Hospital leadership (CEO, CNO). The right column lists other support: Quality improvement, IT/data support, Pharmacy, and Communications/marketing. The number "25" is in the bottom right corner.

Project Champions

- **Nursing**
 - Director, charge RNs, staff
- **Physicians**
 - Director, staff
- **Hospital leadership**
 - CEO, CNO
- **Other support**
 - Quality improvement
 - IT/data support
 - Pharmacy
 - Communications/marketing

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A graphic titled "Nursing Education" with a dark teal background. The title "Nursing Education" is in white, bold font. Below the title, there is a list of bullet points. The first three are general points, and the last one is a sub-section titled "Patient education" with two bullet points. The number "26" is in the bottom right corner.

Nursing Education

- Learn about new advances in analgesia and opioid-sparing pain management pathways.
- Work with physicians to limit the use of opioids.
- Be proactive when addressing patient and family concerns:
 - Begin a conversation regarding best practices for managing pain.
 - Manage the patient's pain-management expectations.
 - Provide educational resources.
 - Discuss a realistic pain goal.
 - Use scripting to emphasize the "control" of pain vs the "relief" of pain.
 - Promote "increasing comfort."
- **Patient education**
 - Educate patients and families on how to use pain-assessment tools.
 - Provide nonpharmacologic alternatives to medication.

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Scripting

How do we explain this to patients?

- We will try to “control” pain, not eliminate pain.
- We are trying to make patients more “comfortable,” not pain-free.
- Example: “This medication is called Toradol, and it will help control your pain by reducing inflammation.”

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Pharmacy/IT Support

Policy Changes

Support nursing practice, using old meds in “new” ways

- Lidocaine and ketamine

Smart Pumps

Addition of new medications – clearly label “for pain”

- Lidocaine and ketamine

Stocking Medications

ALTO meds readily available in ADCs

Creating Order Sets

Creation of ALTO-based pain management order sets



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Timeline for Success

3-6 months

- Create Opioid Prescribing & Treatment Guidelines.
- Medication supply
 - Formulary additions/changes
 - Automated dispensing machines
 - Stock as many ALTO medications as you can
- Collaborate for optimization of administration policies for ALTO medications
 - ALTO ketamine/lidocaine - medical unit
 - Procedural sedation cutoffs for ketamine
- Review and organize data.
 - Organization/system IT champion and data champion create order entries

1-2 months

- Secure medication approval and stock medications.
 - Ketamine
 - Ketorolac
 - Capsaicin (topical)
 - Lidocaine patches
 - Haloperidol
 - Gabapentin
- Update smart-pump medication libraries.
- Educate staff on ALTO therapies.
- TEST RUN!
- All needed supplies/equipment ready
- Data report
 - Run beta test report
 - IT/data champion look it over
 - Clinical audit

1-2 weeks

- Ensure smart pumps are updated and working
- Nurse education complete
- Provider education complete/questions answered
- Beta test data reports and audit again/issues resolved?
- Ensure stocking of medications is complete
- Final planning/quality meetings
- Check for and remove any remaining barriers
- Continue to refine data report if all issues not resolved

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Discussion Point



What do you see as barriers to implementing this type of program?

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Potential Barriers to Success

- Culture change
- Denial that there is a problem
- Knowledge gap about ALTOs
- Logistics surrounding “high-risk” ALTO meds
- Patient satisfaction scores can drop
- Initial use of ALTOs can take more time than opioids
- What about those patients already on opioids?

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Lessons Learned

- Change is possible!
- Collaborate – don't feel isolated.
Reach out to other facilities and states.
- Explain the “why.”
- Expect all team members to take ownership of the opioid crisis.
- Include patients when making decisions about managing their pain.
- Opioid risks vs ALTO benefits

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Lessons Learned

- Partner with your marketing department to create and distribute community messaging.
- Develop an organizational communication plan. (ALTO will trickle to every department!)
- Do little things to ensure success (eg, prelaunch checklist).
- Gather metrics to show if change is effective.
- Share your successes with your department, hospital, and community.

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Resources & Toolkits

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Toolkits

Inpatient/ED/Surgery/OB/Dental/Occ Med/Pharmacy

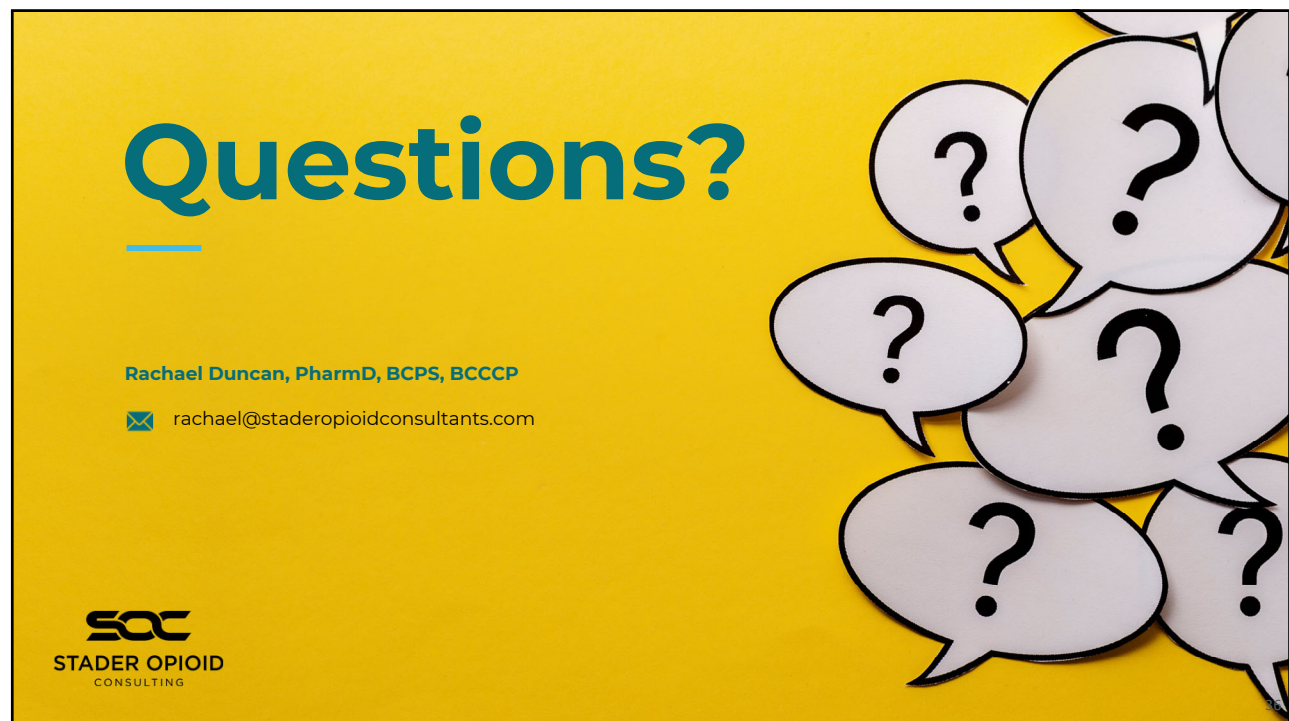
- [The CO's CURE Initiative](#)

Outpatient/Clinic

- [Compass Opioid Prescribing & Treatment Guidance Toolkit](#)

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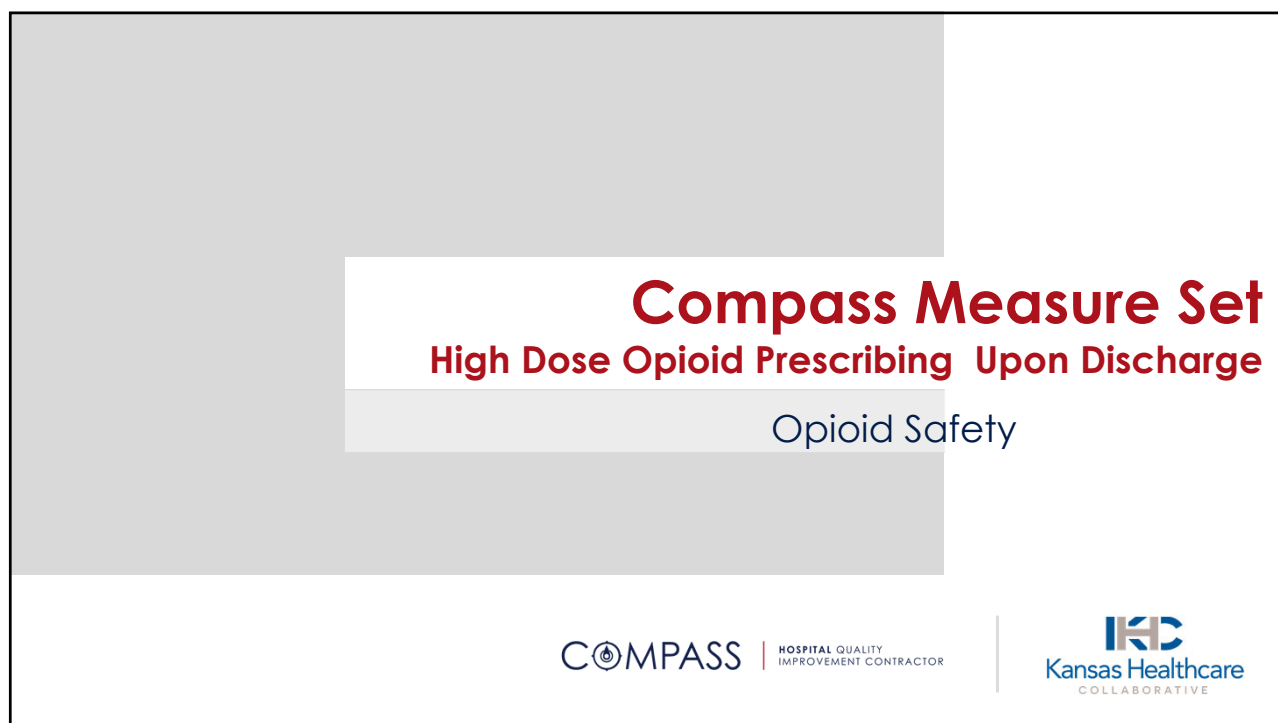
Questions?

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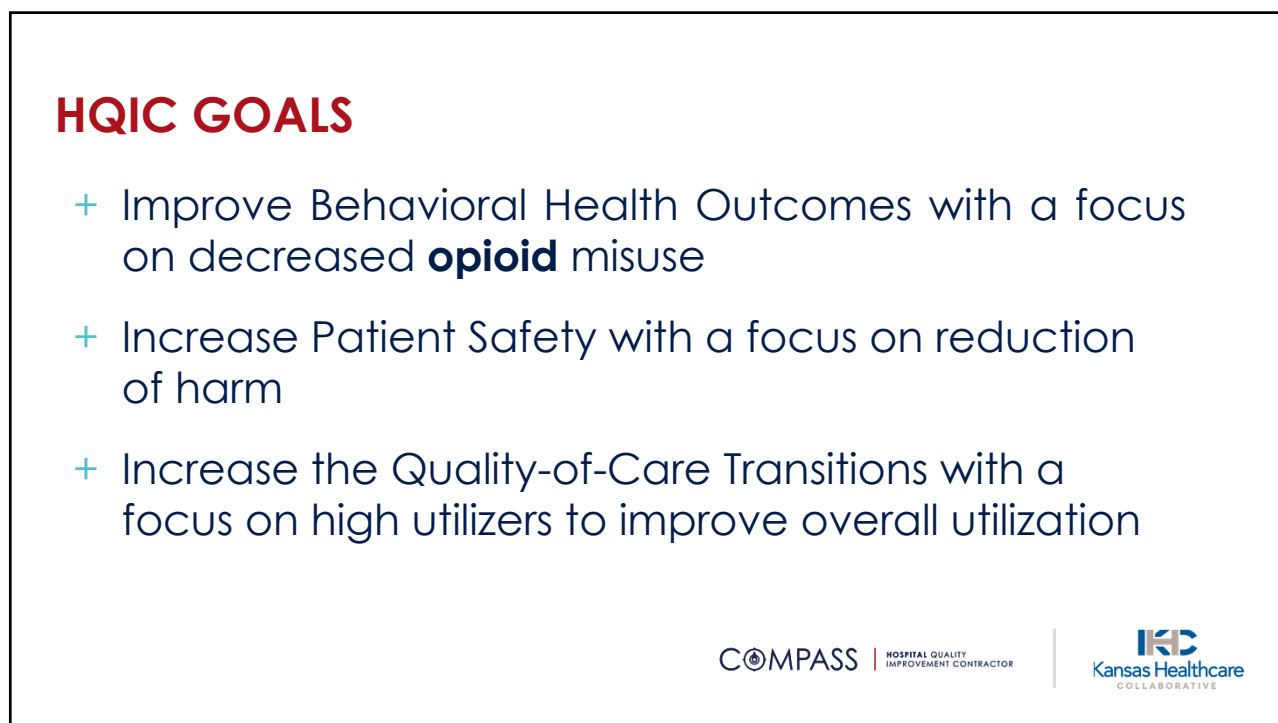
A graphic with a large grey L-shaped background. A white rectangle is centered on the horizontal part of the 'L'. Inside this rectangle, the text 'Compass Measure Set' is in large red font, 'High Dose Opioid Prescribing Upon Discharge' is in smaller red font below it, and 'Opioid Safety' is in blue font below that. At the bottom of the white rectangle, the COMPASS logo (a circle with a dot) is followed by 'COMPASS' in bold, and 'HOSPITAL QUALITY IMPROVEMENT CONTRACTOR' in smaller text. To the right of this, separated by a vertical line, is the KHC logo (the letters 'KHC' in blue) above 'Kansas Healthcare' and 'COLLABORATIVE' in smaller text.

Compass Measure Set
High Dose Opioid Prescribing Upon Discharge
Opioid Safety

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A white rectangular box with a thin black border. The title 'HQIC GOALS' is in large red font at the top left. Below it are three bullet points, each starting with a blue plus sign. The first bullet point is 'Improve Behavioral Health Outcomes with a focus on decreased **opioid** misuse'. The second is 'Increase Patient Safety with a focus on reduction of harm'. The third is 'Increase the Quality-of-Care Transitions with a focus on high utilizers to improve overall utilization'. At the bottom right of the box, the COMPASS logo (a circle with a dot) is followed by 'COMPASS' in bold, and 'HOSPITAL QUALITY IMPROVEMENT CONTRACTOR' in smaller text. To the right of this, separated by a vertical line, is the KHC logo (the letters 'KHC' in blue) above 'Kansas Healthcare' and 'COLLABORATIVE' in smaller text.

HQIC GOALS

- + Improve Behavioral Health Outcomes with a focus on decreased **opioid** misuse
- + Increase Patient Safety with a focus on reduction of harm
- + Increase the Quality-of-Care Transitions with a focus on high utilizers to improve overall utilization

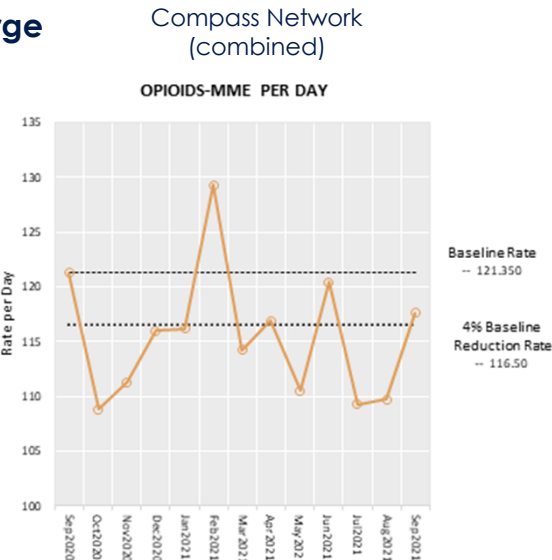
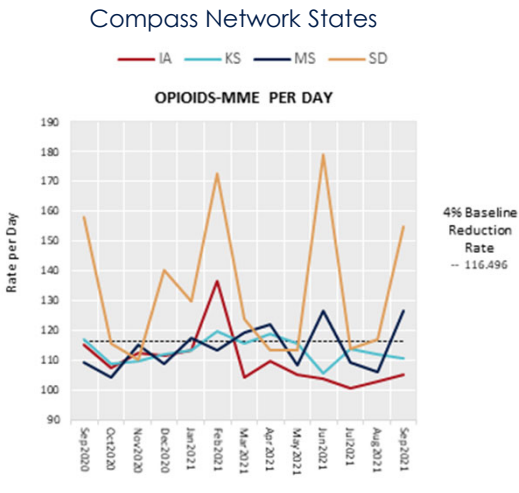
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Compass HQIC Opioid Prescribing Data

Medicare Part D Claims
High-dose opioids prescribed upon discharge



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High Dose Opioid Prescribing Upon Discharge- Required

Compass Measure Set

State: Kansas

Requirement Type	Key
Required, not reported	NS
Required, comes from other data sources	RO
Optional, self-reported	OS

Measure Type	Key
Outcome	O
Process	P

Data Source	Key
Self-Reported	S
Administrative Claims	A
WEDN	W



Focus Area	Measure Name	Measure Type	Numerator Description	Denominator Description	Data Source for KS
Adverse Drug Events (ADE) (Continued) For adults age 18+					
Opioid Safety					
RO	Opioid-Related Adverse Drug Event Rate	O	Number of patients with non-POA secondary ICD10 code(s) for opioid-related adverse drug event	Number of discharges for Acute Care patients, ≥ 18 y/o	**
RO	Opioid Mortality	O	Number of opioid-related deaths (include opioid toxicity in a primary or secondary diagnosis)	Number of discharges for Acute Care patients, ≥ 18 y/o	**
OS	Stat Naloxone Administration – Emergency Department	O	Number of doses of a reversal agent (e.g., Naloxone) administered to a patient in the Emergency Department	Number of Emergency Department visits	*
OS	Stat Naloxone Administration – Inpatient	O	Number of doses of a reversal agent (e.g., Naloxone) administered to Acute Care, SNF, Swing Bed and Observation patients	Number of Acute Care, SNF, Swing Bed and Observation patients prescribed opioids	*
KS	High-Dose Opioid Prescribing Upon Discharge	P	Number of Acute Care, SNF, Swing Bed and Observation patients discharged with an opioid prescription with >90 MME daily	Number of Acute Care, SNF, Swing Bed and Observation patients discharged with an opioid prescription	*

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How Should the Total Daily Dose of Opioids be Calculated?

Opioid (Doses in Mg/Day Except Where Noted)	Conversion Factor
Codeine	0.15
Fentanyl transdermal (in mcg/hr)	2.4
Hydrocodone	1
Hydromorphone	4
Methadone	
1-20 mg/day	4
21-40 mg/day	8
41-60 mg/day	10
> 61-80 mg/day	12
Morphine	1
Oxycodone	1.5
Oxymorphone	3

This guide information was retrieved from: <https://www.cdc.gov/drugoverdose/pdf/>


These dose conversions are estimated and cannot account for all individual differences in genetics and pharmacokinetics.

Caution:

Do not use the calculated dose in MMEs to determine dosage for converting one opioid to another – the new opioid should be lower to avoid unintentional overdose caused by incomplete cross-tolerance and individual differences in opioid pharmacokinetics. Consult the medication label.

Use Extra Caution:

- + **Methadone:** the conversion factor increases at higher doses
- + **Fentanyl:** dosed in mcg/hr instead of mg/day and absorption is affected by heat and other factors



- 1. DETERMINE** the total daily amount of each opioid the patient takes.
- 2. CONVERT** each to MMEs – Multiply the dose for each opioid by the conversion factor. (See Table)
- 3. ADD** them together.

High Dose Opioid Prescribing Upon Discharge

Quick Reference Chart

Opioid Oral Morphine Milligram Equivalent (MME) Conversion Factors^{1,2} Chart:

Type of Opioid (Strength Units)	MME Conversion Factor
Buprenorphine film/tablet ¹ (mg)	30
Buprenorphine patch ¹ (mcg/hr)	12.6
Buprenorphine film (mcg)	0.03
Butorphanol (mg)	7
Codeine (mg)	0.15
Dihydrocodeine (mg)	0.25
Fentanyl buccal or SL tablets, or lozenge/troche ¹ (mcg)	0.13
Fentanyl film or oral spray ¹ (mcg)	0.18
Fentanyl nasal spray ¹ (mcg)	0.16
Fentanyl patch ¹ (mcg)	7.2
Hydrocodone (mg)	1
Hydromorphone (mg)	4
Levorphanol tartrate (mg)	11
Meperidine hydrochloride (mg)	0.1
Methadone ¹ (mg)	3
> 0, <= 20	4
> 20, <= 40	8
> 40, <= 60	10
> 60	12
Morphine (mg)	1
Opium (mg)	1
Oxycodone (mg)	1.5
Oxymorphone (mg)	3
Pentazocine (mg)	0.37
Tapentadol ¹ (mg)	0.4
Tramadol (mg)	0.1

¹ The MME conversion factor is intended only for analytic purposes where prescription data to calculate daily MME. It is to be used in the formula: Strength per Unit X (Number of Units/Days Supply) X MME Conversion factor = MME/Day. This value does not constitute clinical guidance or recommendations for converting patients from one form of opioid analgesic to another. Please consult the manufacturer's full prescribing information for such guidance. Use of this file for the purposes of any clinical decision-making warrants caution.

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High Dose Opioid Prescribing Upon Discharge

Metric + Measurement FAQ

Opioid Safety


Q1: Does the stat naloxone administration inpatient measurement include PACU patients?
A1: No, PACU is excluded in this measure.

Q2: When measuring high dose opioid prescribing upon discharge are patients with the following diagnosis excluded: cancer, hospice, palliative or comfort care?
A2: Yes, patients who are hospice, comfort care/palliative care or if they have cancer as a primary diagnosis are excluded. This measure is specific to acute care, SNF, swing bed and observation patients.


Q3: When measuring high dose opioid prescribing upon discharge is Tramadol included?
A3: Yes, Tramadol is included. **High -Dose Opioid Prescribing Upon Discharge Chart** for reference.

Q4: When measuring high dose opioid prescribing upon discharge are OB patients included?
A4: Yes.


Q5: When a patient is admitted with an opioid prescription however there was no opioid prescribed during the hospital stay; will this count in the high dose opioid prescribing upon discharge measure?
A5: Yes, the measure includes all opioids, not just new prescriptions.



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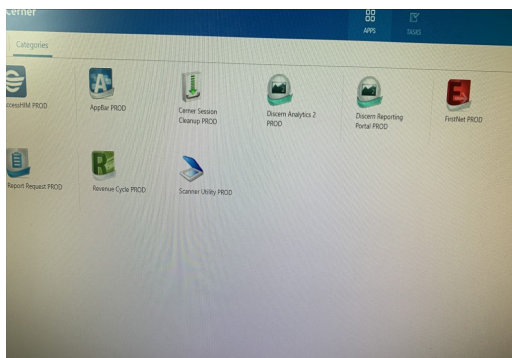
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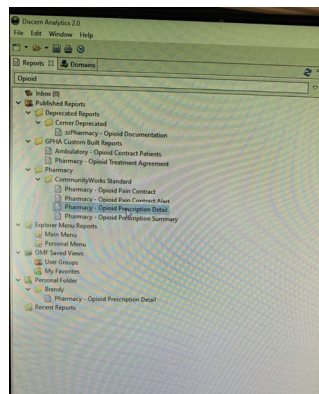
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Cerner EHR

Discern Analytics 2



Search Reports - Opioid



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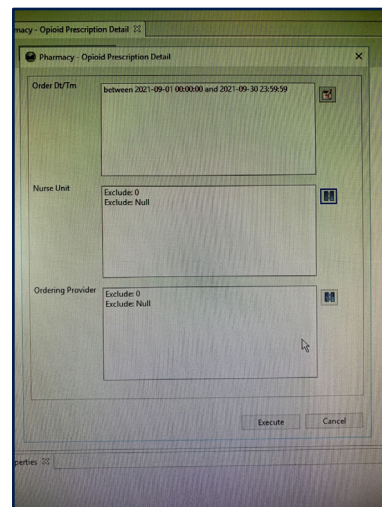
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Defining Your Report Details

- Order Dt/Tm - Choose the exact dates you want to pull the information from
- Nurse Unit – Depending on the size of your hospital you can be very specific in your unit choices, or you can choose to exclude none
- Ordering Provider – You can choose to exclude none or pick just the providers whose prescribing you want to review

Take the time to use different options to find what works best for you!



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MD	5	lentaNYL	See Instructions, PATCH EVERY 3 DAYS TO TRUNK OF BODY - REMOVE PREVIOUS & ROTATE SITES- 10 EA, 0 Refill (s)	09/27/2021 Ordered 13.47	100	240	39983	1820 11/12/1954 back issues	Office Visit	Clinic	KDH 09/27/2021 Clinic 13:05	09/27/2021 23:59
MD	5	acetaminophen-oxycodone	Oral, q4hr (interval), PRN: for pain, 180 tab (s), 0 Refill (s)	09/24/2021 Ordered 11:31	42	63	40076	1770 07/31/1940 med refill	Office Visit	Clinic	KDH 09/24/2021 Clinic 11:21	09/24/2021 23:59
MD	5	hydrocodone-acetaminophen	1 tab(s), Oral, q4hr (interval), PRN: for pain, 120 tab (s), 0 Refill (s)	09/20/2021 Ordered 14:15	60	60	37466	2176 07/04/1945 1 mo follow up	Office Visit	Clinic	KDH 08/23/2021 Clinic 10:18	08/23/2021 23:59
MD	5	hydrocodone-acetaminophen	1 tab(s), Oral, q4hr (interval), PRN: AS NEEDED FOR PAIN, 120 tab(s), 0	09/14/2021 Completed 09:59	42	42	39596	1819 08/05/1963 Covid follow up, Med refill	Office Visit	Clinic	KDH 09/14/2021 Clinic 09:37	09/14/2021 23:59

The report gives you all the information you need to pull data specific to the high dose opioid prescribing upon discharge measurement. Even highlighting the MME doses

Red for above 90 MME daily.

Yellow for moderate doses below 90 MME daily

Green for low daily doses.

Kiowa District Hospital

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Data Collection

High Dose Opioid Prescribing Upon Discharge

Prescribing
Location
Clearly Listed

Kiowa District Hospital

7	traMADol	See Instructions, TAKE 2 TABLETS BY MOUTH EVERY 6 HOURS, 20 tab(s), 2 Refill(s)	09/21/2021 Ordered 11:37	200	20	23208	842 05/04/1937 infected toe	Office Visit	Clinic	KDH 07/16/2021 Clinic 09:24	07/16/2021 23:59
8	hydrocodone-acetaminophen	1 tab(s), Oral, q4hr (interval), PRN: for pain, 120 tab(s), 0 Refill(s)	09/23/2021 Ordered 08:02	20	20	38951	4263 04/02/1946 Annual Exam	Office Visit	Clinic	KDH 08/26/2021 Clinic 09:39	08/26/2021 23:59
13	traMADol	1 tab(s), Oral, q4hr (interval), PRN: pain, 30 tab(s), 0 Refill(s)	09/23/2021 Completed 13:51	200	20	39648	4408 09/09/1937 weakness Sitting Bed-Skilled	Sitting Bed-Skilled	Clinic	KDH 09/16/2021 Clinic 10:30	09/16/2021 11:15
13	traMADol	1 tab(s), Oral, q4hr (interval), PRN: Severe headache, 20 tab(s), 0 Refill(s)	09/24/2021 Ordered 09:38	200	20	39931	2881 12/19/2000 HA that won't go away - no other symptoms	Office Visit	Clinic	KDH 09/24/2021 Clinic 08:49	09/24/2021 23:59
15	hydrocodone-acetaminophen	1 tab(s), Oral, q4hr (interval), PRN: as needed for pain, 120 tab (s), 0 Refill (s)	09/24/2021 Ordered 10:31	20	20	39937	2437 11/10/1951 med refill	Office Visit	Clinic	KDH 09/24/2021 Clinic 10:54	09/24/2021 23:59
11	hydrocodone-acetaminophen	1 tab(s), Oral, q4hr (interval), PRN: as needed for pain, 20 tab (s), 0 Refill (s)	09/28/2021 Completed 10:23	20	20	40344	2153 02/25/1951 back pain	Office Visit	Clinic	KDH 09/28/2021 Clinic 09:20	09/28/2021 23:59

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Rooks County Health Center High Dose Opioid Prescribing Upon Discharge

September QHI Discharge - Acute/Swing									
Patient Name	RV#	Account Type (gray does not count) gray indicates OIG	Discharge Date/Time	Discharge Status	Attending Provider	Follow-up Appt. Scheduled? Acute & Swing Only	Discharge with Opioid Rx? Acute/Swing/Obs	Opioid Rx >90 MME	NOTES
4. EVIL, QUEEN	1111112223	IN	9/3/21 10:30:01 HOME	SELF-CARE	SANCHEZ, DANIEL MD (SANDA)	Yes	No	No	
5. GEPETTO, OLD MAN	33322222	IN	9/3/21 14:40:01 HOME	SELF-CARE	OLLER, MICHAEL A MD (OLLAM)	Yes	Yes	No	
6. LOUIE, KING	5555444444	IN	9/7/21 13:00:01 HOME	SELF-CARE	SANCHEZ, DANIEL MD (SANDA)	No	No	No	"TBA by new PCP"
7. PRINCE, ERIC	55555888	IN	9/8/21 13:33:01 HOME	SELF-CARE	WILLIAMS, RON B APRN (WILRO)	Yes	Yes	No	
8. FLOUNDER, FISH	888888888	IN	9/9/21 7:19:01 HOME	SELF-CARE	WILLIAMS, RON B APRN (WILRO)	No	Yes	No	
9. CRAB, SEBASTIAN	999999999	IN	9/9/21 9:50:01 HOME	SELF-CARE	WILLIAMS, RON B APRN (WILRO)	No	No	No	
10. PRINCE, ERIC	1111111111	IN	9/9/21 14:00:01 HOME	SELF-CARE	WILLIAMS, RON B APRN (WILRO)	No	No	No	"Referral sent to Urology" for follow up?
11. FLOUNDER, FISH	33333333	IN	9/10/21 14:27:01 HOME	SELF-CARE	OLLER, BETH L MD (LONBE)	Yes	No	No	
12. CRAB, SEBASTIAN	444444444	IN	9/10/21 14:27:01 HOME	SELF-CARE	OLLER, BETH L MD (LONBE)	Yes	No	No	
13. PRINCE, ERIC	55555555	IN	9/10/21 17:12:01 HOME	SELF-CARE	MACASZEK, JENNIFER L MD (MACJE)	Yes	No	No	
14. PRINCE, ALADDIN	66666666	IN	9/10/21 17:12:01 HOME	SELF-CARE	MACASZEK, JENNIFER L MD (MACJE)	Yes	No	No	
15. PRINCESS, JASMINE	77777777	IN	9/11/21 11:30:01 HOME	SELF-CARE	OLLER, BETH L MD (LONBE)	Yes	No	No	
16. PRINCESS, RUZZEL	88888888	IN	9/11/21 11:30:01 HOME	SELF-CARE	OLLER, BETH L MD (LONBE)	Yes	Yes	No	
17. ROSE, AURORA	99999999	IN	9/12/21 12:56:01 HOME	SELF-CARE	WILLIAMS, RON B APRN (WILRO)	Yes	No	No	
18. DUCKDON	111111111	INO	9/15/21 17:15:01 HOME	SELF-CARE	WILLIAMS, RON B APRN (WILRO)	Yes	Yes	No	
19. LION, SAKA	888888888	IN	9/16/21 9:30:01 HOME	SELF-CARE	OLLER, MICHAEL A MD (OLLAM)	No	No	No	Was this an RR patient visit?
20. PIG, PUMBAA	555555555	IN	9/16/21 7:55:01 HOME	SELF-CARE	OLLER, MICHAEL A MD (OLLAM)	Yes	No	No	
21. MEERKAT, TIMON	666666666	IN	9/16/21 16:45:01 HOME	SELF-CARE	SARR, GREGORY L DO (SARGR)	Yes	Yes	No	
22. BIRD, ZAZU	77777777	IN	9/17/21 14:50:01 HOME	SELF-CARE	MACASZEK, JENNIFER L MD (MACJE)	Yes	No	No	
23. LION, SCAR	55555555	IN	9/18/21 14:00:01 HOME	SELF-CARE	MACASZEK, JENNIFER L MD (MACJE)	Yes	No	No	
24. PIG, PUMBAA	999999999	IN	9/18/21 15:11:01 HOME	SELF-CARE	WILLIAMS, RON B APRN (WILRO)	Yes	No	No	
25. MEERKAT, TIMON	1111111111	IN	9/18/21 16:14:01 HOME	SELF-CARE	MACASZEK, JENNIFER L MD (MACJE)	Yes	No	No	
26. BIRD, ZAZU	222222222	IN	9/21/21 12:52:01 HOME	SELF-CARE	OLLER, MICHAEL A MD (OLLAM)	Yes	No	No	
27. LION, SCAR	333333333	IN	9/21/21 13:10:01 HOME	SELF-CARE	OLLER, MICHAEL A MD (OLLAM)	Yes	No	No	
28. PIG, PUMBAA	4444444444	IN	9/22/21 15:26:01 HOME	SELF-CARE	OLLER, BETH L MD (LONBE)	Yes	No	No	
29. MEERKAT, TIMON	777777777	IN	9/22/21 15:26:01 HOME	SELF-CARE	OLLER, BETH L MD (LONBE)	Yes	No	No	
30. BIRD, ZAZU	888888888	IN	9/25/21 10:05:01 HOME	SELF-CARE	OLLER, BETH L MD (LONBE)	Yes	No	No	
31. TIGER, RAJAH	999999999	IN	9/27/21 13:15:01 HOME	SELF-CARE	WILLIAMS, RON B APRN (WILRO)	Yes	Yes	No	
32. BLUE, GENIE	1213215465	IN	9/27/21 13:57:01 HOME	SELF-CARE	OLLER, MICHAEL A MD (OLLAM)	Yes	No	No	
33. POTTS, MRG	5555554654	IN	9/27/21 18:10:01 HOME	SELF-CARE	SANCHEZ, DANIEL MD (SANDA)	No	Yes	No	
34. PRINCE, ERIC	65465432135	IN	9/28/21 10:55:01 HOME	SELF-CARE	WILLIAMS, RON B APRN (WILRO)	Yes	No	No	
35. FLOUNDER, FISH	3546541	IN	9/29/21 17:35:01 HOME	SELF-CARE	SARR, GREGORY L DO (SARGR)	Yes	Yes	No	
36. CRAB, SEBASTIAN	131588486	IN	9/29/21 19:04:01 HOME	SELF-CARE	MACASZEK, JENNIFER L MD (MACJE)	No	No	No	
37. MEERKAT, TIMON	11515185	IN	9/30/21 16:10:01 HOME	SELF-CARE	OLLER, BETH L MD (LONBE)	Yes	Yes	No	
38. MERMAID, ARIEL	341641651	INO	9/30/21 17:20:01 HOME	SELF-CARE	SANCHEZ, DANIEL MD (SANDA)	Yes	No	No	
		33			36	25	10	0	

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High Dose Opioid Upon Discharge Wrap Up

Questions?



Compass Office Hours

Link to watch the October 7th
recording of Compass Measure
Updates:

<https://us06web.zoom.us/rec/share/oJr67Zq04sjrqZ-NyG7mzx4KZtgUOTQt5RE7naT3ShbJoorpc5Ep1I3W8Mn1-2Cw.bFyouRkPWSAAOlqs>

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KHC & Compass Network Updates

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Data Updates

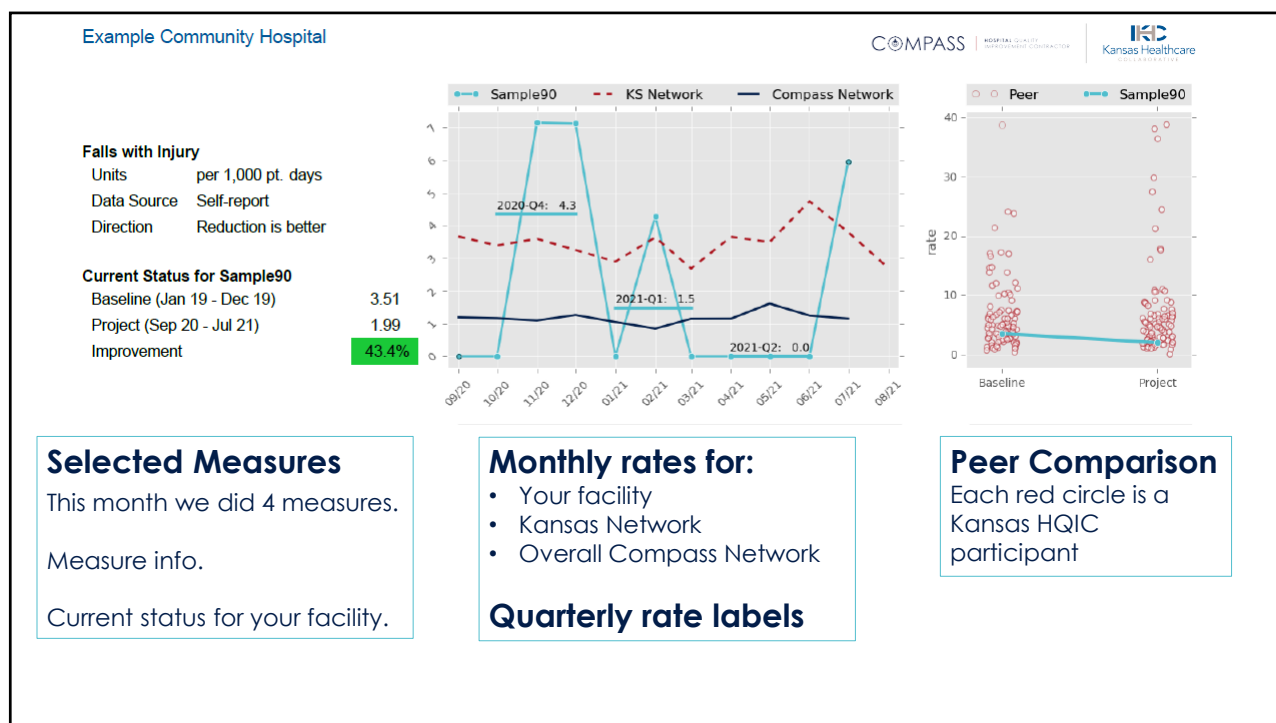
- + Data are due at the end of the following month.
- + Data Refresh
 - Administrative Claims and NHSN transferred to QHi
 - QHi data are sent to Compass
 - Current Data Refresh: 10/12/2021
 - Next Refresh: on or around November 5-8
- + Reports – Emailed last week from your QIA (Erin, Heidi or Michele)
 - Compass HQIC Data Completeness Report
 - KHC Compass Data Snapshot Report

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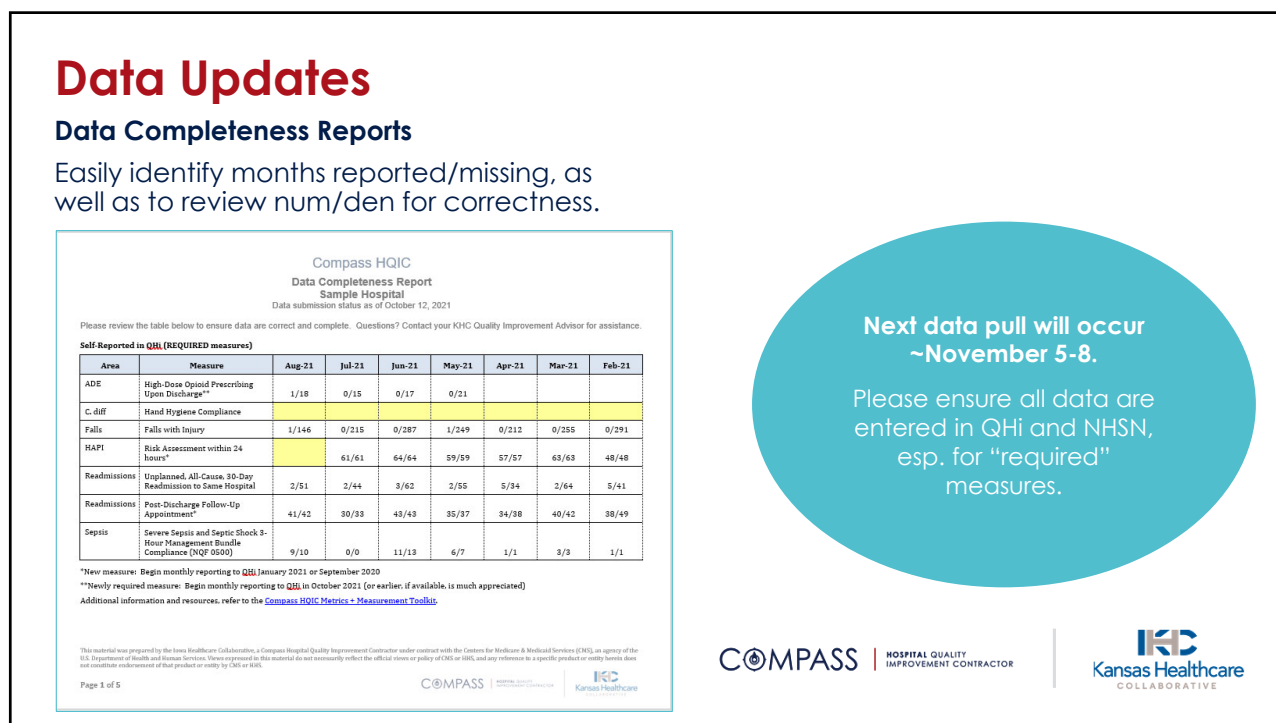
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QHi Review Session



Thursday, November 11, 2021
1:00 – 2:00 CT

Register here: <https://cc.readytalk.com/r/bi5gs1bq5l3k&eom>

We will cover how to:

- Add New Users
- Select Measures
- Enter and Import Data
- Run Reports



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Register here:
<https://register.gotowebinar.com/register/2595028178714152976>



KONZA Connections: Quarterly Update for members of the KONZA National Network

Thursday, October 28 @ 2 p.m. CT

Thu, Oct 28, 2021 2:00 PM - 3:00 PM CDT

[Show in My Time Zone](#)

*Required field

First Name*

Last Name*

Email Address*

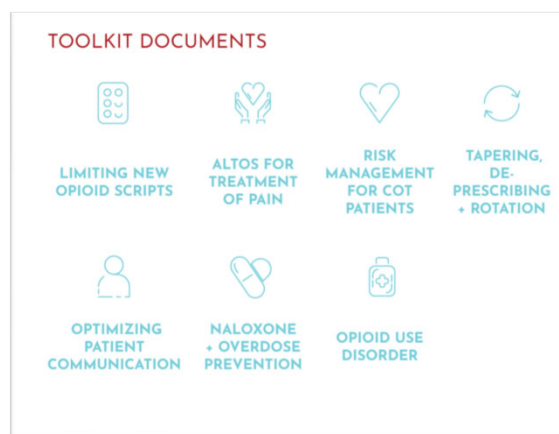
By clicking this button, you submit your information to the webinar organizer, who will use it to communicate with you regarding this event and their other services.

Register

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Compass Opioid Prescribing + Treatment Guidance Toolkit

<https://www.khconline.org/opioid-prescribing-and-treatment-guidance-toolkit?preview=true>



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Now enrolling up to 8 facilities for 2022 project

Overdose Data to Action

KHC and KDHE are inviting applications from hospitals and clinics to join a clinical quality improvement project to prevent and decrease harms associated with controlled substances, such as opioids and Substance Use Disorder (SUD).

Eligible hospitals and clinics:

- *Serve a high-risk population*
- *Have a need for education, training, policy development and technical assistance around safe prescribing*

For more information, visit www.khconline.org/od2a

and contact Mandy Johnson, MBA, CRHCP

KHC Program Director

Desk: (316) 681-8200 | mjohnson@khconline.org

OD2A Project Goals Summary

1. Increase provider and health system awareness of and support for guidelines
2. Decrease high-risk opioid and/or high-risk controlled substance prescribing
3. Support development of clinical quality improvement around substance use disorder screening, referral, overdose management and linkage to care for patients presenting in the clinic or emergency department.

Project ends August 31, 2022

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In Development: Health Equity

Compass HQIC is currently planning:

- + Four health equity focus group discussions (this Fall)
- + Readmissions and Equity Learning and Action Series (Jan-May 2022)
- + Reassess progress in HEOA metrics in January
- + And more. . . Stay tuned!



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Readmission Risk Assessment Review



Find it on iCompass Academy
<https://education.ihconline.org/>

Join the Compass HQIC team for a general review of the Compass Readmission Measures. During the hour-long course, readmission risk assessment tools will be explored, and Compass HQIC partner hospitals will share how they have successfully implemented a readmission risk assessment.

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Do you have a PFAC?

New Patient + Family Advisory Council (PFAC) Tracks

Speaker

Pat Merryweather-Arges, Executive Director, Project Patient Care, Chicago, IL

Pat Merryweather-Arges serves as the executive director of project patient care bringing the voice of patients, residents, families and caregivers to policy and performance improvement initiatives. She has served as an executive director of a three-state QIO and senior vice president with the Illinois Hospital Association. Merryweather-Arges serves on the IHC Board of Directors and state, national and international healthcare, quality and safety boards and committees. She also is a child life volunteer at a children's hospital for the past 28 years.



Value of PFACs to Hospital Staff, Patients + Families

October 21
1:00 - 2:00 PM (CDT)

Overview

Review and restart the strategic and governance framework for PFAC staff.

Objectives

- Describe the value PFACs have in improving the patient experience
- Identify the characteristics of PFACs that are having a positive effect on quality, safety, and the patient experience
- The important role of PFACs in healthcare and why your hospital should have a PFAC
- Give examples of successful PFACs and discuss need for alternative technology if not able to meet in person

Register

Setting the Stage for a New PFAC

November 4
1:00 - 2:00 PM (CDT)

Overview

Develop the strategic and governance framework for a new PFAC.

Objectives

- Describe the key components that each hospital should internally discuss and address for a PFAC
- Review the PFAC Foundation checklist of key components that should be addressed by different administrative and clinical areas
- Develop guidelines for the PFAC to ensure PFAC members are representative of the community that integrate diversity, equity, and inclusiveness
- Propose a plan of action and timeline to hospital for addressing all key components of a PFAC Charter

Register

Engaging PFAC Members

December 16
1:00 - 2:00 PM (CST)

Overview

Explore strategies for engaging PFAC members continuously throughout their term.

Objectives

- Explain the importance of each meeting in terms of providing information and soliciting input and solutions
- Review the key guidelines including the importance and appreciation of everyone's voice reflective of the diversity of the community
- Identify key areas of input needed by PFAC and plan meetings

Register

Upcoming PFAC Podcasts

Best approaches for PFAC recruitment + interviewing

November 18

Objectives

- Explain the importance of each meeting in terms of providing information and soliciting input and solutions
- Review the key guidelines including the importance and appreciation of everyone's voice reflective of the diversity of the community
- Propose taking the PFAC members on a tour of the hospital along with exploration of units; may need to rotate tours to avoid any unit disruption
- Identify key areas of input needed by PFAC and plan meetings

Tune In

Review of Accomplishments

January 2022

Objectives

- Describe and review success stories on recruitment and valuable meetings
- Schedule and develop connections with PFAC members and staff

Tune In

Next sessions are November 4 and December 16.

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Restart Your PFAC

Restart Patient + Family Advisory Council (PFAC) Tracks

Reviewing and restarting the strategic and governance framework for staff and PFAC members.

Speaker

Pat Merryweather-Arges, Executive Director, Project Patient Care

Pat Merryweather-Arges serves as the executive director of project patient care bringing the voice of patients, residents, families and caregivers to policy and performance improvement initiatives. She has served as an executive director of a three-state QIO and senior vice president with the Illinois Hospital Association. Merryweather-Arges serves on the IHC Board of Directors and state, national and international healthcare, quality and safety boards and committees. She also is a child life volunteer at a children's hospital for the past 28 years.



Value of PFACs to Hospital Staff, Patients + Families

October 21
1:00 - 2:00 PM (CDT)

Objectives

- Describe the value PFACs have in improving the patient experience
- Identify the characteristics of PFACs that are having a positive effect on quality, safety, and the patient experience
- Outline the important role of PFACs in healthcare and why your hospital should have a PFAC
- Give examples of successful PFACs and discuss need for alternative technology if not able to meet in-person.

Register

Restart of PFACs with New Staff + PFAC Members

November 9
1:00 - 2:00 PM (CST)

Objectives

- Review value and key components, including charter, of a PFAC
- Determine what comes first in terms of action - recruitment or re-educating staff
- Review membership recruitment plans to ensure representation on PFAC reflects the community and is diverse, inclusive, and equitable.
- Develop and implement plan of action for re-start

Register

Restart of PFACs with Current Members

Coming November 9

Objectives

- Assess current status on project time line compared to where one wanted to be at this time
- Review the experience of PFAC members to determine gaps
- Generate a plan to address key areas and top priorities

Tune In

Next session is November 9

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Upcoming HQIC learning events



Monthly Compass HQIC Newsletter

Watch for more upcoming events in the Compass Navigator delivered to your inbox on the 1st of each month.

- + Let's ReBoot: Examining Strategies to Reset Culture + Practices Around CLABSI Reduction

Part 1 – October 27 11:00-12:00pm CDT

Part 2 – November 10 11:00-12:00pm CDT

- + Exploring Strategies to Prevent Hypoglycemia in Hospitalized Patients

October 28 12:00-1:00 CDT

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U.S. Antibiotics Awareness Week is Nov. 18-24

Be Antibiotics Aware Partner Toolkit

<https://www.cdc.gov/antibiotic-use/week/toolkit.html>

Check out CDC's USAAW Be Antibiotics Aware Partner toolkit! This toolkit contains key messages, social media content, graphics, and more to help you and your organization prepare for USAAW. We encourage you to share this toolkit widely with your organization and partners to help raise awareness of the observance week.

SHARE SHARE SHARE



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Upcoming Events

KHC Office Hours

Register once for all remaining sessions. Save recurring appointment to your e-calendar. Keep abreast of KHC program updates, learn from subject matter experts and peers.

- + November 24
- + December 22

KHC Office Hours registration link:

https://us06web.zoom.us/webinar/register/WN_0SEpCyayQga-TlIGz4kvgQ

All sessions are held from 10 to 11 a.m. CT.
Sessions will be recorded and posted to KHC Education Archive at www.khconline.org/archive.



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Next Steps

- + Begin tracking high-dose opioid prescribing measure (Oct.)
- + Ensure data entry is current and timely
- + Schedule next coaching call (if not already set)
- + Review your Q.I. Work Plan and progress toward 2021 goals
- + Log into iCompass Forum and iCompass Academy to engage and learn.
- + Watch your inbox for the Compass Navigator on November 1st.



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Have Questions, Need Help?

Kansas Healthcare Collaborative

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Questions?



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Thank you for joining us.

We invite your feedback.

What was a key take-away?
What are 3 next steps based on the information shared?

Please complete our brief feedback survey.

<https://www.surveymonkey.com/r/KHC-office-hours-10-27-2021>



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Connect with us on:



Rhonda Lassiter
Operations Manager



Treva Borchert
Project Coordinator



Phil Cauthon
Communications Director



Michele Clark
Senior Director of Quality Initiatives & Special Projects



Eric Cook-Wiens
Data & Measurement Director



Heidi Courson
Quality Improvement Advisor



Jill Daughette
Quality Improvement Advisor



Azucena Gonzalez
Health Care Quality Data Analyst



Malea Harvickson
Program Director



Mandy Johnson
Program Director



Erin McGuire
Quality Improvement Advisor



Rosanne Rulkowski
Senior Director of Quality Initiatives



Patty Thomsen
Quality Improvement Advisor



Rebecca Thurman
Quality Improvement Advisor

→ Find contact info, bios,
and more at: www.KHOnline.org/staff

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