

Improving Opioid Prescribing Practices of Advanced Practice Providers

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Opioid Epidemic

- Prescribing opioids for chronic pain has been identified as the main contributing factor in opioid misuse (Nelson, Juurlink, & Perrone, 2015)
- Health Care Providers (HCPs) are directly or indirectly the primary source of opioid abuse (Nelson, Juurlink, & Perrone, 2015)
- According to the CDC (2017):
 - 75% of those that misuse opioids use opioid prescribed to someone else
 - In 2009 teenagers reported that prescription drugs were easier to obtain than alcohol

Project

- Baylor University Medical Center (BUMC) in Dallas, Texas, partnered with the Society of Hospital Medicine to in an effort to reduce adverse events associated with opiate use.
- This DNP project was a part of this larger project, where this DNP student focused on the Advanced Practice Providers (APPs) at BUMC
- Overall Objective:
 - Increase HCP knowledge of opioids and to improve opioid prescribing practices through education
 - Evaluated via a t-test to compare pre-education scores with post-education scores using SPSS

Intervention

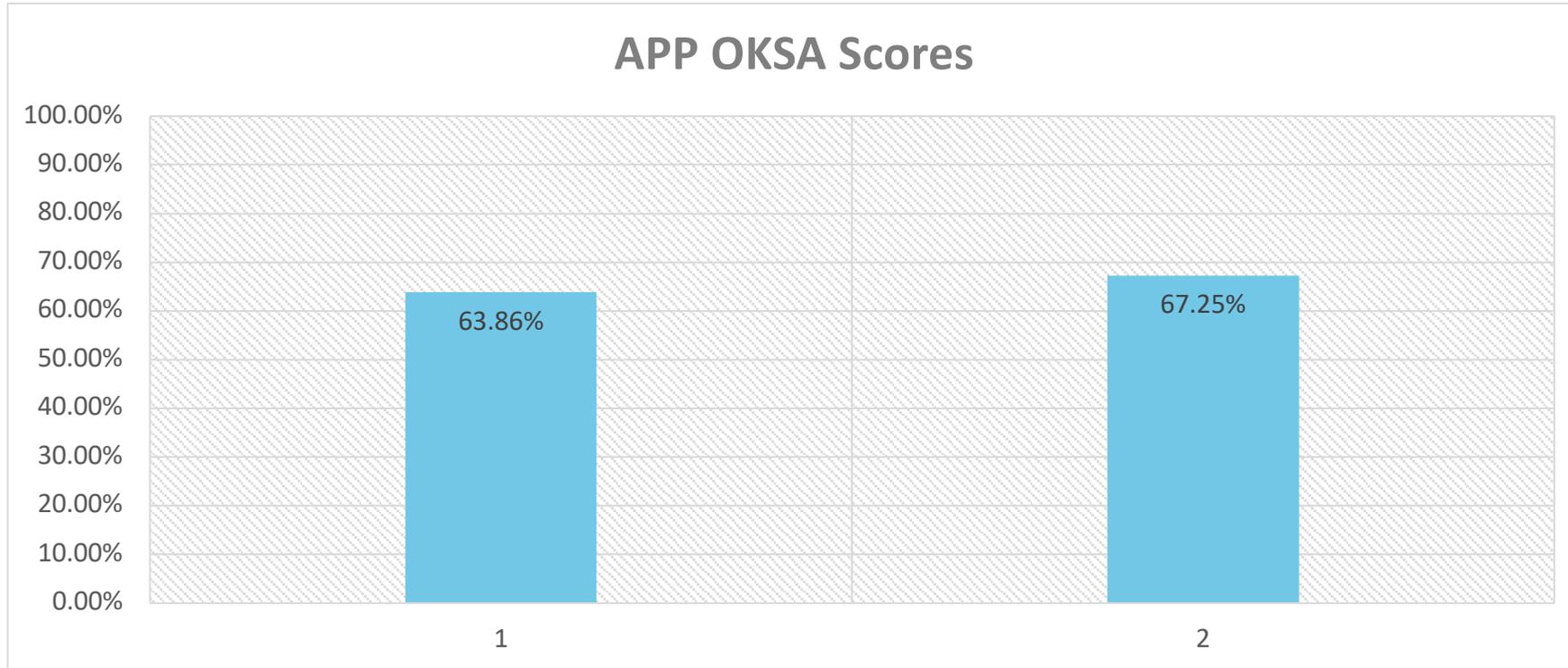
- Advanced Practice Providers (APPs) were the focus group of this Quality Improvement (QI) project
- APPs were asked to complete the Opioid Knowledge Self Assessment (OKSA) survey.
 - These results were used to develop targeted education

Targeted Education

7 online modules developed using Articulate 360

- Module 1: Introduction
- Module 2: Current Opioid Crisis
- Module 3: Impact of Opiates on Hospital Length of Stay
- Module 4: Identifying Risks for Opiate Adverse Effects
 - Who is at risk for over sedation (#1)
 - What medication combinations should be ordered with extreme caution (#3)
- Module 5: Opiate equivalents (#2)
 - Appropriate dosing for the opioid naïve patient
 - Appropriate dosing for the opioid tolerant patient
 - How to dose when a patient is on chronic pain medications
- Module 6: Multimodal Therapy
- Module 7: Non-pharmacological treatment options

Results



Project Evaluation

Project Strengths

- Was not scientifically significant, but did demonstrate an increase in APP opioid knowledge, which was the main goal
- Easily reproducible for future studies
- Does align with the literature used to support the QI project
- Met a need in the midst of the opioid crisis
- Also met the need of opioid education requirement for The Joint Commission (TJC)

Project Limitations

- Small sample size
- Anonymous participants
- Modules not assigned via a platform that could track completion
- Short time frame of the study

Recommendations

- Addition of the opioid risk assessment tool as a hard stop in the EHR
- Have all HCPs view the opioid provider modules
- Have all newly hired HCPs view the opioid provider modules
- Use the current modules as a basis for developing more in-depth opioid modules that could serve as continuing education for HCPs
- Monitor the use of prescription monitoring programs by HCP to ensure compliance

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