Creating an Integrated Opioid Policy for Multi-State Hospice Practices: Improving Opioid Compliance and Patient Safety

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The nation is currently immersed in an opioid epidemic. While stakeholders recognize the critical need to improve opioid-related processes and policies, multi-state hospice providers are faced with the challenge of ensuring improved patient access to safe opioid treatment and minimizing patient harm while adhering to state-specific regulations. The DNP project was implemented to improve opioid-related processes and policies across 35 states.

Objectives

Aim 1: Create a repository of federal, state, and local opioid regulations.
Aim 2: Appraise and synthesize opioid regulations to develop a comprehensive hospice practice-specific opioid policy.
Aim 3: Implement the policy system-wide across 35 states to ensure safe, compliant opioid practice.
Aim 4: Facilitate clinician adherence to the policy.

Methods

Aim 1: Using Microsoft Office 365 SharePoint, the Policy Manager downloaded all federal and state opioid regulations to create a sustainable, centralized repository.
Aim 2: Applying the KTA framework, opioid laws and regulations were synthesized by a multi-disciplinary core team. The gathered knowledge was translated into actionable system-level policy for hospice practice.
Aim 3: Policy and protocol requirements were embedded into the electronic medical record (EMR) documentation software and education was disseminated via mandatory webinars and an online learning management system.
Aim 4: Clinician adherence to policy and protocols was monitored via EMR system-generated reporting. A comparison of opioid-related events pre- and post-policy implementation was conducted.

Results

By end of November 2020, 100% of the hospice clinicians received education on the umbrella opioid medication policy and state-specific guidance. Clinician adherence to policy and protocols was measured, with at least 50% reduction seen in each of the opioid-related event categories.

Type of Opioid-Related Events

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<tbody>
<tr>
<td>Prescriber failure to follow opioid protocol</td>
<td>0</td>
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<tr>
<td>Clinician failure to follow opioid policy</td>
<td>20</td>
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<tr>
<td>Clinician failure to follow opioid disposal protocol</td>
<td>6</td>
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<tr>
<td>Clinician failure to do opioid medication reconciliation during home visit to the patient</td>
<td>18</td>
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In each of the opioid-related event categories, at least 50% reduction was observed.