

Utilizing an Opioid-Sparing Approach in Treating Orthopedic Patients



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INTRODUCTION

- Drug overdose is now the leading cause of accidental death in the United States, and opioid addictions are driving this epidemic.
- A majority of heroin users started by using prescription narcotics, often switching for reasons related to cost or availability.
- Orthopedic post-surgical patients represent a large cohort that receives opioid prescriptions, often in substantial quantities.
- Prudent use of these medications is important in diminishing the overall number of narcotics in circulation.

PURPOSE

- Our large, urban, academic department aimed to develop and implement pain management protocols which limit the use of narcotics, while leveraging a multimodal approach in treating the pain of orthopedic patients.

IMPLEMENTATION STRATEGIES

- Several initiatives have been put into place over the last few years to this end in New York State:
 - In 2013, New York instituted the electronic prescription monitoring program (PMP), where prescribers were required to query this before controlled substances were prescribed.
 - In October, 2015 e-prescribing of controlled substances became mandatory.
 - In July, 2016, new state law limited prescribed supply of acute pain opioids to seven days.
 - Finally, in July, 2017, a three-hour educational requirement was put into effect for all opioid prescribers.
- As thought leaders in our field, it is of great importance for us to initiate prescribing protocols.

IMPLEMENTATION STRATEGIES

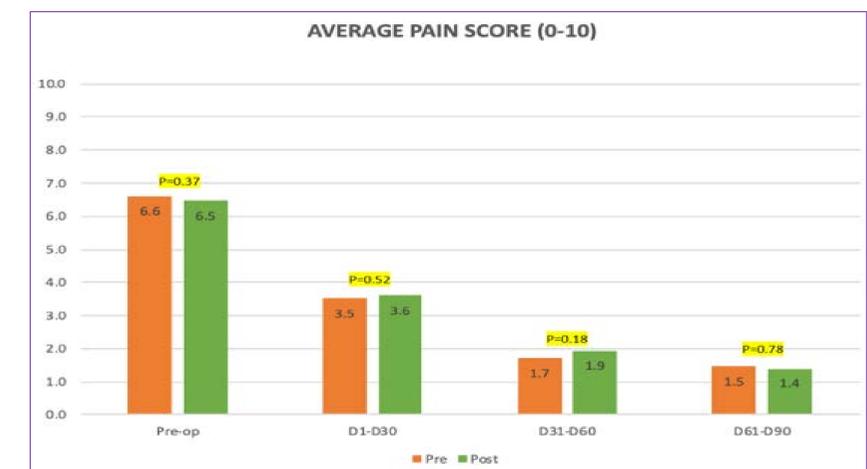
- Team members including: nurses, surgeons, anesthesiologists, and pharmacists worked together to develop processes and workflows to create an efficient program.
- An interdisciplinary project timeline was created.
- The team created criteria for appropriate patient selections.
- Surgeon lead initiated patient education on the opioid sparing initiative in their respective offices.
- Nursing was responsible for the creation, implementation, and reinforcement of patient education.
- Advance Practice Nurses provided education to residents, registered nurses and other clinical staff.
- The Pre-Admission Testing Unit was responsible for educating the patients on the opioid sparing protocol as well as setting expectations pre-operatively.

Patient Education

OUTCOMES

- All interdisciplinary team members have responded positively to the change in process, which has provided a pathway to increase patient satisfaction and quality of care.
- It is possible to achieve high patient satisfaction levels with minimal narcotic usage in many circumstances.
- Opioid prescriptions and the amount of MMEs have been significantly reduced across our department.
- Processes and pain management scores will be continually evaluated for further improvement opportunities.

CONCLUSIONS



- There is no significant difference in pain scores in the patient taking narcotics compared to those who do not.
- The major difference is seen in those patients treated without narcotics as they do not have dependency issues or side effects from the medication.

