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Aim

Assess the potential impact of multiple interventions on Schedule II & III opiate prescribing patterns of ED providers in four urban/suburban hospitals.



The opioid epidemic takes one life every 12 minutes*

Actions Taken

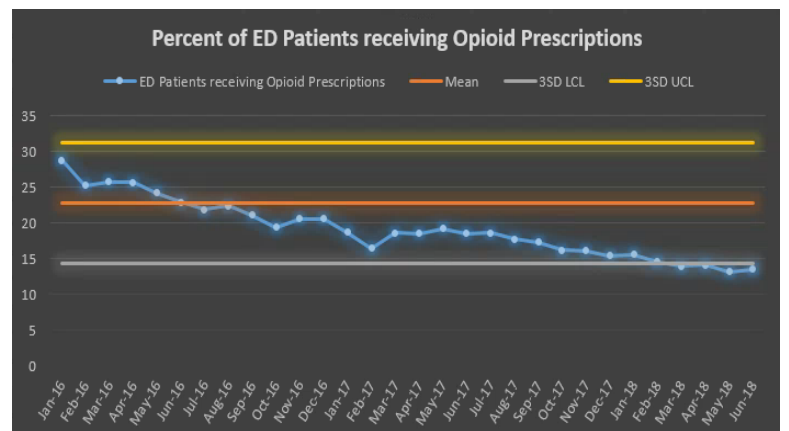
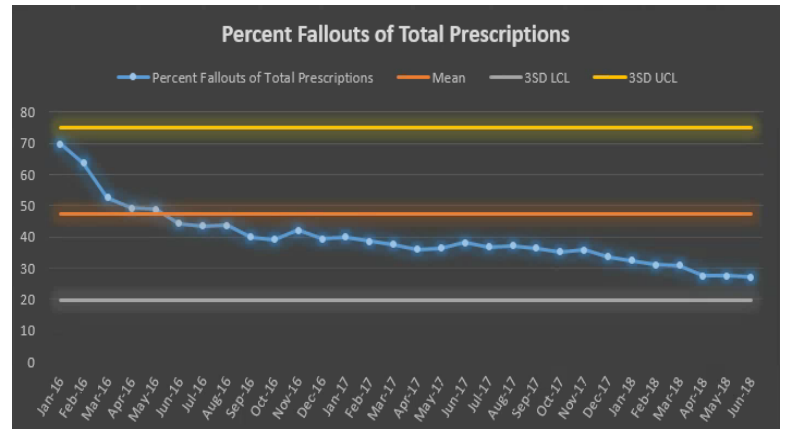
During the 18-month period from Jan '17 – July '18, three substantial interventions were implemented:

- Draft informal controlled substance prescribing guidelines
- Grant access to a Prescription Drug Monitoring Database (PDMP)
- Create a multi-disciplinary Opioid Stewardship Program (OSP)

4 out of 5 heroin users abused a prescription opioid first**

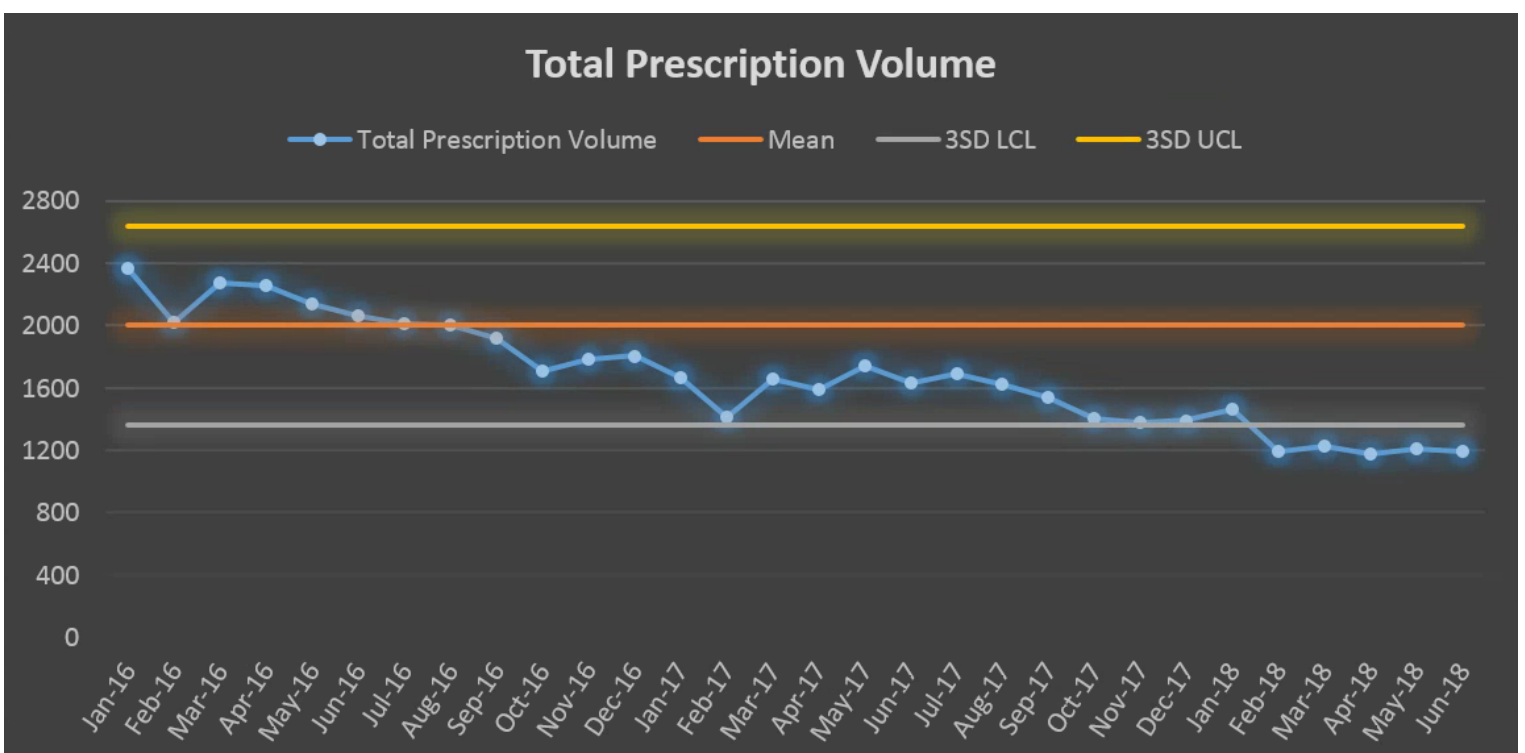
Results & Discussion

All ED providers' prescribing were monitored prior to, during, & after interventions. Total prescription volume & percentage of ED patients receiving opiate prescriptions were tracked. Also, the OSP established a goal opiate prescription supply of no more than 72 hours, with fall-outs tracked. All measures have shown consistent downward trends.



Next Steps

- Continue to monitor prescription volume and investigate fallouts
- Display the total EMR calculated Morphine Equivalent Daily Dose (MEDD) score for each patient in a prominent location
- Explore CDC prescribing recommendations
- Publish a best practice advisory (BPA) for concomitant prescriptions of CNS depressants



*Retrieved from <https://www.cdc.gov/drugoverdose/epidemic/index.html>—Wide-ranging online data for epidemiologic research (WONDER). Atlanta, GA: CDC, National Center for Health Statistics; 2017. Available at <http://wonder.cdc.gov>.

**Retrieved from <https://searchandrescueusa.org/> - Jones CM. Heroin use and heroin use risk behaviors among nonmedical users of prescription opioid pain relievers—United States, 2002-2004 and 2008-2010. *Drug Alcohol Depend.* 2013;132(1-2):95-100.