



## OPIOID STRATEGY FOR HOSPITALS

### BACKGROUND:

As with many other states, Alaska is experiencing an opioid crisis. Governor Bill Walker issued a disaster declaration on the opioid epidemic on Feb. 15, 2017. The declaration established a statewide overdose response program and enabled the wide distribution of naloxone.

The State Legislature passed legislation to address the opioid crisis during the 2017 session. HB 159 allows patients to execute a voluntary non-opioid directive, enables Alaskans to request partial refills of opioid prescriptions from pharmacists without voiding the remainder of the prescription, limits first-time opioid prescriptions to no more than a 7-day supply (with exceptions), strengthens reporting and education requirements for health care providers and pharmacists, and requires the controlled substance prescription database to be updated daily rather than weekly. ASHNHA supported HB 159 and collaborated with the Department of Public Health to ensure that the bill's provisions were workable in the inpatient and emergency department environments.

**PREVENT**  
dependence on opioid drugs

**REDUCE**  
addiction by recognizing and treating it

**REVERSE**  
the life-threatening effects of overdose

The ASHNHA emergency department coordination project is working on several things that impact opioids. Alaska's emergency department physicians agreed on and implemented statewide narcotic prescribing guidelines. The effort is underway to integrate prescription drug monitoring program data into the EDIE, but the process of working with the state to accomplish the interface has been slow.

Impacting the opioid problem is a priority for CMS and ASHNHA has an opportunity to use existing contract funding for the Partnership for Patients to assist hospitals to take further action to impact the opioid crisis.

There is an opportunity to strengthen coordination with the State Division of Public Health Opioid efforts and partner with other groups such as Alaska Behavioral Health Association, ACEP, Mt Pacific Quality Health, Alaska Primary Care Association, AK State Medical Association, Division of Healthcare Services – Survey & Licensing, etc.

The ASHNHA Patient Safety Committee has interest in taking on this issue and will focus the next few monthly meetings to identifying strategies in this area. Their effort will be

more effective with the support of ASHNHA board and executive committee members to set the direction for action.

### **POTENTIAL ACTIONS:**

- Develop coordinated action plan for hospitals and nursing homes.
- Continue to publicize the uniform statewide guidelines for prescribing narcotics in an emergency department (ED). Ensure each ED has adopted the guidelines.
- Explore opportunities for using Alternatives to Opioids (ALTOs) in hospital Emergency Departments (recent Colorado demonstration project).
- Improve opioid safety in hospitalized patients such as standardized tool for monitoring sedation levels and standardized post-op comfort plans.
- Promote use of comfort scale rather than pain scale. Offer comfort resources. Look at the placebo effect of negative words.
- Identify ways to utilize the PDMP to support improved prescribing practices.
- Support notification of prescriber when a patient overdoses on opioid.
- Develop protocols to support the initiation of medication assisted treatment in hospitals for inpatients and/or in the ED. This would require close collaboration with partners in outpatient programs for on-going support and treatment.
- Develop voluntary opioid withdrawal programs in hospitals.
- Establish drug take back programs for opioids and other unused medication in each hospital or community.
- Promote use of an opioid knowledge assessment for providers, nurses, pharmacists, etc.
- Sponsor professional education on opioid topics.
- Share promising practices on caring for IV drug users with infections, endocarditis, etc. and harm reduction strategies.
- Expand Naloxone distribution to patients at risk of overdose when leaving hospital or ED.
- Support hospitals to facilitate community awareness of opioids such as providing presentations on opioids in the community.