Colorado Opioid Safety Pilot Results Revealed



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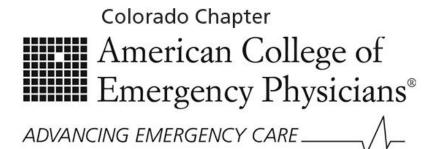


Partners













Background

Need:

CHA hospitals requested support for opioid work

Opportunity:

Pain is the #1 reason for ED visits

Solution:

Colorado ACEP 2017
Opioid Prescribing &
Treatment Guidelines first
in the nation to promote
alternatives to opioids in
EDs





ALTOs - Colorado ACEP Guidance

- 1. Non-opioid medications first
- Opioids as rescue therapy
- 3. Multimodal and holistic pain management
- 4. Pathways:
 - Kidney stones
 - Low back pain
 - Fractures
 - Headache
 - Chronic abdominal pain



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Objectives

GOAL

Reduce administration of opioid medications in ED by implementing the Colorado ACEP 2017 Opioid Prescribing & Treatment Guidelines.

AIM

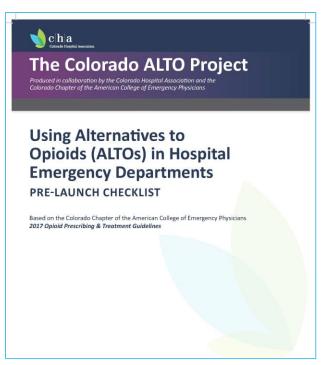
Reduce administration of opioids by 15 percent as measured in morphine equivalent units (MEUs).





Pilot Overview

- 10 pilot sites identified hospital lead and team members
- CHA, steering committee and subject matter experts provided:
 - Technical assistance
 - Order sets
 - Stocking guidance
 - Educational support
 - Peer trainings
 - Data support
 - Analytics platform
 - Regular data review
 - Marketing and communication
 - Internal and external communication templates







Measures

Opioids Used

Total administration (in MEUs)/1,000 ED visits

Total number of treated pain visits/1,000 ED visits

ALTOs Used

Total administrations/ 1,000 ED visits

Total number of treated pain visits/1,000 ED visits

ED HCAHPS Responses

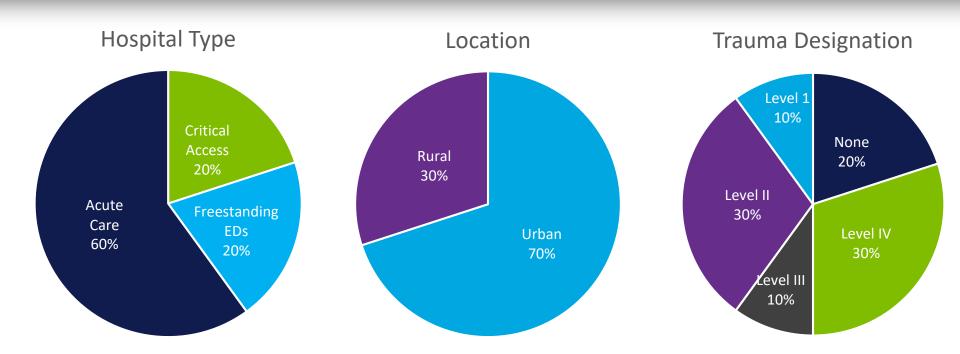
How well was your pain controlled?

Would you recommend this ED?





Participating ED Characteristics



Annual ED visit range: 4,164 – 59,753 (median = 26,297)

Licensed bed range: 0 - 408 (median = 169)





Overall Results

36%

in opioid administration

Measured in MEUs/1,000 ED visits across all 10 EDs

2017 vs. 2016

31%

in ALTO administration

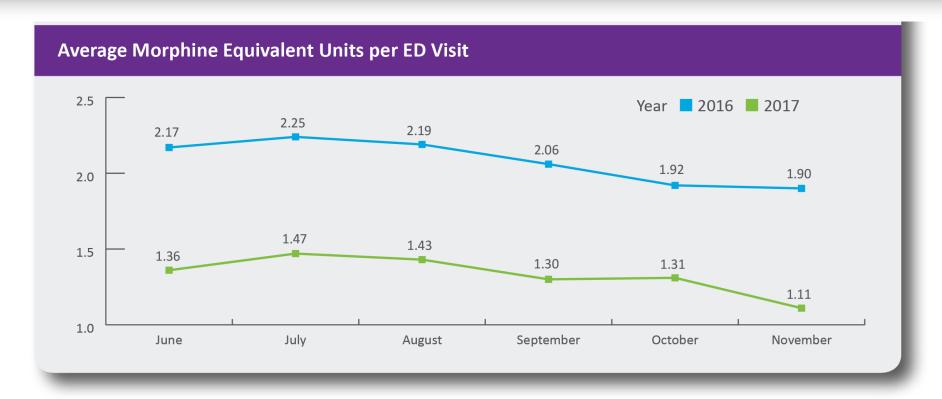
35,000

fewer projected opioid administrations during the pilot than during the baseline period





Overall Results

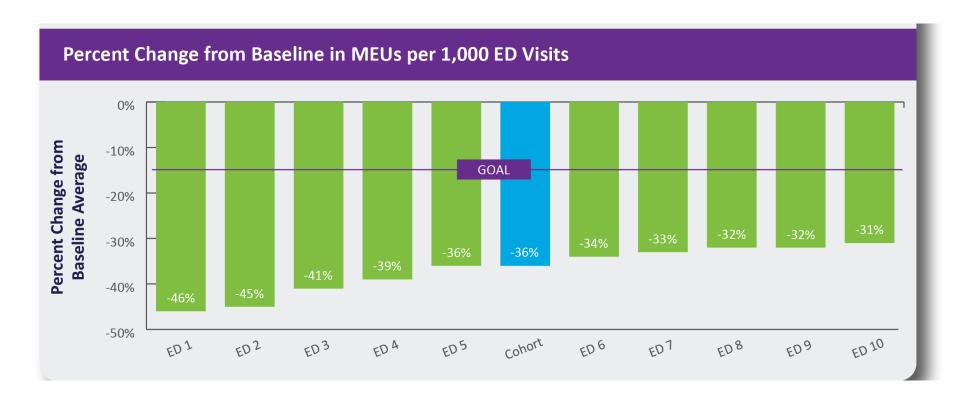


* Reductions in MEUs/visit decreased throughout the pilot period





Overall Results – by Site

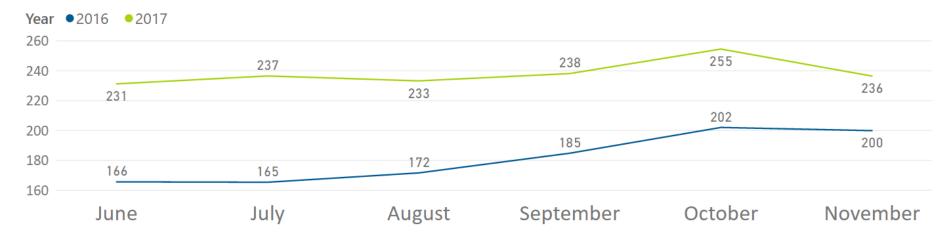






Overall Results - ALTO Use

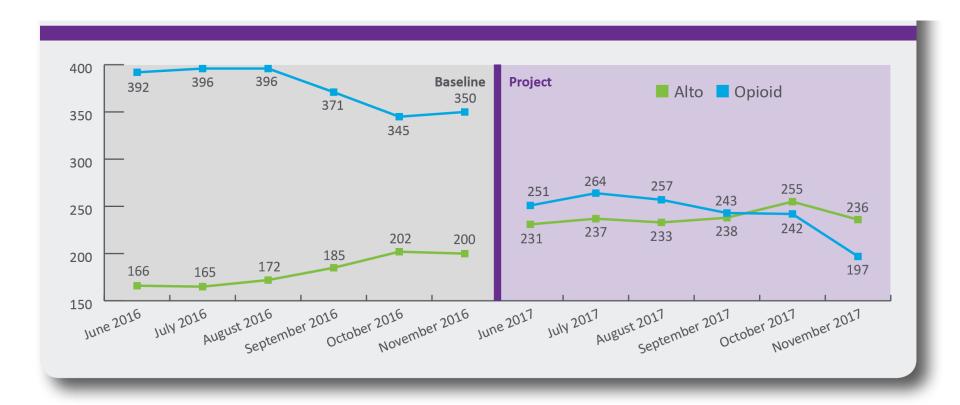
Total ALTO Administrations per 1,000 ED Visits







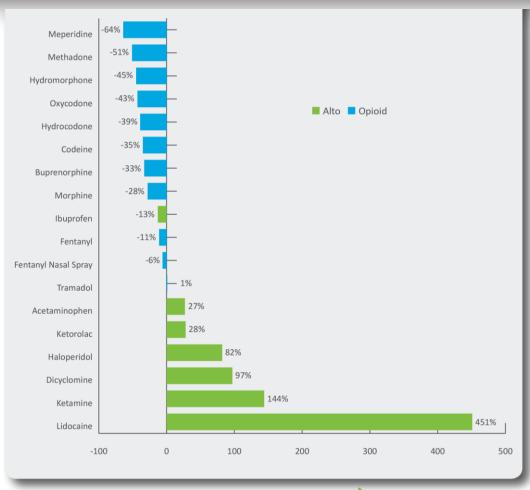
ALTO vs. Opioid Use Over Time







Change in Medication Administration

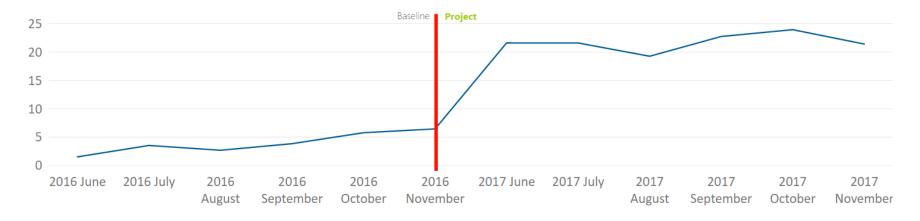






Lidocaine Use

Total Lidocaine Administrations per 1,000 ED Visits







Ketamine Use

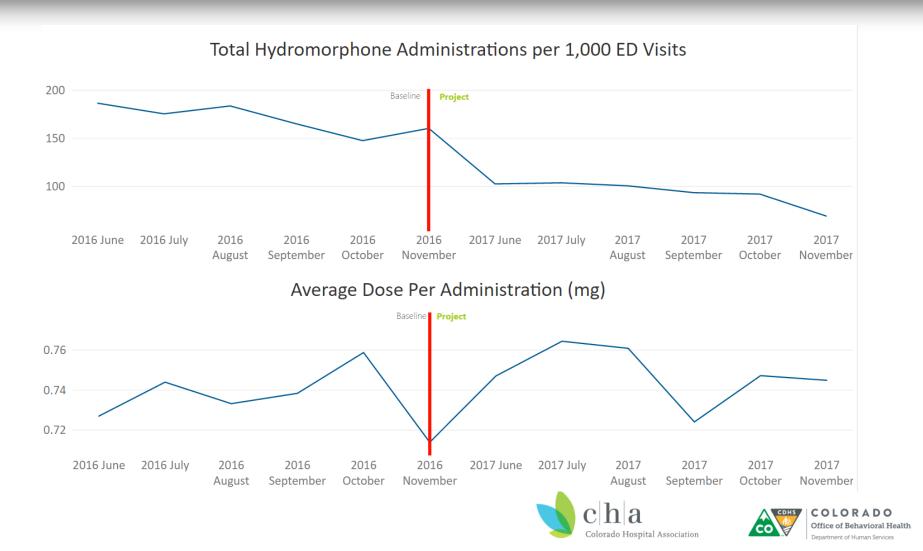
Total Ketamine Administrations per 1,000 ED Visits



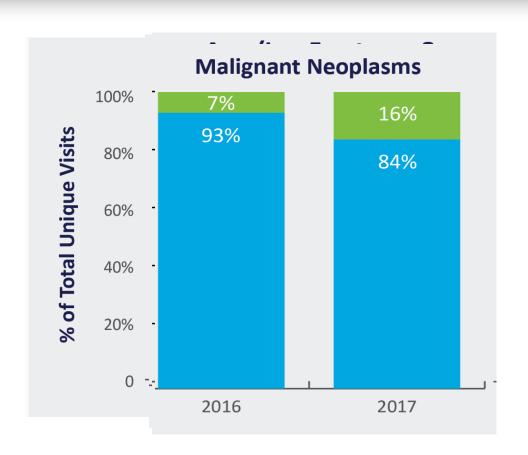




Hydromorphone Use



Total Unique Visits by Diagnosis









Limitations

- 1. Small pilot with significant support
- 2. No control hospitals
- 3. Limited assessment of balancing measures:
 - ED length of stay
 - Adverse reactions or outcomes related to ALTO usage





Conclusions

Colorado ACEP 2017
Opioid Prescribing &
Treatment
Guidelines are
effective in reducing
opioid usage.

ALTOs for pain in the ED is a feasible and effective strategy.

Significant change to clinician culture regarding pain treatment.

The Colorado Opioid Safety Pilot ED ALTO approach should be disseminated statewide.





Colorado Opioid Safety Pilot Next Steps

Complete analyses and disseminate results

Assist pilot hospitals with sustainability plans

Provide support from CHA and Colorado ACEP for Colorado EDs implementing the ALTO approach

Identify additional venues for implementation (e.g., promote out-of-state adoption)





Thank you and Congratulations!

- Boulder Community Health
- Gunnison Valley Health
- Sedgwick County Health Center
- Sky Ridge Medical Center
- Swedish Medical Center

- UCHealth Greeley Emergency and Surgical Center
- UCHealth Harmony Campus
- UCHealth Medical Center of the Rockies
- UCHealth Poudre Valley Hospital
- UCHealth Yampa Valley Medical Center





You save lives every day ... Thank you.





