

## **Developing an Opioid Stewardship Clinical Dashboard for Adult and Pediatric Inpatient use at a Health System**

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### **Abstract of Proposal**

**Background:** Opioids are the second most common cause of adverse events in hospitalized patients. Combined with an increasing number of opioid-related deaths, these public health concerns have highlighted the need for better clinical guidance. To address this need, agencies such as the Center for Disease Control and Prevention (CDC) and Centers for Medicare and Medicaid Services (CMS) have developed recommendations and regulations surrounding opioid prescriptions.<sup>1</sup> Additionally, The Joint Commission (TJC) has developed new standards surrounding pain management and opioid use.<sup>2</sup> Opioid stewardship programs may be one model for hospitals to ensure safe, rational prescribing to produce optimal clinical benefit and mitigate preventable adverse outcomes. These programs rely on electronic medical records (EMR) to support patient identification, including daily reports of patients with specific opioid orders.

**Objectives:** Our purpose is to develop a systematic approach to assess opioid medications to ensure safe, rational prescribing to produce optimal clinical benefit and mitigate preventable adverse outcomes. Our specific aims include (1) characterizing best practices regarding opioid use implemented at other institutions, (2) determining a list of risk factors for opioid-related adverse events (ORAEs) and (3) creating a clinical dashboard to identify patients with risk factors for ORAEs.

**Methods:** For **Specific Aim 1**, we will conduct a cross-sectional electronic survey of best practices implemented at other hospitals via listserv distribution (including ASHP, Vizient™ and the Epic user web). Data collection will include programs implemented or other best practices such as formulary restrictions, specialist involvement for high risk patients, types of risk factors screened and educational activities. The findings will be reported using descriptive analysis and a coding tree will be used for free text responses. We will also conduct follow up interviews with institutions which agree to be contacted and have implemented active surveillance of opioids as the key intervention. These interviews will be used to determine more information about workflow and implementation barriers. For **Specific Aim 2**, we will determine a list of risk factors for ORAEs developed from an expert panel utilizing the Delphi method. The expert panel will consist of 15 participants consisting of internal and external experts from various disciplines, practice types and specialties. The approach will establish a consensus on risk factors. For **Specific Aim 3**, we will create a clinical dashboard to identify patients with risk factors for ORAEs at our institution. We will use established risk factors to develop EMR build specifications. In addition, we will establish the roles and responsibilities for use and the metrics to evaluate dashboard outcomes.