Improving Opioid Prescribing Practices of Advanced Practice Providers

Jennifer J. Jones DNP, APRN, AGCNS-BC, CCRN-K

2021 Fourteenth National Doctors of Nursing Practice Conference

August 11-13, 2021
Opioid Epidemic

• Prescribing opioids for chronic pain has been identified as the main contributing factor in opioid misuse (Nelson, Juurlink, & Perrone, 2015)

• Health Care Providers (HCPs) are directly or indirectly the primary source of opioid abuse (Nelson, Juurlink, & Perrone, 2015)

• According to the CDC (2017):
  • 75% of those that misuse opioids use opioid prescribed to someone else
  • In 2009 teenagers reported that prescription drugs were easier to obtain than alcohol
• Baylor University Medical Center (BUMC) in Dallas, Texas, partnered with the Society of Hospital Medicine to in an effort to reduce adverse events associated with opiate use.
• This DNP project was a part of this larger project, where this DNP student focused on the Advanced Practice Providers (APPs) at BUMC
• Overall Objective:
  • Increase HCP knowledge of opioids and to improve opioid prescribing practices through education
  • Evaluated via a t-test to compare pre-education scores with post-education scores using SPSS
Intervention

- Advanced Practice Providers (APPs) were the focus group of this Quality Improvement (QI) project

- APPs were asked to complete the Opioid Knowledge Self Assessment (OKSA) survey.
  - These results were used to develop targeted education
Targeted Education
7 online modules developed using Articulate 360

• Module 1: Introduction
• Module 2: Current Opioid Crisis
• Module 3: Impact of Opiates on Hospital Length of Stay
• Module 4: Identifying Risks for Opiate Adverse Effects
  – Who is at risk for over sedation (#1)
  – What medication combinations should be ordered with extreme caution (#3)

• Module 5: Opiate equivalents (#2)
  – Appropriate dosing for the opioid naïve patient
  – Appropriate dosing for the opioid tolerant patient
  – How to dose when a patient is on chronic pain medications

• Module 6: Multimodal Therapy
• Module 7: Non-pharmacological treatment options
Results

APP OKSA Scores

1. 63.86%
2. 67.25%
Project Evaluation

Project Strengths

• Was not scientifically significant, but did demonstrate an increase in APP opioid knowledge, which was the main goal
• Easily reproducible for future studies
• Does align with the literature used to support the QI project
• Met a need in the midst of the opioid crisis
• Also met the need of opioid education requirement for The Joint Commission (TJC)

Project Limitations

• Small sample size
• Anonymous participants
• Modules not assigned via a platform that could track completion
• Short time frame of the study
Recommendations

• Addition of the opioid risk assessment tool as a hard stop in the EHR
• Have all HCPs view the opioid provider modules
• Have all newly hired HCPs view the opioid provider modules
• Use the current modules as a basis for developing more in-depth opioid modules that could serve as continuing education for HCPs
• Monitor the use of prescription monitoring programs by HCP to ensure compliance
References


References


References


References


References


References


