

**Submission Id: 4806**

**Title**

*A Team Based Approach to Opioid Safety*

**Priority 1 (Research Category)**

Social determinants and vulnerable populations

**Presenters**

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**Abstract**

Context: In the setting of record level drug overdose deaths, the University of Rochester Medical Center brought together diverse stakeholders in a time-limited Opioid Taskforce to deliver a blueprint for decreasing deaths from opioid overdose.

One fundamental recommendation was to centralize leadership for opioid stewardship efforts throughout the enterprise. The result is an Opioid Safety program designed to lead and unify the Medical Center's efforts on safer approaches to opioid prescribing, increased access and linkage to OUD treatment and improved outcomes.

Objective: We began with careful information gathering to understand the current practices and programs related to opioid safety within the medical system as well as listening to patients and community groups to identify where the biggest opportunities for improvement exist.

Study Design and Analysis: We conducted a series of one-hour structured interviews with specific questions as they relate to Opioid Safety. We then used the 'National Quality Partners Playbook: Opioid Stewardship' to stratify the results.

Setting: A large Academic Medical Center in Rochester, NY

Population Studied: Academic and Clinical departments as well as community organizations and the County Public Health Department.

Instrument: Semi-structured Interview guide and the 'National Quality Partners Playbook: Opioid Stewardship'.

Outcome Measures: Content from the interviews was stratified to the categories from the Playbook which include efforts related to Leadership, Policies, Clinical, Patient and Family Engagement, Monitoring, Accountability, Community Collaboration.

Results: Many departments are working on initiatives related to opioid safety in silos and don't include the community or patient's voice. Of the 91 efforts we reviewed we found that the medical center was doing excellent in 10% in the efforts, intermediate in 58% and needing a lot of improvement in 32%.

Conclusions: The challenge of large institutions is creating multi-disciplinary teams and using efficiency of scale to promote sustainability for these programs. Effectively treating pain and improving safe opioid prescribing require a thoughtful approach that is not always feasible in our current fee-for service environment. An enterprise-wide approach can help make connections between departments and improve efficiency and depth. We plan to review the playbook annually to assess the impact of our program and areas for improvement.