Addressing the Opioid Crisis: Iowa’s Successes

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Pain Clinician MercyOne Des Moines

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Director of Prevention Services, Area Substance Abuse Council
Objectives

- Review the current opioid epidemic in Iowa

- Learn how Linn County Opioid Steering Committee is addressing the opioid epidemic on a community level

- Provide tangible ways to engage your community to address the opioid epidemic in Iowa.

- Discuss approaching the opioid crisis from a prevention standpoint through utilization of comfort and functionality tools.
National Opioid Crisis Statistics
The Opioid Timeline

1950 - 1970
- Oxycodone became widely available
- World Health Organization dismissed belief that morphine was addictive
- Controlled Substance Act was passed
- War on Drugs (Nixon)

1980s
- Opioidphobia
- Explored the use of prescription opioids to treat pain not due to terminal illness

1990s
- Under treatment of pain → successfully lobby for increased use of opioids
- Physicians expanded treatment of pain with new opioids on the market
- Marketing efforts to healthcare providers by pharmaceutical companies

2000 – 2009
- Pain as the 5th vital sign
- Opioid prescribing increased
- The misuse and abuse of opioids quadrupled from 1999 to 2008
- Research began to find abuse deterrent formulations of medications

Opioid Abuse and Misuse Statistics

- Drug overdose is the leading cause of accidental death in the US
- Opioid addiction is driving this epidemic

- Prescription pain relievers QUADRUPLED from 1999 to 2010
  - In 2015 more than 15 MILLION people were using prescription drugs non-medically
  - In 2015 5.1 MILLION people misused pain relievers

- In 2016 over 214 MILLION prescriptions were written for opioids

- 4 in 5 new heroin users started out misusing prescription painkillers
Prescriptions to Heroin Connection

- **Hydrocodone (Lorcet®):** $10/tab
- **Oxycodone Combinations (Percocet®):** $30/tab
- **Oxycontin®:** $80/tab
- **Oxycodone IR:** $50/tab
- **Heroin:** $15/bag

Adopted from the CDC
Illegal Drug Deaths

3 Waves of the Rise in Opioid Overdose Deaths

Wave 1. Rise in Prescription Opioid Overdose Deaths
Wave 2. Rise in Heroin Overdose Deaths
Wave 3. Rise in Synthetic Opioid Overdose Deaths


https://idph.iowa.gov/Portals/1/Publishing/Files/9/27c83546-1cd3-4cf3-973b-122ba2ed8a44.pdf
Iowa Opioid Crisis Statistics
Prescription Rates By County 2006

CDC
https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html
Prescription Rates By County 2013

CDC
https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html
Prescription Rates By County 2017

CDC
https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html
Controlled Substances

Iowa Board of pharmacy Annual Report 2016
Opioid related overdose deaths

<table>
<thead>
<tr>
<th>Year</th>
<th>Iowa</th>
<th>US</th>
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</thead>
<tbody>
<tr>
<td>2016</td>
<td>6.2 deaths per 100,000</td>
<td>13.3 deaths per 100,000</td>
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</table>

*NIH - National Institute on Drug Abuse Opioid Summary by State – updated February 2018
Iowa Legislation

May 14, 2018:
- Governor Kim Reynolds signed HF 2377 into law – also known as the “Opioid Bill”
- Significantly changed the landscape of Iowa’s efforts to combat the opioid epidemic

<table>
<thead>
<tr>
<th>Measure</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>1. State has a Prescription Monitoring Program</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>2. Prescribers are required to use the Prescription Monitoring Program</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>3. Prescription Monitoring Program has 24-hour upload from pharmacies</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>4. State utilizes prescription limits for opioids</td>
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<td></td>
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<tr>
<td>5. State has a Syringes Services Program</td>
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<tr>
<td>6. State has a Good Samaritan Law</td>
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<tr>
<td>7. State has Expanded Naloxone Access</td>
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<tr>
<td>8. State has dedicated funding for Naloxone</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>9. State has Medicaid coverage for all forms of medication assisted treatment</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>10. State requires training on CDC Guidelines for Managing Chronic Pain</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

(✓) Indicates change due to passed legislation

https://idph.iowa.gov/Portals/1/Publishing/Files/9/27c83546-1cd3-4cf3-973b-122ba2ed8a44.pdf
Linn County Opioid Steering Committee

Where We Were &
Where We’re Going
Discussion Questions

• What type of community level activities are occurring in your community?
• Are there challenges/barriers to your community activities?
## Linn County Youth Statistics

### Iowa Youth Survey • 2016 Linn County Results

How much do you think you risk harming yourself (physically or otherwise) if you:
Use prescription medication (that were prescribed for you by your doctor) different from the directions?

<table>
<thead>
<tr>
<th>IYS Question C17</th>
<th>6th Grade</th>
<th>8th Grade</th>
<th>11th Grade</th>
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<td></td>
<td>TOTAL</td>
<td>M</td>
<td>F</td>
<td>TOTAL</td>
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<td>Great Risk</td>
<td>43%</td>
<td>45%</td>
<td>46%</td>
<td>57%</td>
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<tr>
<td>Moderate Risk</td>
<td>16%</td>
<td>14%</td>
<td>18%</td>
<td>19%</td>
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<tr>
<td>Slight Risk</td>
<td>8%</td>
<td>8%</td>
<td>7%</td>
<td>6%</td>
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<tr>
<td>No Risk</td>
<td>21%</td>
<td>22%</td>
<td>20%</td>
<td>14%</td>
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<tr>
<td>Don’t Know</td>
<td>10%</td>
<td>11%</td>
<td>9%</td>
<td>5%</td>
</tr>
<tr>
<td>Percent who</td>
<td>87%</td>
<td>87%</td>
<td>88%</td>
<td>94%</td>
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</tbody>
</table>

ASAC (Area Substance Abuse Council)
Local Cedar Rapids Data
2015

Heroin overdoses - Police Response
Overdose Calls involving Heroin - 60

Heroin overdoses - Hospital Response
Heroin/Opioid Hospital Admissions - 330
Deaths - 20
Local Cedar Rapids Data

2016

Heroin overdoses - Hospital Response

Total Number of overdoses: 874
Number of Heroin Related Deaths: 27
Local Cedar Rapids Data

2017

Opioid overdoses - Hospital Response

Total Number of overdoses: 1005
Number of Opioid Related Deaths: 28
Greater Strengths

• **Fentanyl**
  – Powerful synthetic opiate
  – Similar but more potent than Morphine
    • Up to 100 Times More

• **Carfentanil**
  – Synthetic opioid that is 10,000 times more potent than Morphine and 100 times more potent than Fentanyl
## ASAC Statistics

<table>
<thead>
<tr>
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<td>3</td>
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<td>24</td>
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<td>18</td>
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<td>7</td>
<td>3</td>
<td>9</td>
<td>4</td>
<td>2</td>
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<tr>
<td>51-60</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>6</td>
<td>3</td>
<td>1</td>
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<td>0</td>
<td>0</td>
<td>0</td>
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<td>39</td>
<td>44</td>
<td>32</td>
<td>69</td>
<td>66</td>
<td>52</td>
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</tbody>
</table>
Effective Prevention Strategies

• Iowa Prescription Drug Monitoring Program
  – Allows prescribers and pharmacists to check prescription history of patients

• New CDC Guidelines for Prescribing
  – Acute Short-Term Pain: Prescribed only 3 days
  – Chronic Long-Term Pain: Look to other drugs of other treatments such as PT, Acupuncture, Etc. If nothing else works: smallest amount prescribed and continue ONLY if significant Improvement
Effective Prevention Strategies

• Count, Lock, Dispose
  – Monitor, Monitor, Monitor
  – Properly lock up medication
  – Properly dispose when done using or expired

• Policies in Place
  – School policy
  – Organization/Business Policy
Effective Treatment Strategies

Medication Assisted Treatment

**WHAT MEDICATIONS TREAT OPIATE/OPIOID ADDICTION?**

There are three FDA approved medications for the treatment of opioid addiction:

- **Naltrexone oral** (ReVia®, Depade®)
- **Methadone** (Dolophine®)
- **Buprenorphine** (Suboxone®, Subutex®)

All of these medications act directly upon the opioid receptors, particularly mu receptors. Methadone is a full mu receptor agonist; buprenorphine is a partial mu receptor agonist and naltrexone is a full antagonist. Because of the very different actions of these medications at the receptor level, they can have very different clinical effects during treatment.
What’s Wrong With This?
Let’s Work Together

• Linn County Public Health 2017
• 40 People to report out
  – Sectors included
    • Law enforcement
    • Substance Abuse Agencies
    • Education
    • Medical Providers
    • First Responders
    • Harm Reduction
    • College of Pharmacy
    • Medical Examiner
    • US Attorney
    • Pharmacy

• Steering Committee Idea Discussed
Structure of the Linn County Opioid Steering Committee

• Researched several community based committee strategy plans from
  – Ohio
  – West Virginia
  – New Jersey

• Wanted to find what fit into our needs and our capacity
Structure of the Linn County Opioid Steering Committee

Franklin County Opiate Action Plan

– https://adamhfranklin.org/opiateactionplan/
Key Differences:
• Budget
• Corporate Advisory Council
• Number of People Involved
Structure of the Linn County Opioid Steering Committee

Linn County Board of Health

Opioid Steering Committee

Prevention, Education, & Outreach
First Responders & Law Enforcement
Medical, Treatment & Harm Reduction
Data
Advocacy
Steering Committee

• Key Agencies leading execution of the plan
• Led by Two Chairs
• Will coordinate activities in line with their knowledge
• Two Members of steering committee oversee each sub-committee
• Can recommend people for the sub-committees (or can be appointed by organizations involved)
• Creates Progress Reports and Reports to Community
• Develops and expands community level metrics
• Meets quarterly to discuss subcommittee action and other items that have come up
Steering Committee

- Linn County Public Health
- Area Substance Abuse Council
- Cedar Rapids Police Department
- Linn County Supervisors
- Linn County Sherriff’s Office
- Cedar Rapids Fire Department
- Area Ambulance
- Eastern Iowa Health Center
- Iowa Harm Reeducation Coalition
- University of Iowa College of Pharmacy
- Cedar Rapids Community Schools
- Mt. Vernon Community Schools
- United Way of East Central Iowa

- Cedar Rapids Treatment Center
- Community Health Free Clinic
- CRUSH
- His Hands Free Clinic
- Marion Police Department
- Mercy Medical Center
- Unity Point Medical Center
- Linn County Medical Examiner
- US Attorney’s Office
- Echo Hill Presbyterian Church
- The Gazette
- City of Cedar Rapids Council Member
Sub-Committees

• Two Chairs: One member of Steering Committee
• Meet Monthly
• Identify gaps and make recommendations
• Collaborate with already existing groups
• Continue to recruit members
• Chair will report out at steering committee to
  – Educate on work being done
  – Brainstorm challenges/barriers
  – Ask for assistance if needed
Sub-Committees

- Prevention/Education/Outreach
- First Responders & Law Enforcement
- Healthcare/Treatment/Harm Reduction
- Data
- Advocacy
Prevention/Education/Outreach

• Educate community on Opioid Use Disorder
  – By September 30, 2019, 11 of 22 first responder agencies will agree to distribute resource cards

• Increase accessibility of naloxone
  – By April 1, 2019 assess gaps and needs and create a plan addressing naloxone accessibility within department of correctional services

• Educate community on count, lock and dispose
  – By December 31, 2019 assess opportunities with state pharmacy entities to provide count, lock and dispose information at point of sale including printed information on prescription
First Responders & Law Enforcement

• Educate First Responders in rural communities on Opioid Use Disorder, Identifying an overdose and resources available in the community.
  – By December 31, 2019, the First Responder subcommittee will train 10 of the 23 Fire/EMS agencies in Linn County
Healthcare/Treatment/Harm Reduction

• Reduce opioid overdose fatalities in Linn County and eliminate one-year mortality rate following non-fatal opioid overdoses.
  – By January 1, 2019, Develop post-overdose response team intervention overview
  – By May 31, 2019, Develop full length project funding proposal
  – By June 30, 2019, Submit funding proposal to funders identified
Data

- Prepare accurate statistics annually related to opioid related overdoses and deaths in Linn County pursuant to the direction and continued structure of the Linn County Opioid Steering Committee.
- Prepare annual reports for the Linn County Opioid Steering Committee showing demographics and mapping of opioid related overdoses/deaths.
- Respond to any request for data to support a strategy that has been adopted and approved by the Linn County Opioid Steering Committee or it’s sub committees within 30 days of the request.
- By December 31, 2019, the data subcommittee will establish an interagency data sharing process to enable sharing and illustration of opioid-related data for Linn County.
Advocacy

• Identify areas of advocacy efforts regarding opioids in Linn County for local, state, and federal issues
• Educate elected officials and key stakeholders on the opioid issues in Linn County
• Assist with local events that educate the general public on opioid issues in Linn County.
Wrapping Up

• Overall goals
  – Continue to work to educate community on opioid crisis
  – Identity gaps in resources and work to address them
  – Reduce redundancy in efforts
  – Provide evidence based strategies to prevent crisis from having an even larger impact
Want More Info?

- Erin Foster, ACPS
  - Director of Prevention Services
  - Area Substance Abuse Council
  - efoster@asac.us
  - 319-390-4611 Ext: 193
Iowa Healthcare Collaborative Opioid Guardianship Project
Upstream Story
Hospital Improvement Innovation Network

- **Partnerships**
  - Iowa Healthcare Collaborative (IHC)
  - South Dakota Association of Healthcare Organizations (SDAHO)

- **142 Hospitals**
  - Iowa
  - South Dakota
  - Illinois

- Comprised of approximately 80% Critical Access/Rural hospitals
Opioid Guardianship Project

Purpose:

- Reframe pain to focus on comfort and functionality
- Create a culture of judicious opioid prescribing
- Utilize treatment plans for any patient discharged on an opioid

Who: Hospital based community leaders including, but not limited to: Providers, Pharmacists, Dentists, Nurses, Clinics, Quality Managers, Case Managers, Patient Advocates, Law Enforcement and Emergency Medical Services
Initial Iowa Cohort
Opioid Resource Guide

**OPIOID RESOURCES**

Audubon County

**Drop-Off Sites**

Audubon County Sheriff’s Office

311 Lewis
Audubon, IA 50623
712-969-2831
Open: 24 hours a day, 7 days a week

Shopko Pharmacy

129 North Midwest Street
Audubon, IA 50623
712-969-3002
Open: Monday-Friday 9AM-4PM, Saturday 9AM-1PM

**Treatment Facility**

Audubon County Memorial Hospital

310 Pacific Avenue
Audubon, IA 50623
712-969-2411
Open: 24 hours a day, 7 days a week

**Standing Naloxone Order**

All Walgreens, CVS, Walmart, and Hy-Vee Pharmacy locations

Iowa NFP: https://toxichazard.iowa.gov/cms/amp-information-colorphotos
Comfort Menu
IHC Comfort Treatment Plan

For Acute Conditions

My Realistic Comfort Goals

- Timeframe: At Rest, When Moving
- Plan to Reach Goal

Comfort Scale

- Very Comfortable
- Comfortable
- Somewhat Comfortable
- Somewhat Uncomfortable
- Uncomfortable
- Very Uncomfortable

Pain Relief Options

- Use of Comfort Menu (index)/Alternative pain relieving measures = circle those that you want to try at home (see back of this sheet)
- Pain medication (name, dose, how often, instructions)
- Before you leave the clinic, make sure you understand your provider’s instructions regarding medications to improve your comfort level and treat any pain you might have:
  - What pain medication am I taking?
  - Why am I taking it?
  - How should I take it?
  - What are the side effects that should be watched for?
  - When should I stop taking it?
  - Where do I dispose of unused medication? After how many days?

Call your primary care provider name: ___________________________ if any of the following occurs:
- New or worsening pain
- Side effects of medication
- Question or concern about any aspect of care
- Phone number: ____________________
- Call 911 immediately if you skin is clammy or pale, you have a low heart rate, small pupils, slowed breathing, slurred speech, and/or extreme sleepiness.

Clinic or Health System: ___________________________

Logo Here

For Chronic Conditions

My Realistic Comfort Goals

- Timeframe: At Rest, When Moving
- Plan to Reach Goal

Comfort Scale

- Very Comfortable
- Comfortable
- Somewhat Comfortable
- Somewhat Uncomfortable
- Uncomfortable
- Very Uncomfortable

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Clinic or Health System: ___________________________

Logo Here
Person and Family Centered

Each tool engages the patient to think about their comfort level.

Allows the patient to choose what will increase comfort.

Provides an action plan when transitioning home.

Empowers the patient to ask questions.
Data Collection

- Adverse Drug Event Rate
- Opioid Therapy Treatment Plan
- Stat Naloxone Administration in the Inpatient Population
- Stat Naloxone Administration in the ED
Opioids
Pain is an Epidemic

• Approximately one-third of Americans have some element of chronic pain
  – many for > five years
  – many almost six days a week

• Up to 700 million workdays lost annually from pain-related disabilities

• Chronic pain has a significant economic impact
  – Estimated direct and indirect costs in the United States exceeding $100 billion annually.
Harmful Effects of Unrelieved Pain

- Cardiovascular
- Respiratory
- Genitourinary
- Gastrointestinal
- Musculoskeletal
- Cognitive
Addressing Patient Safety

- Promoting safe and appropriate treatment
- Proactively addressing potential for misuse and abuse
- Empowering patients and families
- Education and awareness
- Opioid and non-opioid treatment alternatives
Opioid Side Effects

- Tolerance
- Physical dependence
- Constipation
- Sleepiness
- Dizziness
- Confusion
- Nausea/vomiting
- Dry mouth
- Itching
- Sweating
- Increased sensitivity to pain
- Depression
- Decrease testosterone
- Decreased sex drive
- Lower energy
- Decreased strength
Opioid Overdose Signs

- Small pupils (pinpoint)
- Weak/droopy muscles
- Scratching (itchy skin)
- Slurred speech
- Loss of consciousness
- Slowed/shallow breathing
- Vomiting
- Pale face
- Purple/blue fingernails/lips
- Slow or erratic heartbeat
MercyOne Des Moines
Tools for Success
Our Vision
MercyOne will set the standard for a personalized and radically convenient system of health services.

Our Mission
MercyOne serves with fidelity to the Gospel as a compassionate, healing ministry of Jesus Christ to transform the health of our communities.
MercyOne Comfort Menu and Comfort Cart

- **Background: New Joint Commission Pain Standards**

  “It is important to have non-pharmacologic pain treatment modalities available for patients that refuse opioids or for whom physicians believe may benefit from complementary therapies.” Joint Commission 2018

- Implemented on all Tower Floors & West Lakes Floors (Group 1) December 2018
- Implement in Specialty Units (Group 2), April 2019
- Mercy Patient Experience is collecting data: baseline from Quarter 1 & 2, compared to Quarter 3 & 4.
- Pain Champions are auditing patient and staff recommendations, successes and barriers, as well as process for stocking carts.
- Staff have been excited, supportive and pleased with outcomes from patients utilizing the Comfort Menu to participate in their care.
- Patients are pleased to know the options available to help keep them comfortable in the hospital and the opportunity to use non-pharmacologic treatments after discharge.
Plan: Personalized Care!

Partnered with:
- Front line staff asking for their “wish list” for patient comfort
- Mercy Patient Experience for available funding
- SPD for additional product cost and availability
- Mercy Axillary for ability to provide items not available in SPD

Design: Innovate!

Partnered with:
- PFAC board & front line staff input on size and comfort items
- PR to develop and design menu
- Interpretation Services to develop menu in Spanish and Bosnian
- Volunteer Services to promote Pet Therapy and expand services
- Mercy Salon to promote service for patients and families

Implement: Improve Daily!

Education:
- Attended huddle for all staff, days, nights and weekends
- Pain Champions to take the lead on updates, audits and maintenance

Process:
On admission each patient receives a comfort menu that is explained by admitting staff and utilized on hourly rounding by all staff.

Tools & Resources:
- Inventory sheets
- Labels for bins
- Paper comfort menu for discharge
- How to for services
- Scripting document

Go Live:
- Pain Management Team and front line staff initiated menus to each room

Available on share drive
Mercy Comfort Menu

At Mercy, your comfort is important to us. As the key member of your health care team, your participation is essential in designing your treatment plan and working together to reach your comfort goals. To assist, Mercy is pleased to offer a variety of options, in addition to medication, to keep you comfortable. If you have any questions or comments, please speak with a member of your health care team.

Place a check next to the options in which you are interested. Discuss with your care team and identify selections that will work best for you while in the hospital.

<table>
<thead>
<tr>
<th>Comfort Items</th>
<th>Comfort Actions</th>
<th>Personal Care</th>
<th>Relaxation</th>
<th>Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue</td>
<td></td>
<td></td>
<td></td>
<td>Docetaxel (docetaxel)</td>
</tr>
<tr>
<td>Cold pack</td>
<td>Adjust your room temperature</td>
<td>Combs, brushes, hair pick, hair ties</td>
<td>Aromatherapy</td>
<td>Discontinue all medications you have with your health care team.</td>
</tr>
<tr>
<td>Extra pillow</td>
<td>Gentle stretching</td>
<td>Contact case, solution</td>
<td>Closed door</td>
<td>Review allergies, side effects and current medication combinations with your health care team to ensure the medications you receive will be safe and effective for you.</td>
</tr>
<tr>
<td>Fan</td>
<td>Pat therapy</td>
<td>Danture case, cleanser, adhesive</td>
<td>Ear plugs</td>
<td>Note:</td>
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<tr>
<td>Heating pad</td>
<td>Repositioning</td>
<td>Deodorant</td>
<td>Eye mask</td>
<td>Note:</td>
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<tr>
<td>Moisture in your oxygen</td>
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<td>Eyeglass case</td>
<td>Lowered room lighting</td>
<td>Note:</td>
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<tr>
<td>Mouth sponge</td>
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<td>Feminine hygiene products</td>
<td>Lowered window shade</td>
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<tr>
<td>Non-slip socks</td>
<td></td>
<td>Mercy Saline services (shampoo, raincoat, etc.; Central Campus only)</td>
<td>Paper, pens</td>
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<tr>
<td>Warm or cool washcloth</td>
<td></td>
<td>Lip balm</td>
<td>Playing cards</td>
<td>Note:</td>
</tr>
</tbody>
</table>

*Some comfort items may require physician approval.*

4/2/2019
Screening with Opioid Risk Tool

ORT®: Opioid Risk Tool

- **High Risk = ≥8**
- The ORT is one of the easiest assessment tools for establishing a patient’s susceptibility to misuse of opioids.
- The CDC guidelines suggest that such tools have a low degree of predictability and should be used as only one component of assessment of risk.
Prescription Monitoring Program

What is the PMP?
- The PMP is a health care tool for practitioners to assist in identifying potential diversion, misuse, or abuse of controlled substances by their patients while facilitating the most appropriate and effective medical use of these substances.

Where is the PMP Housed?
- Within the Iowa Board of Pharmacy

Can I give the patient/family a copy of the PMP report?
- No due to confidentiality you can not give a copy to patient/family
- You can show them the information for discussion
- Patient can request copy from Iowa Board of Pharmacy
Thank you

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