


Name of Policy: Pain Management Stewardship Policy Number: 3364-100-70-17 Approving Officer: Chief Executive Officer Chief of Staff Responsible Agent: Administrative Director of Pharmacy Services Scope: University of Toledo Medical Center and its Medical Staff		 Effective date: Original effective date: 3/1/2020	
Key words: Pain, Narcotic, Steward, Analgesic, Opioid			
<input type="checkbox"/>	New policy proposal	<input checked="" type="checkbox"/>	Minor/technical revision of existing policy
<input type="checkbox"/>	Major revision of existing policy	<input type="checkbox"/>	Reaffirmation of existing policy

(A) Policy Statement

The University of Toledo Medical Center will implement, develop, and support a pain management stewardship program (PMSP) based on current scientific literature.

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(B) Purpose of Policy

The opioid crisis that currently affects the United States of America has been declared a public health emergency by the US Department of Health and Human Services¹. In 2017, it was noted that more than 70,000 people died due to overdose death, in which 68% of those deaths involved a prescription or illicit opioid². In July of 2017, the Joint Commission announced the implementation of revised pain assessment and management standards for accredited hospitals. The first standard required by the Joint Commission is that “pain assessment and management, including safe opioid prescribing, is identified as an organizational priority for the hospital³.”

The PMSP at the University of Toledo Medical Center will follow best practices to improve appropriate pain assessment and management, including the safe and effective prescribing of opioids, according to the following mission, goals, and objectives.

(C) Scope

1. Mission
 - a. Improve quality of patient care through appropriate use of pain management strategies
2. Overall Goals
 - a. Improve patient outcomes
 - b. Improve patient safety
 - c. Minimize analgesic related adverse events
 - d. Minimize cost
 - e. Promote safe and effective analgesic prescribing habits
3. Specific Objectives
 - a. Achievements of the goals of PMSP will be monitored and evaluated via specific objectives as outlined [in the Pain Management PDSA \(Plan, Do, Study, Act\) by the pain management stewardship subcommittee.](#)

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- b. The ~~results of the Pain Management PDSA data collected by the pain management stewardship committee~~ will be reported quarterly to the Pain Committee then disseminated institutionally via the Pharmacy and Therapeutics Committee.

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4. Pain Committee

a. Core Members

- i. Executive Owner
 1. Chief Medical Officer
- ii. Chair
 1. Pain Management Stewardship Program Director

iii. Secretary

1. Program Manager

iv. Regular Members

1. ~~Surgical Physicians~~ Pain management providers
2. Pharmacy
3. Nursing
4. Quality
5. Information Technology
6. Hospitalist ~~Physicians~~ providers
7. Family Medicine ~~Physician~~ providers
- ~~8. Emergency Department Nursing Director~~
- ~~9-8.~~ Psychiatry
- ~~10-9.~~ Pain Rehabilitation

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b. Responsibilities

- i. Develop and implement initiatives to ensure rational and appropriate use of pain management strategies and promote data-driven, evidence-based strategies to optimize pain management
- ii. Develop and implement safe and effective pain management strategies with established community improvement programs
- iii. Oversee the implementation and utilization of computer-based surveillance tools to track pain management stewardship interventions
- iv. Review hospital formulary for changes regarding agents used for pain management
- v. Establish mechanisms to effectively assess and measure pain management therapy
- vi. Improve awareness and knowledge of pain management stewardship through health-system wide educational efforts
- vii. Provide quarterly report of activities and recommendations to the Pharmacy and Therapeutics Committee

5. Key Strategies

a. Prospective monitoring with intervention and feedback

- i. Pain management stewardship pharmacist reports
- ii. Reviewed periodically with direct intervention and feedback to the prescriber and documentation in pharmacy intervention system

b. Formulary restriction/preauthorization

c. Pain management- protocol development and maintenance

d. Education

e. Optimization of therapy

- i. Dose adjustment based on patient specific PK/PD parameters
- ii. Reduction in duplicate therapies (i.e. two therapies for mild pain)
- iii. Discontinuation of unnecessary or inappropriate analgesic therapy
- iv. Recommendation and implementation of non-pharmacologic ~~or non-opioid~~ pain management strategies

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6. Conclusion

- a. The pain management stewardship program at the University of Toledo Medical Center aims to optimize analgesic therapy to minimize unintended consequences due to analgesic medications, including opioids. Core members of the pain management team include individuals from anesthesiology, psychiatry, nursing, pharmacy, quality, critical care, emergency medicine, and information technology. In order to achieve the desired outcome, collaboration and support from hospital administration, medical staff leadership, and local providers is also necessary. Routine evaluation of progress toward overall goals and adjustment of policies and practices will be led by the pain management stewardship program director and reported to the hospital administration. This will be achieved in conjunction with other core members of the pain management stewardship team via regularly scheduled pain committee meetings. Recommendations from this committee will be presented quarterly to the Pharmacy and Therapeutics committee.

References:

- 1. US Department of Health and Human Services. Press Release: HHS Acting Secretary Declares Public Health Emergency to Address National Opioid Crisis. Oct 26, 2017. Accessed Nov 7, 2018. <https://www.hhs.gov/about/news/2017/10/26/hhs-acting-secretary-declares-publichealth-emergency-address-national-opioid-crisis.html>.
- 2. Centers for Disease Control and Prevention. Opioid overdose. October 18, 2019. <https://www.cdc.gov/drugoverdose/index.html>.
- 3. The Joint Commission. (2017, July). Joint Commission Enhances Pain Assessment and Management Requirements for Accredited Hospitals. The Joint Commission Perspectives. https://www.jointcommission.org/assets/1/18/Joint_Commission_Enhances_Pain_Assessment_and_Management_Requirements_for_Accredited_Hospitals1.PDF.

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Approved by:	Policies Superseded by This Policy:
<div><div></div><div>Daniel Barbee</div><div>Chief Executive Officer</div></div>	<ul style="list-style-type: none">• None
Date	Initial effective date: 3/1/2020
<div><div></div><div>Puneet Sindhvani, MD</div><div>Chief of Staff</div></div>	Review/Revision Date: 03/01/2023
Date	
Review/Revision Completed by: HAS, Chief of Staff, Pharmacy	Next review date:

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