



Working to Reduce the Number of Opioid Prescriptions in Kentucky by One-Third by 2025

August 2020

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## Kentucky Statewide Opioid Stewardship (KY SOS) August Newsletter

### A Message from the KY SOS Team

*Clarification on Ankle Sprain, Dislocation from Dr. Ryan Stanton*

We have received a couple of questions regarding metric 3A which was “emergency department opioid use for ankle sprain, fracture, and/or dislocation”. The metrics we chose for the emergency department are a portion of the Alternatives to Opioids (ALTO) system which was created at St. Joseph Health System in New Jersey and has been adopted and promoted by the American College of Emergency Physicians (ACEP). We chose one of those aspects as this metric which is part of a broader category of “fractures and dislocations”. The use of dislocation with ankle injuries was simply the inclusion of a portion of the remainder of the category that we will likely expand as we move forward. We agree with the questions regarding the ankle fracture/dislocation and thus decided to keep things simple for now with the ankle sprain. With the three emergency department metrics, we have chosen common presenting complaints that allow us to address some areas where opioids may still be used on a regular basis, but the existing evidence demonstrates that other modalities are superior to controlled substances from an efficacy and safety standpoint. As we move forward, we will expand these metrics, getting closer to the larger ALTO system. There are times in musculoskeletal (MSK) related injuries that opioids are clearly indicated, but the goal is to limit the dosing and timing of the controlled substances and shifting to other modalities as soon as possible, but especially once the injury has been stabilized, splinted, or casted. That being said, ankle sprains should very rarely require an opioid and thus why we chose this as our beginning MSK metric.

There are a few things from these questions I would like everyone to keep in mind...

This isn't about “zero opioids”. It's about using the evidence based treatments that demonstrate equivalent or superior efficacy with increased safety. Sometimes, opioids will be necessary, but the patient should be transitioned as soon as possible.

This isn't a competition. This program is built on the idea that “a rising tide raises all ships”.

want to work together to decrease the opioid burden, treating pain while protecting patients. The goal is to take a look in the mirror and return acute pain management back to the evidence for the given conditions. This will significantly drop the use of opioids while still treating acute pain and decreasing the likelihood of dependence, addiction, and abuse.

Take small steps, starting with education and information. The systems that initiated ALTO drops in opioid use within the emergency department and prescriptions which increased over two years. The first six months saw about half the opioid use which eventually grew to about an 80% drop after a couple years. These drops have sustained and even grown a little more since. The good news is that this has resulted in better pain management, safer pain management, decreased door-to-door time, decreased returns to the ED for inadequate analgesia, and increased patient satisfaction.

Don't get caught in the weeds. I know as hospitals, administrators, and healthcare professionals, we dig way down into metrics. With opioids, keep it simple. Educate on the evidence based management of acute pain, provide the data on prescribing within your facility, track change, set realistic goals, advance those goals as met and learn from hospitals around Kentucky and beyond. As the change happens, expand further along with us here at KYSOS.

We appreciate the feedback with regard to the metrics and for me, the emergency department goals. We are happy to assist in any way that we can and look forward to the growth of the program moving forward. Working together, we can save thousands of our fellow Kentuckians, not to mention the impact on our communities, employment, safety, and families.

## Hospital Highlight

**Twin Lakes Regional Medical Center** (TLRMC) has been working hard to create an Addiction Services Department that includes an array of services to meet the needs of those suffering from addiction. These services include Medical Stabilization, Medication Assisted Treatment (MAT), Maternal Opioid Medical Stabilization (MOMS), and Hepatitis C treatment.

Medical Stabilization allows the patient to come in and be admitted to TLRMC for 3-5 days while they are closely monitored by our clinical team throughout the duration of their withdrawals. During this time the patients are treated with appropriate comfort medications. Once the patient is clear of physical withdrawal symptoms, the patient is assisted with inpatient treatment placement if they are willing to take that next step.

Medication Assisted Treatment (MAT) is designed for patients suffering from opioid addiction. The patients are admitted to TLRMC for 3-5 days while they begin an induction phase of Buprenorphine. The patients are monitored and assessed closely to determine the accurate dose of Buprenorphine needed for each individual patient. Once the patient is stabilized on the appropriate dose the patient is scheduled to follow up weekly in our outpatient MAT clinic and is also required to undergo weekly therapy and peer support meetings.

Maternal Opioid Medical Stabilization (MOMS) was created specifically for pregnant women suffering from opioid addiction. These women are admitted to our OB wing and are with us for 3-5 days while they begin a Buprenorphine induction phase while be closely monitored and treated by our X Waiver

trained obstetricians. During this time the women are assisted with any community resources they may need to ensure a happy and healthy transition into being a mom. Once they are stabilized on an appropriate dose the patient is scheduled to follow up weekly in our outpatient MAT clinic are also required to undergo weekly therapy and peer support meetings.

Hepatitis Treatment is available as an outpatient service at TLRMC. Chronic Hepatitis C leads to liver damage and cirrhosis, which can lead to liver cancer and/or complete liver failure. All treatment options are oral medications taken once or twice daily for 8-16 weeks. Appointments are scheduled monthly to get prescription refills and take blood work to monitor their liver enzymes/viral load.

If you would like to reach out to TLRMC for more information, please contact their Addiction Services Director, **Jessica Embry** at 270-200-4477.

## Data Update

KY SOS continues to encourage all facilities to submit their monthly data into KY Quality Counts (KQC). As the COVID-19 pandemic continues, KY SOS understands resources are stretched and data entry might be delayed. Please continue to report **monthly** data on both the process and outcomes measures. Education and the future of the program are based in part on the data reported. Areas of improvement and areas of success will be highlighted and emphasized as KY SOS continues. If you need assistance with data input or navigation of the KQC data collection system, please contact Emily Henderson ([ehenderson@kyha.com](mailto:ehenderson@kyha.com)) or Melanie Moch ([mmoch@kyha.com](mailto:mmoch@kyha.com)).

## Action Requested

KY SOS is finalizing **Metric 4** procedures for each facility, customizing KQC dashboards. As a reminder Metric 4 addresses the use of evidence-based opioid-sparing analgesic regimens for select surgical procedures. Those select procedures are appendectomy, arthroscopic partial meniscectomy, breast biopsy/lumpectomy, cholecystectomy, prostatectomy, thyroidectomy, unilateral inguinal hernia repair, cardiac catheterization, dental extraction and uncomplicated vaginal delivery. While hospitals are only asked to report data on **three of these procedures**, KY SOS encourages hospitals to report as many procedures that are applicable to their facility. If your facility does not perform any of the listed procedures, please contact KY SOS.

If you are unsure if your facility has notified KY SOS of these specific procedures, please reach out to any KY SOS team member for assistance.

## The Happenings

### *August Webinar*

Dr. Ryan Stanton will host a webinar entitled **Pain, Pandemics and Paths to Recovery**. The webinar is on **August 5 at 1:00 – 2:00 PM EST**. You are invited to attend and share with others in your facility, **registration is required**.

Register to join the meeting here:

<https://zoom.us/meeting/register/tJwlcumgpzwpEtMYNxvmtUCvnTphLF7FJvq0>

You will receive an email with the login information for the presentation

after you register. Please submit any questions to Beth Hutton,  
[b.hutton@austin.utexas.edu](mailto:b.hutton@austin.utexas.edu).

Dr. Brian Greenlee, board certified in psychiatry/neurology psychosomatic medicine, will present content on the Neurobiology of Addiction on **Wednesday, August 26, 11a-12noon ET**. This webinar will also discuss staff fatigue and stigma associated with treating SUD patients. A calendar invite will be sent with webinar information closer to date. Contact Emily Henderson ([ehenderson@kyha.com](mailto:ehenderson@kyha.com)) if you do not receive a calendar invite, or have questions about this webinar.

If you would like to add this webinar to your calendar, please see information below.

<http://join.onstreammedia.com/go/63441113/kysos4> – Password: SOS

**Conference line:** 1-877-594-8353

**Participant Code:** 74340619 #

#### *Upcoming Events/Webinars*

- **SAVE the DATE:** KY SOS will host a virtual educational retreat on **September 22** and **September 24**. A brochure will be emailed to the project leads in the coming weeks.

**For more information please visit [www.kentuckysos.com](http://www.kentuckysos.com) or contact a KHA staff member to assist.**

Emily Henderson for program and pharmacy-related questions–  
[ehenderson@kyha.com](mailto:ehenderson@kyha.com)

Melanie Moch for data-related questions – [mmoch@kyha.com](mailto:mmoch@kyha.com)

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Claire Arant for administrative assistance – [carant@kyha.com](mailto:carant@kyha.com)

*Missed a webinar? All presentations are recorded and can be found under the events & education link.*