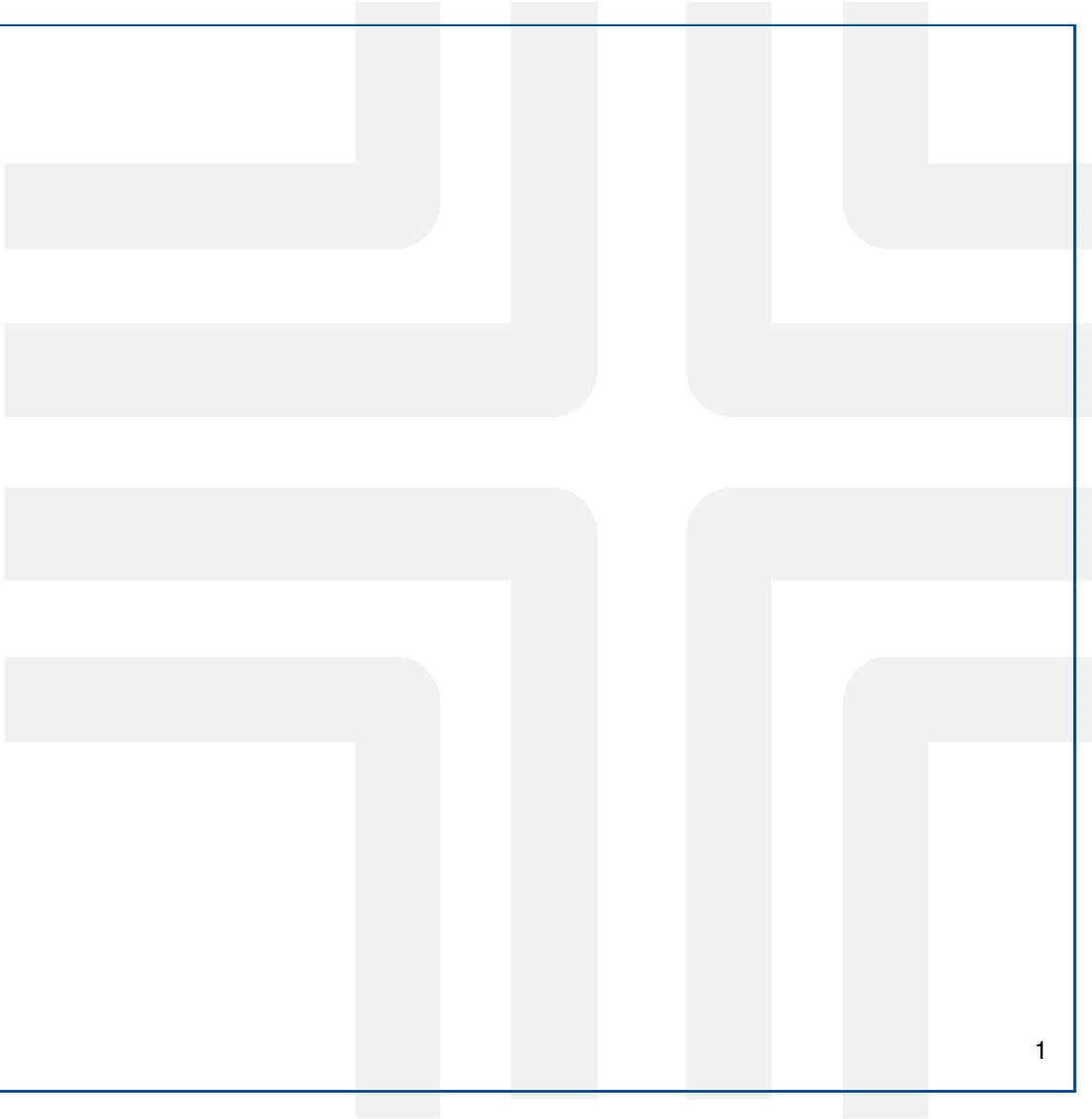


SLHS At A Glance



Opiate Stewardship – Joint Commission

- Identifying a leader or leadership team that is responsible for pain management and safe opioid prescribing
- Involving patients in developing their treatment plans and setting realistic expectations and measurable goals
- Promoting safe opioid use by identifying high-risk patients
- Monitoring high-risk patients
- Facilitating clinician access to prescription monitoring program databases
- Conducting performance improvement activities focusing on pain assessment management to increase safety and patients



System Pain/Comfort Committee

System Diversion Team

System Team for Reviewing Data

Electronic Medical Record access to PDMP



Examples of Efforts

- **Pain Summit** Focus on ERAS (Enhanced Recovery after Surgery) –multi-modal pain management
- **Orthopedic Surgery**
- **OB**
- **ED - Lidocaine and Ketamine**
- **Non Pharmacologic**
 - Guided Imagery
 - Acupuncture & guided meditation
 - Hand and Back Massage
 - TENS Units



ER Impact

- Mid-Late 90's biggest impact on ERs
 - Pain as the “5th vital sign”
 - Increased emphasis on patient satisfaction
 - Education in Medical Schools – legitimate pain – no concerns
 - Drug companies marketing – Opiates not addictive
- First prescription matters
- Fuelling addiction – top 3 “pain” complaints – dental, abdominal, back
- Doctor shopping and counterfeit prescriptions more challenging
- Addicted puts a toll on ED staff – not intended to treat addiction
- Takes focus away from patients in need
- Abusive behavior
- Frustrated Staff
- Getting better
- Limit quantities

ADDICTION RARE IN PATIENTS TREATED WITH NARCOTICS

To the Editor: Recently, we examined our current files to determine the incidence of narcotic addiction in 39,946 hospitalized medical patients¹ who were monitored consecutively. Although there were 11,882 patients who received at least one narcotic preparation, there were only four cases of reasonably well documented addiction in patients who had no history of addiction. The addiction was considered major in only one instance. The drugs implicated were meperidine in two patients,² Percodan in one, and hydromorphone in one. We conclude that despite widespread use of narcotic drugs in hospitals, the development of addiction is rare in medical patients with no history of addiction.

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1. Jick H, Miettinen OS, Shapiro S, Lewis GP, Siskind Y, Stone D. Comprehensive drug surveillance. *JAMA*. 1970; 213:1455-60.
2. Miller RR, Jick H. Clinical effects of meperidine in hospitalized medical patients. *J Clin Pharmacol*. 1978; 18:180-8.

The "Porter and Jick" letter as it appeared in the *New England Journal of Medicine* in 1980. (Screen grab)



The relentless marketing of pain pills.
Crews from one small Mexican town
selling heroin like pizza. The collision has
led to America's greatest drug scourge.

The True Tale of America's Opiate Epidemic

DREAM LAND



SAM QUINONES

x

