

Innovation Challenge Semi-Finalists Submission

Please fill out this submission form and return to Bryanna Miller (bryanna.miller@sclhs.net) by 11:59 MST on **May 25th, 2017**. Submissions received after the deadline will not be considered and will not move forward in the challenge.

Innovation Venture Lead (one name only, please): **Jeff Sarnowski, Pharm.D.**

Team Member Names: *Ryan Klemt, M.D., Nursing champion TBD*

Location (Care site, Department): **Platte Valley Medical Center, Pharmacy and Emergency Departments**

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Innovation Venture Title: *Opioid Free Emergency Department*

Innovation Intent: *This initiative has two goals. First, to utilize non-opioid medications as first line agents for pain control in the emergency department. Second, to educate patients about realistic pain expectations and opioid misuse awareness.*

Innovation Shift: Opioids are used frequently for pain control in emergency departments. This project will shift that paradigm and call on the use of non-opioid medications as first line agents to treat patients' pain. If needed, rescue opioids can be used as rescue therapy for pain control. This platform will create a culture change in the way prescribers practice, nurses treat patients, and patients perceive pain control. Pain control will be reinvented for all parties in the emergency department. Thru this initiative, we can make a local impact on the opioid crisis that is occurring outside our hospital walls in our community.

Background: *Other institutions across the country have opioid free emergency departments. I have spoken to one of the founders of this philosophy and reviewed evidence based medicine for its use. Opioid free emergency departments are possible, improve patients' pain control as well as opioids do, and can play a role in opioid stewardship to improve the abuse and misuse of opioids in our community. In addition, updated clinical guidelines are advocating for more concise and less opioid use for patients' pain control. This initiative will help set the new standard that opioids are not always the answer and necessary for pain control. Awareness regarding pain control without opioids will be created and it will trickle down to our community's patients and prescribers. Studies have shown that the more patients get prescribed opioids, the longer they are on them and the potential for addiction and abuse is greater. We can be one of the local leaders in helping to tackle the opioid epidemic.*

Benefits: The impact this initiative can have on the opioid epidemic at a local level can be of great importance. Prescribers, nurses, pharmacists will be involved with a paradigm shift of how pain control is practiced within the emergency department. Patients will have a more realistic expectation of proper pain control, understand that opioids are not always the answer, the risk/benefit of using opioids, and realize that pain control can be achieved without opioids most of the time. Outside of our walls, the word will get out that our emergency department practices opioid free pain control. Less opioid abuse and pain seeking behavior will be seen in our emergency department. Local prescribers will hear of this and become interested in learning alternative therapies to opioids for pain control. These benefits can be measured by monitoring opioid and non-opioid medication orders, patients' pain scores and opioid abuse awareness, and prescribers before and after experiences.

Technology: *Creating specific order sets and education will be the biggest draw of technology for this project. Collaboration between prescribers, nurses, and pharmacists will take place to create the pieces that will be needed for an opioid free emergency department. Having standard order sets will help prescribers know which non-opioid medication is right for which type of patients' pain.*

Funding/Resources:

1. *Describe the time required to secure resources and launch the venture. Time will be needed to create the team, perform a review of the literature, determine key learnings from other institutions that are successful at an opioid free emergency department, develop order sets, and educate the end users.*
2. *Describe the investment needed for this solution (people, roles, technology). In order to be successful, this will take a team effort. We will need a physician, RN, and pharmacist champion to lead the project. They will be performing most of the preparation work to get ready for implementation. IT will be called upon to help develop the order sets for a determined go-live date. Once the initiative is kicked off, all prescribers will have to be on the same page in order to make this a success.*
3. *Lastly, 'guessimate' and circle budget needed (the innovation project funding will not exceed a 4 month period pilot).*
 - A) \$1,000-\$5,000
 - B) \$5,000-\$10,000**
 - C) \$10,000-\$15,000
 - D) \$15,000-\$25,000
 - E) \$25,000-\$50,000
 - F) \$50,000+