

# Designing a Pharmacist Opioid Safety and Intervention Tool (POSIT)



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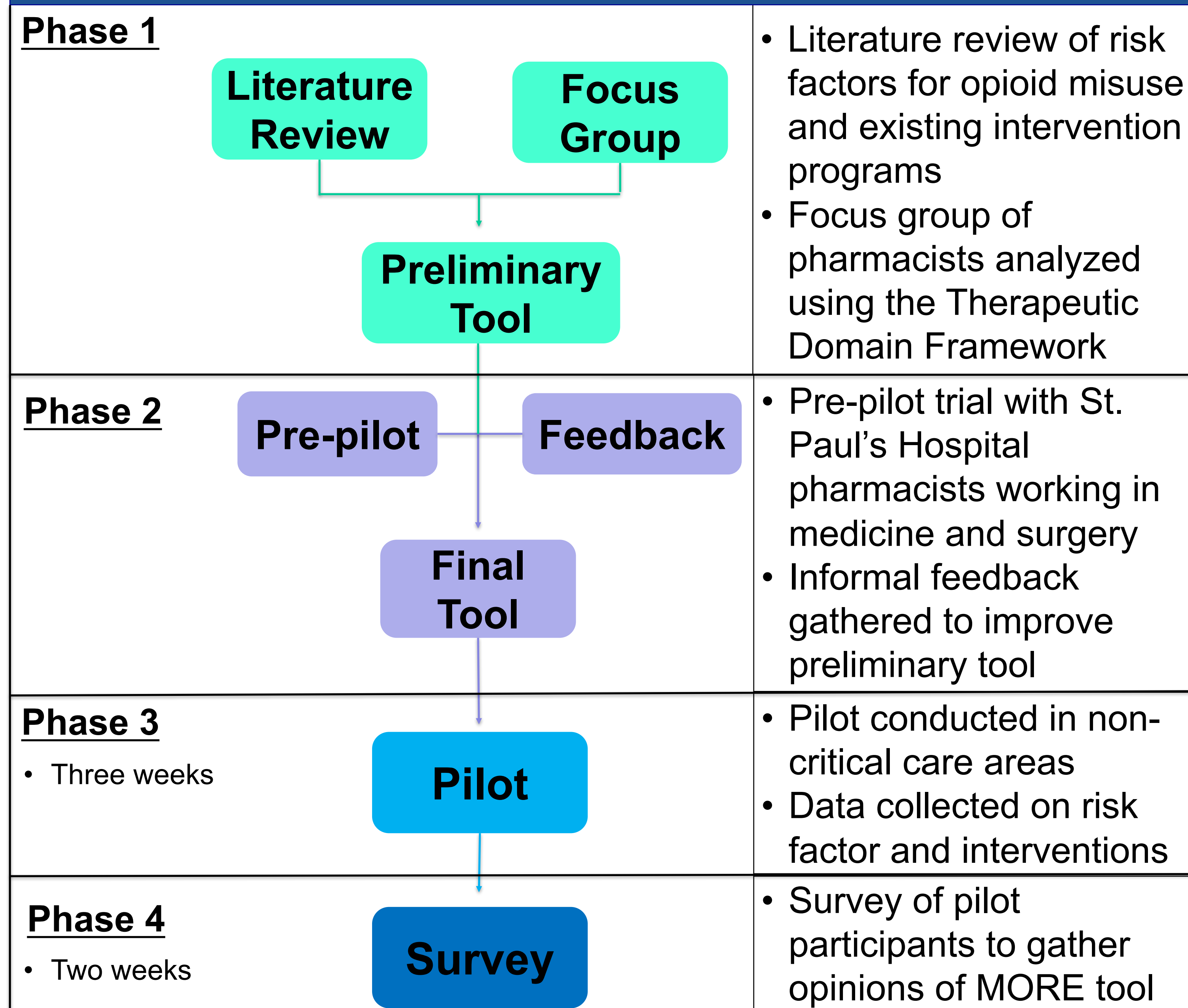
## Background

- Opioid misuse has led to a crisis state in British Columbia with significant ramifications for patients and the healthcare system
- Previous studies have shown that in-hospital prescribing of opioids is a risk factor for potential abuse and misuse
- Few initiatives targeted at optimizing opioid prescribing in hospital have been formally implemented in British Columbia
- Pharmacists are well positioned within the healthcare team to optimize opioid prescribing and educate patients

## Objectives

- To develop a clinical tool based on literature best practices to guide pharmacists in optimizing safe opioid prescribing for hospitalized patients
- To gather feedback on usability, utility & feasibility of the clinical tool
- To capture preliminary data on the frequency and type of risk factors identified as well as interventions that could be made by using the tool

## Methods



## Results

**Table 1: Participant Counts by Phase of Study**

Phase	Participant Count
Phase 1 - Focus Group	12
Phase 2 – Pre-pilot	4
Phase 3 – Pilot	14
Phase 4 – Survey	9

## Figure 1: Summary of Literature Review and Focus Group Data

Literature Review Themes	Focus Group Themes
<ul style="list-style-type: none"> <li>• Both patient specific factors and suboptimal drug orders contribute to risk</li> <li>• Reassessment of opioid risk factors should be done frequently</li> <li>• Education and discharge planning are important in reducing subsequent risk</li> </ul>	<ul style="list-style-type: none"> <li>• Goal of optimizing pain management rather than limiting opioid intake</li> <li>• Pharmacists are well positioned to identify high risk patients</li> <li>• Limited resources and time are likely the largest barrier</li> </ul>

**MORE Tool Categories\***

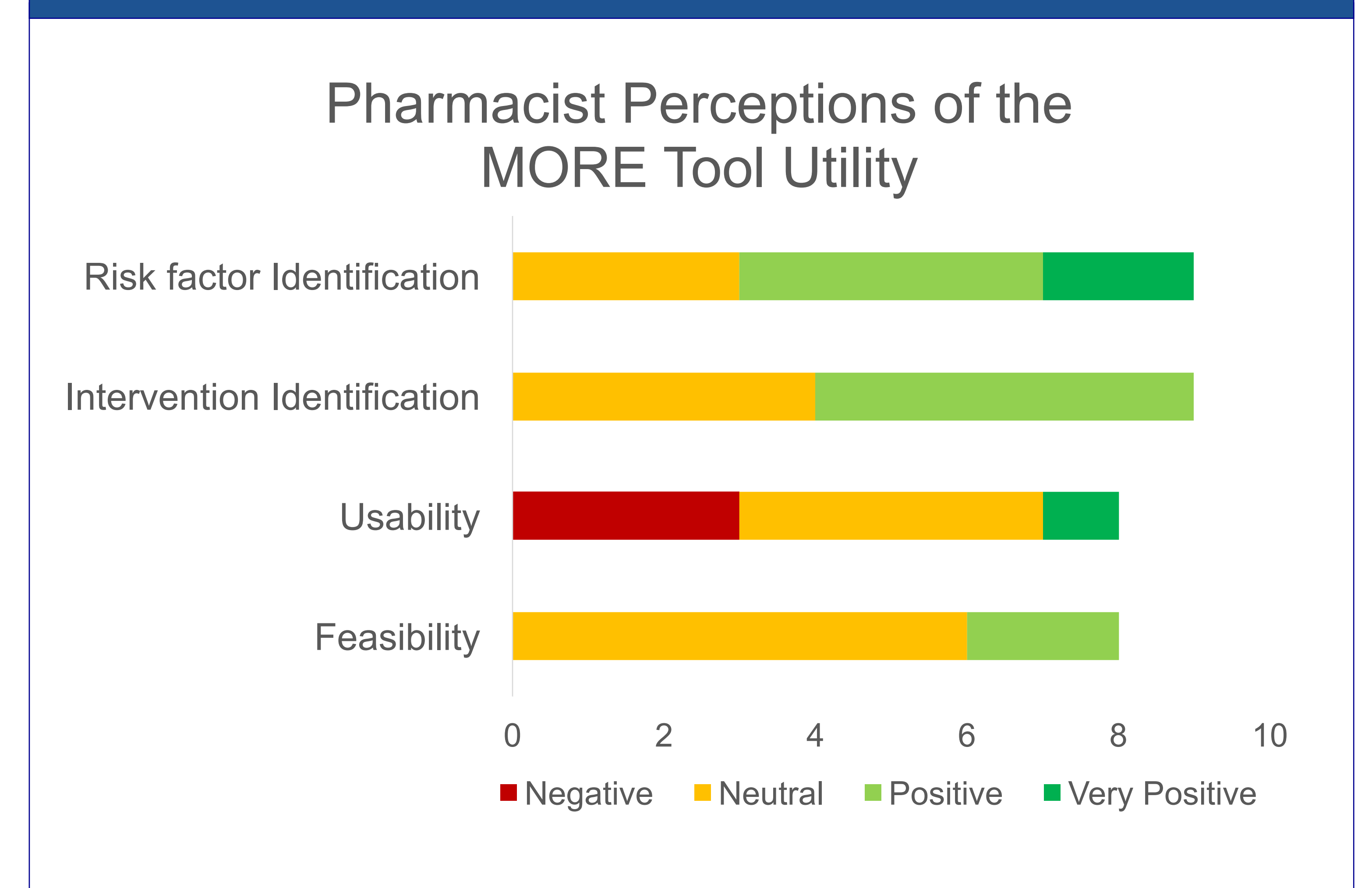
<b>M</b>	<b>Medication and Safety Review</b> Review opioid orders and risk factors
<b>O</b>	<b>Optimize</b> Optimize orders and treat adverse effects
<b>R</b>	<b>Reassess and Refer for Risk</b> Reassess pain management and refer to specialty services
<b>E</b>	<b>Educate, Plan and Communicate</b>

## Limitations

- The pilot study was conducted at a single site and clinical pharmacist comfort and knowledge of opioid medication optimization may vary from site to site
- The total number of pharmacists who piloted the tool was small
- The pilot excluded critical care units

\*See handout for full MORE Tool

## Figure 2. Pilot Survey Results



## Figure 3: Additional MORE Tool Pilot Results

Pilot Participants	14
Survey Respondents	9
Patients Reviewed	33
Risk Factors Identified	104
Interventions	154

- “The identification of risk factors and the action options were particularly helpful”
- “There is a lot of text on the tool. Perhaps a streamlined or simplified version might make it less daunting”
- “The availability of the tool made us more cognizant about opioid stewardship”

## Conclusions

- Our team developed a tool for clinical pharmacists to optimize the safe prescribing and use of opioid medications in an acute care hospital setting
- The tool development process and feedback from the pilot has provided valuable insight into opioid safety issues
- Pharmacists felt that using the tool was feasible and increased their ability to identify risk factors and potential interventions
- Results from this study will be used in future opioid safety initiatives

