

## Safe Prescribing Implementation

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This section of the toolkit provides guidelines for safe prescribing.

- Implementation Checklist for Los Angeles County
- Talking Points for Discussions with CMOs, CNOs, and CEOs



# **Safe Prescribing Guidelines for Emergency Departments and Urgent Care Centers**

## **Implementation Checklist**

Each emergency department and urgent care center may take a slightly different approach towards implementation of the Safe Prescribing Guidelines. However, in general, implementation may involve the following core activities:

### **Obtaining Buy-in and Formal Endorsement**

While it may vary, the following are the key steps towards getting the guidelines adopted within a hospital environment:

- Departmental meeting(s) to review the Safe Prescribing Guidelines, obtain buy-in from frontline clinical staff, and address any potential clinical concerns
- Upon departmental endorsement, formal endorsement of the Safe Prescribing Guidelines by the medical staff (usually through the Medical Executive Committee or similar leadership group)
- Upon endorsement, formal approval by the hospital CEO or designee, as needed,

Clinics, medical groups, and other types of organizations may have a similar, albeit less formal, process. Whichever process is used to endorse the guidelines, it is important to ensure the process promotes buy-in from clinical staff.

### **Educating Patients at the Point of Care**

We ask that every emergency department and urgent care center provide a copy of the guidelines to patients at discharge. This can be part of the general discharge instructions given to patients. You may also use the handout after doing a medical screening evaluation (MSE) on selected patients as needed. It is important that the guidelines be uniform and consistent across EDs and urgent care centers, but the format and medium in which the guidelines are distributed is up to the discretion of each facility. It is also important that the guidelines be widely disseminated to patients, but whether this includes all ED/urgent care patients or a subset of patients is also up to the discretion of each facility.

- Incorporate guidelines into your EMR to be included on discharge instructions
  - ❖ Electronic copies of the flyer can be downloaded from [www.SafeMedLA.org](http://www.SafeMedLA.org)
- Have printed flyers available at the point of care to provide to patients upon discharge or after doing an MSE
  - ❖ Electronic copies of the flyer can be downloaded from [www.SafeMedLA.org](http://www.SafeMedLA.org)
  - ❖ Follow these guidelines when printing handouts:
    - Final printed size of handouts is 5½" x 8½", with English on one side Spanish on the other
    - If you print on 8½" x 11", place two copies of the guidelines on each side and cut in half for two copies
    - Paper type should be 80# gloss coated book
- Educate physicians and clinical staff about how to appropriately distribute the Safe Prescribing Guidelines
  - ❖ Physicians and clinical staff can use the following script: "Here is a flyer/information about the rules that our emergency department follows about pain medicine."
  - ❖ Emergency Departments should not risk an EMTALA violation – only provide guidelines after an MSE is completed. THIS IS NOT AN ISSUE IN URGENT CARE CLINCS, which can provide the patient information in the waiting room, on registration, during patient visit, or upon discharge..

All patients who present to the ED should have a medical screening examination to determine if an emergency medical condition exists, if one is found stabilizing treatment must be provided. Any information regarding an ED's policy about controlled substances, such as brochures should

only be given to the patient after the medical screening examination has been completed. Since posters, even if located in patient treatment rooms, may be seen prior to the MSE being completed, posters may risk EMTALA noncompliance. For more information about EMTALA concerns, visit: <http://californiaacep.org/wp-content/uploads/Safe-Prescribing-FAQ.pdf> .

- ❖ Share CalACEP’s script on “How to Talk to Your Patients about Safe Prescribing” (available at [www.EastBaySafeRx.org](http://www.EastBaySafeRx.org))

### **Engaging the Broader Medical Staff and Clinical Staff**

To ensure there is broad awareness of the guidelines among the physicians and clinical staff, each hospital and urgent care center is asked to engage in educational activities with physicians and clinical staff to help build awareness and knowledge of the guidelines beyond emergency departments and urgent care centers. Activities may include:

- Arrange presentations at medical staff meetings, grand rounds and departmental meetings
  
- Publish an article and a copy of the guidelines in newsletters
  
- Promote greater awareness about best practices in pain management and opioid prescribing, including topics such as: managing chronic pain patients on extended release/long acting opioids; updated Medical Board of California guidelines for pain management; etc.
  - ❖ Clinical resources for physicians and clinicians can be accessed from [www.SafeMedLA.org](http://www.SafeMedLA.org)
  
- Promote utilization of the CURES Prescription Drug Monitoring Program whenever prescribing opioids
  - ❖ NOTE: All California licensed physicians who prescribe controlled substances are required to enroll in CURES by July 1<sup>st</sup>, 2016
  - ❖ Instructions and information on registering for CURES can be accessed from [www.SafeMedLA.org](http://www.SafeMedLA.org)
  - ❖ Consider conducting a survey to track the number of physicians on your medical staff who are enrolled in CURES and the frequency of utilization when prescribing opioids.

### **Educating the Public**

To promote awareness of the guidelines community-wide, hospitals and urgent care centers are asked to utilize their patient communications channels to inform the public about the guidelines. Activities may include:

- Place an announcement in your patient newsletter announcing your participation in the SafeMedLA Safe Prescribing Coalition and your endorsement of the guidelines
  
- Publish a press release announcing the guidelines
  
- Educate patients through other mediums as appropriate (hosting educational programs, publicizing the guidelines in public spaces outside of the ED, etc.)

### **Track Your Efforts**

Please use this checklist to keep help track of your efforts to implement the Safe Prescribing Guideline. The Safe Med LA Coalition will be surveying participating emergency departments and urgent care centers periodically to gauge implementation activities and solicit feedback on how we can better support your efforts.

# Safe Pain Medicine Prescribing in Emergency Departments and Urgent Care Centers: Talking Points for Discussions with CMOs, CNOs and CEOs

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As you implement the Safe Pain Medication Prescribing guidelines in your ED / Urgent Care Center, you may need to have a discussion with the CMO, CNO or CEO of your institution. They may have concerns regarding EMTALA, the Joint Commission or Patient Satisfaction. We summarize the key points about these key issues below.

**Background on the Opioid Epidemic in the United States** The United States is experiencing a major problem with prescription opioids. Opioid prescriptions have increased across the country and deaths from opioid overdoses have increased right along with it. Physicians need to do our share to curtail this problem. Safe Pain Medication Prescribing guidelines state that a patient with chronic pain should have one provider who can safely administer high risk pain medications that have the potential for addiction or diversion to other people. This means that Emergency Departments and Urgent Care centers must focus on supporting that by not refilling high risk medications like opioids, not rewriting for lost or stolen prescriptions, and not prescribing long-acting opioid medications among other things.

**EMTALA** The Emergency Medical Treatment and Active Labor Act (EMTALA) mandates that all patients arriving to an Emergency Department receive a medical screening examination. This includes patients with chronic pain. Pain is a potential sign of an emergency medical condition that must be considered when a provider performs a medical screening examination. EMTALA does not regulate nor mandate the actual treatment of pain. EMTALA only mandates the evaluation of pain as a possible symptom of an emergency medical condition. (A) Recently, CMS provided an opinion on the hanging of signs in triage areas describing safe pain medication prescribing guidelines and they ruled against hanging of such signs in triage. They were concerned that these signs might be a deterrent to patients seeking emergency medical care. Information such as brochures or signage can be handed out or can be made visible only after the medical screening exam has been completed. (B) For more information, see EMTALA Section of Toolkit.

**Joint Commission** The Joint Commission mandates a pain assessment and then either treatment or referral for treatment. Treatment does not necessitate opioids. The Joint Commission has no mandate that requires ED physicians to provide pain medication in the ED / Urgent Care Center or write for pain medication upon discharge. (A)

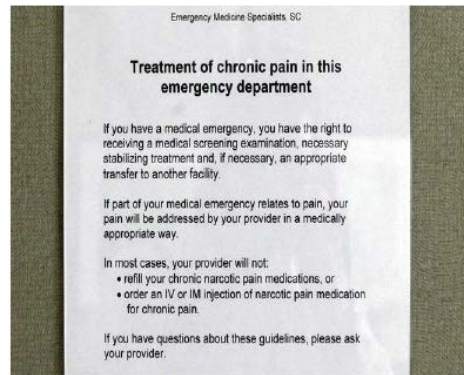
**Patient Satisfaction** Safe Pain Medication Prescribing guidelines have already been implemented in Emergency Department and Urgent Care Centers across the country including in Washington and Ohio states and most recently San Diego County and Kaiser-Permanente Southern California facilities. San Diego and Imperial Counties implemented the use of the patient handout in March 2013; Kaiser's EDs and Urgent Care Centers began using the handouts in January 2014.

The effect and impact of the implementation of these safe opioid prescribing guidelines and practices on patient satisfaction is always a concern that is raised. There is published and emerging reports from the field that while there may be a few initial patient complaints, patient satisfaction measured on surveys is not affected and actually has improved.

- San Diego and Imperial Counties implemented the use of the patient handout in March 2013; patient satisfaction scores were unaffected by the implementation of the guidelines in the EDs. In San Diego, no hospital reported a change in patient satisfaction score based on the Safe Prescribing guidelines.
- Lack of Association Between Press Ganey Emergency Department Patient Satisfaction Scores and Emergency Department Administration of Analgesic Medications, *Annals of Emergency Medicine*, Vol. 64, Issue 5, November 2014, pages 469-481

## New Evidence: Patient Satisfaction Scores in the ED Not Causally Linked to Giving Opioids

- Study conducted in ER setting at Umass Medical School.
- 4749 patients seen in ED setting 2009-2011
  - 48.5% received analgesics
  - 29.6% received opioid analgesics
- **Conclusion:**
  - Persons receiving opioid and non-opioid analgesics had lower overall satisfaction scores.
  - Patients with chronic pain had lower scores, irrespective of treatment.
  - Analgesic medications, opioid analgesics, and high morphine equivalent treatments were associated with lower overall scores.
  - Opioids not associated with better scores.
  - High dose opioids inconsistently associated with lower scores.



Source: Tayler M. Schwartz, Miao Tai, Kavita M. Babu, Roland C. Merchant  
[Lack of Association Between Press Ganey Emergency Department Patient Satisfaction Scores and Emergency Department Administration of Analgesic Medications](#)  
*Annals of Emergency Medicine, Volume 64, Issue 5, November 2014, Pages 469-481*

- The Southern California Kaiser Permanente Emergency Departments, consisting of 14 sites caring for close to 1,000,000 patients in 2015, adopted the Safe Opioid Prescribing Guidelines Jan 1st 2014. While there was concern among SCPMG physicians that these recommendations might lower customer satisfaction scores, this has not been borne out by the data. Internal randomized satisfaction surveys (MAPPS) show that in 2014 the regional average for patient Emergency Physician satisfaction actually increased slightly, while in 2015 it stayed largely flat. So far 2016 data shows another slight increase in our patient satisfaction scores.

In summary, these safe opioid prescribing guidelines are not only safer for our patients, but concerns about a detrimental effect on patient satisfaction have proven to be unfounded.

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March, 2016

### References:

- (A) ACEP April 1, 2013 Robert Bitterman M.D., member ACEP Medical Legal Committee, Is "Severe Pain" considered an Emergency Medical Condition under EMTALA?
- (B) ACEP eNow January 22, 2014 Kevin Klauer DO, EJD, FACEP, Medical Editor in Chief and Richard Wild MD, JD, MBA, FACEP, CMS Chief Medical Officer for the Atlanta Regional Office (Region 4) ED Waiting Room Posters on Prescribing Pain Medications May Violate EMTALA