Evaluation of opioid disposal process for Aurora at Home hospice patients

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Disclosures: None
What we did and why

- Considering the national opioid epidemic and its impact on thousands of lives, the importance of appropriate management of controlled substances in the home hospice setting is paramount.

- This was a retrospective medical records review study of home hospice patients who needed medication managed at date of death within the study time period (07/01/2019-12/31/2019).

- In addition, the knowledge of Aurora’s medication disposal policy among home hospice nurses, as well as several ancillary measures, was evaluated via a secure online survey.

![3 Waves of the Rise in Opioid Overdose Deaths](source)
What we found

**PRIMARY OUTCOME:**
Patients/families received opioid education & reviewed list of comfort kit medications

### Patient’s Charts Reviewed
- 159
- 67.1%
- Upon Admission
- 6.9%
- The time of death & discharge of the patient
- 95.6%

### Registered Nurses Surveyed
- 16

**PRACTICES WHILE SEEING A NEW PATIENT:**

- Limit the source of medications to one prescribing entity/practice by ensuring who is the attending of record.
  - 12.5%
- Provide patient education on appropriate dose, dosing interval, and instructions on proper administration...
  - 18.7%
- Inform families that the disposal of all controlled medications.
  - 12.5%
- Discuss side effects, and what to do if side effects occur.
  - 18.8%
- Discuss secure storage of opioid medications.
  - 18.8%
- All options
  - 18.8%
What it means and next steps

- Overall, the data suggests that nursing staff do provide the appropriate education regarding the use and administration of opioids, as well as appropriate disposal practices, but do not do so consistently.

- The practice seems to be more consistently applied at the death visits.

- Several patient and provider barriers were identified by the nursing survey results.

- It can be inferred that there is opportunity to improve these practices, particularly regarding the consistency of providing the education.

- Further studies with larger study populations would be helpful to more adequately evaluate the AAH opiate disposal protocol, and to identify barriers which prevent the policy from being followed consistently.

### Patient Barriers

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other barriers</td>
<td>30.8%</td>
</tr>
<tr>
<td>Uncomfortable with opioid medications</td>
<td>23.1%</td>
</tr>
<tr>
<td>Caregiver uncomfortable with administering medications</td>
<td>23.1%</td>
</tr>
<tr>
<td>Caregiver or patient stress</td>
<td>15.4%</td>
</tr>
<tr>
<td>Time required (or timing) of education</td>
<td>30.8%</td>
</tr>
<tr>
<td>Low health literacy</td>
<td>30.8%</td>
</tr>
</tbody>
</table>

### Nurse Barriers

<table>
<thead>
<tr>
<th>Reason</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Other barriers</td>
<td>41.7%</td>
</tr>
<tr>
<td>No barriers</td>
<td>16.7%</td>
</tr>
<tr>
<td>Not a case manager</td>
<td>16.7%</td>
</tr>
<tr>
<td>Family prohibits monitoring</td>
<td>25.0%</td>
</tr>
<tr>
<td>Ensure adequate supply</td>
<td>33.3%</td>
</tr>
</tbody>
</table>

Other barriers: unsure location of medications; time constraints; patients changing medications without approval; prioritizing needs; Familiarity with patients.
EVALUATION OF OPIOID DISPOSAL PROCESS FOR AURORA AT HOME HOSPICE PATIENTS

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PROBLEM
There is a need to evaluate the efficacy and the consistency with which the opioid disposal protocol used by Aurora at Home Hospice is followed.

BACKGROUND
- Considering the national opioid epidemic and its impact on thousands of lives, the importance of appropriate management of controlled substances in the home hospice setting is paramount.
- Family members tend to be the primary caregivers for home hospice patients, and hospice nurses are the front line for providing education on opioid disposal.
- As such, the importance of effective and consistent education is essential in minimizing the risks of misuse and diversion.

OBJECTIVE
To evaluate the use of a standardized opioid disposal policy through the implementation of three steps:
- Opioid education at enrollment in hospice program
- The use of the Medication Disposition or Disposal checklist
- A review of the standards of safe opioid disposal.

We also evaluated the current knowledge and understanding of the standard processes of opioid education and disposal among a group of home hospice nurses.

METHODS
- This was a retrospective medical records review study of home hospice patients who needed medication managed at date of death within the study time period (07/01/2019 - 12/31/2019).
- In addition, the knowledge of Aurora’s medication disposal policy among home hospice nurses, as well as several ancillary measures, was evaluated via a secure online survey.

RESULTS

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<tr>
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<td>The time of death &amp; discharge of the patient</td>
</tr>
<tr>
<td></td>
<td>Death Visit</td>
</tr>
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</table>

PRACTICES WHILE SEEING A NEW PATIENT:

| Limit the source of medications to one prescribing entity/practice by ensuring who is the attending of record. | 12.5% |
| Discuss side effects, and what to do if side effects occur. | 18.8% |
| Provide patient education on appropriate dose, dosing interval, and instructions on proper administration of medications in the comfort kit. | 18.7% |
| Inform families that disposal of all controlled medications is required. | 12.5% |

Registered Nurses Surveyed

| Offer options | 16 |

CONCLUSIONS

- Overall, the data suggests that nursing staff do provide the appropriate education regarding the use and administration of opioids, as well as appropriate disposal practices, but do not do so consistently among the staff.
- The practice seems to be more consistently applied at the death visits.
- Several patient and provider barriers were identified by the nursing survey results.

FUTURE DIRECTIONS

- There is opportunity to improve these practices, particularly regarding the consistency of providing the education.
- Further studies with larger study populations would be helpful to more adequately evaluate the AAH (AHA) opioid disposal protocol, and to identify barriers which prevent the policy from being followed consistently.

References