Improving Proper Disposal of Opioid Prescriptions Among Patients

Soomin Kim, SRNA; Gina Nguyen, SRNA; Sarah Giron, PhD, CRNA; Sadeeka Al-Majid, PhD, RN
Cal State University of Fullerton, Kaiser Permanente School of Anesthesia

BACKGROUND

Opioid addiction and abuse is a well-known and well-documented problem in the U.S.

Kaiser Permanente’s National Drug Take Back Program started in 2016

Problem: Lack of program roll-out education among providers and patients

PURPOSE AND AIMS

Purpose
Conduct a comprehensive literature review to synthesize current evidence related to disposal methods of unused opioid prescriptions, and to identify ways to increase the likelihood of proper patient disposal of unused opioids.

Aim
Develop an education module for KP providers to increase awareness of KP National Drug Take Back Program

Develop patient reminder system via email, phone call, text message, and regular mail for returning unused discharge medications

METHODS AND MATERIALS

Design: Pre-post intervention to assess the effectiveness of an opioid take-back educational module for providers. Intervention with post-survey to evaluate effectiveness of medication return reminder system for patients

Proposed Setting: Kaiser Permanente South Bay Medical Center

Proposed Sample: Pre-operative, post-operative, and office staff involved in outpatient surgery. Outpatient surgical patients undergoing orthopedic surgery

PROPOSED INSTRUMENT AND ANALYSIS

Proposed Instrument:
5-point Likert scale for pre and post-tests
Patient evaluation surveys

Proposed Analysis:
Future data that is collected will be analyzed using SPSS software (version 26.0, IBM).

Descriptive statistics would be used to describe sample characteristics and categorical variables

CONCEPTUAL FRAMEWORK

Figure 1. Conceptual Framework: Iowa Model

FUTURE IMPLEMENTATION PLAN

Key components of the project including pre- and post-test surveys, a demographic survey, an educational module for providers, patient reminder transcripts, and postcard patient evaluation surveys were accomplished

Recommendations for the continuation of this project: maintain open line of communication, make periodic visits to encourage staff to complete surveys, and ensure patients’ contact information is accurate

The significance of this project is to help reduce the amount of unused prescription opioids, bring awareness regarding the KP Drug Take Back Program, and encourage the return of unused opioids through the patient reminder system

DISCUSSION

Education only provided to select providers

Inability to differentiate the amount of opioids from non-controlled substances in the returned drug weights, making it difficult to determine the direct result of our interventions

Difficult to generalize the effectiveness of the reminder system intervention for all surgical patient populations

Limitations on data analysis and generalizability due to small sample size completing the educational module or patient surveys

Acknowledgements

Zachary Spolar
Sarah Giron, PhD, CRNA
Sadeeka Al-Majid, PhD, RN
Conceptual Framework: Iowa Model

Problem-Focused Triggers: Lack of data on roll-out, lack of data on employee education, identified by director as education issue

Knowledge-Focused Triggers: Lack of systematic reviews and RCTs, no standard education material, no standard education module for providers

Is this a priority for the organization?

Yes

Consider other triggers

Search for relevant literature regarding opioid disposal and education, as well as reasons for opioid use

Critique and synthesize research into practice

Is there a sufficient research base?

Yes

Pilot the Change at KP South Bay: 1. Outcome: Increase awareness of KP’s opioid take back program among providers. 2. Collected baseline data from pre-test. 3. Design education module and patient reminder system. 4. Implement module and test; roll-out patient reminder system and survey postcards. 5. Evaluate process and outcomes. 6. Modify project

No

Base Practice on Other Types of Evidence: Case reports, expert opinion, scientific principle, theory

Conduct Research

Is change appropriate for adoption in practice?

Yes

Institute the change in practice at Kaiser Permanente

No

Continue to evaluate quality of care and new knowledge

Disseminate the results

Monitor and analyze structure, process, and outcome data: Environment, staff education, cost of maintenance, patient and family return of opioid prescriptions and education knowledge

Figure 1. Conceptual Framework: Iowa Model
Figure 2. Proposed project timeline

- **Month 1**: KP Department and Team Meetings
- **Month 2**: Module and Patient Reminder Roll Out
- **Month 3**: Data Analysis
- **Month 4 and 5**: Review and Final Manuscript
- **Month 6**: Poster Development and Conference Presentations
- **Month 7**: Project Completed