

# Interprofessional Stakeholder Engagement Process in the Implementation of a Targeted Clinical Decision Support Opioid Toolkit to Improve Naloxone Prescribing



Arveen Kaur<sup>1</sup>, Pharm D, MPH, Sarah Pagenkopf<sup>2</sup>, PharmD, BCPS, David Mott<sup>1</sup>, PhD, FAPhA, RPh, Michelle Chui<sup>1</sup>, PharmD, PhD, Martha Maurer<sup>1</sup>, MSSW, MPH, PhD, Kate Rotzenberg<sup>1</sup>, PharmD, MBA,, Tyler Prickett<sup>2</sup>, PharmD, Erica Martin<sup>3</sup>, Christopher Barron<sup>2</sup>, RPh

<sup>1</sup>School of Pharmacy, University of Wisconsin-Madison, <sup>2</sup>Fort HealthCare, Fort Atkinson, WI, <sup>3</sup>Pharmacy Society of Wisconsin, Madison, WI

School of Pharmacy  
UNIVERSITY OF WISCONSIN-MADISON

## Background

- Interprofessional Stakeholder Engagement (ISE) is defined as the process of developing and maintaining effective working relationships with a diverse group of individuals and organizations to support optimal program outcomes.
- Fort HealthCare (FHC), a rural health system in Jefferson County, Wisconsin, recently implemented an electronic health record (EHR)-based clinical decision support (CDS) opioid toolkit to alert prescribers of patients at risk of opioid overdose and to prompt a "naloxone co-prescribing alert". The CDS opioid toolkit was activated in February 2020.
- FHC adopted ISE to gain buy-in and for successful designing and implementation of the CDS Opioid Toolkit.

## Interprofessional Stakeholder Engagement Process & Timeline

## Taskforce

### Frontline Taskforce :

Frontline nurses-both inpatient & outpatient; Physical Therapy-both inpatient & outpatient; Certified Nurse Anesthetics; Physician-Hospitalist; Frontline Laboratory teams; Billing team; Information technology (IT) team; Quality department

### Provider Taskforce:

Information technology resource; Pharmacy division staff; CRNA-Anesthesiology; Physician-Hospitalist; Pediatrics; Obstetrics; Clinical Providers including Chief Medical Informatics Officer & other providers; Chief Medical Officer; Outside providers-who have access to same system.

### Step 1. Defining the Goals & Scope of Stakeholder Engagement

**Goal:** Leverage interest of champions and include stakeholders with passion to make change, willingness to share honest opinions and time to make the tool successful.

**Scope:** Use already existing stakeholders in the opioid stewardship taskforce, thoughtful use of time and resources, having users directly impacted, engagement of an interprofessional team for fastest adoption.

### Step 2. Identifying Stakeholders

**Drivers of the initiative: Director of Pharmacy & team**

The **Opioid Toolkit Implementation Workgroup** consisted of the following stakeholders:

- Director of Pharmacy; Ambulatory Pharmacist; Clinical Pharmacist
- Population Health Director
- Information technology (IT) team (integral part)
- Quality department
- Chief Medical Informatics Officer (CMIO)
- Chief Medical Officer (CMO)

Drawn from previously existing Opioid Stewardship Committee made up of: **Frontline Taskforce, Provider Taskforce.**

### Step 5. Action Plan

**Main Barriers** to successful implementation:

- Time restriction;
- Communication with IT-needed physical meetings to understand the system changes;
- Provider Timelines (CHAMPIONS);
- NOT knowing what the team "didn't know";
- Late Adopters;
- Making sure all the staff is aware of the toolkit
- Retaining stakeholders

**Overcoming Barriers:** By making most of the available time; requested more agenda-based discussions from IT; flexibility with provider schedules; learning after failing; continuous intake of more stakeholders to retain them, trainings!

### Step 4. Involving Stakeholders

**Meetings:**

- Monthly Meetings of main workgroup with Frontline & Provider taskforce
- Medical Staff Committee Meetings
- Meeting with providers (CMIO or CMO) on as needed basis

**Activities:** Validating alerts from audit mode, understanding restrictions in workflow and EHR interaction, understanding and assessing well-being of providers, efficiency and improved patient care.

**Feedback:** Plan-Do-Study-Act (PDSA) cycle with end users, data were collected on their opinions, modifications needed, & reviewed again.

Interprofessional Stakeholder Engagement and Provider buy-in led to the Successful Design and Implementation of the Opioid Toolkit !

### Step 3. Roles and Responsibilities

**-Pharmacy Division:** Main drivers, frontline testing, technical decision making, evaluating alerts, clinical recommendations, training, training materials, continuous process improvement.

**-IT Team:** builders, created test patients, taking feedback-communicating what will/will not work in the EHR system, key in communication with Cerner.

**-Quality Department:** New metrics, data pull from the EHR system.

**-Medical Staff (CMIO, CMO):** Clinical decision making, functionality feedback

**-Population Health Director:** Leadership role, advocating

**-Frontline & Provider Taskforce:** providing monthly feedback

## Research Objective

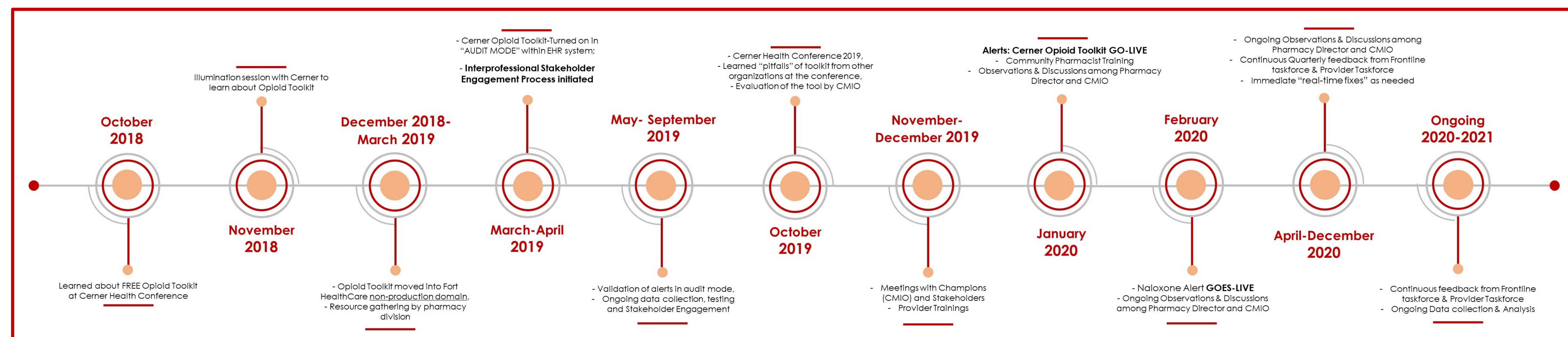
- To describe the interprofessional stakeholder engagement that contributed to successful implementation of the toolkit.
- To evaluate the effectiveness of the naloxone alert.

## Methods

- Semi-structured interview** was conducted with the Director of Pharmacy to understand the interprofessional stakeholder engagement for the successful implementation of the opioid toolkit.
- We examined **monthly trends** in the proportion of high-risk patients provisioned naloxone from January to November 2020.

### Contact Information:

Arveen Kaur ([akaur7@wisc.edu](mailto:akaur7@wisc.edu))  
David Mott ([David.mott@wisc.edu](mailto:David.mott@wisc.edu))  
Michelle Chui ([michelle.chui@wisc.edu](mailto:michelle.chui@wisc.edu))



## Results

The preliminary findings from the time series analysis after the activation of the opioid toolkit showed that the **percentage of high-risk patients who were provisioned naloxone increased from 5.2%** in January'2020 (a month prior to activation of the toolkit) to **17%** in September'2020 and dropped to 10.3% in November'2020.

## Discussion

The successful implementation of the Opioid Toolkit was possible because of the CULTURE at Fort HealthCare; organization's willingness to bring positive change for patients, having pharmacy team as in-charge; strong connections & relationships with medical staff, and champions involvement!

### Acknowledgements

This project was supported by the NIH CTSA at UW-Madison grant, WPP-ICTR grant, and the Opioid Prescribing in Pain Management initiative funded by the Cardinal Health Foundation