# Background

- The RWJBarnabas Health Institute for Prevention & Recovery (IFPR) has provided substance use treatment and prevention services, system-wide, for over 30 years.
- The RWJBarnabas Health Tackling Addiction Task Force is dedicated to combatting substance use through education, prevention, treatment, and recovery.
- IFPR has collaborated with the RWJBarnabas Health Tackling Addiction Task Force to lead a system-wide initiative to enhance the treatment of pain and substance use disorder.
- The Deliberate Reduction of Opioid Prescribing (DROP) initiative determines and implements best practices through a collaborative multi-disciplinary, multi-modal approach.

## Opioid Reduction Options (ORO)

- First stage of DROP implemented in 7 hospitals.
- Goal was to reduce the rate of opioid prescriptions leaving the Emergency Department (ED) by 10%.
- Piloted new hospital order sets for the top 5 pain diagnoses that traditionally received an opioid prescription in the ED.
- Developed a pilot for the use of IV Lidocaine in patients experiencing a sickle cell crisis.

## ORO Results

- A decrease of opioid prescriptions by 25,380 in 18 months.
- Use of both pharmacological and non-pharmacological alternatives in treatment.
- 2.51% prescribing average with the national average being 17%.

## Pain Scales

- Brief Pain Inventory (BPI) and Pain Catastrophizing Scale (PCS).
- Establish patient’s overall pain, as well as how their pain affects their lives.

## Emergency Department Alternatives to Opioids Program (ED-ALT)

- Second phase of the initiative implemented in 1 hospital.
- Established a system-wide pain collaborative, with representatives from multiple disciplines.
- Two patient navigators respond to referrals in the ED, made by medical staff, for patients presenting due to 1 of the top 5 diagnoses.
- Completion of pain scales with patients to establish a functional assessment of pain.
- Consult with medical team on prognosis and treatment options.
- Assistance with linking patients to appropriate aftercare services to address both pain and other social needs.
- Consistent follow ups to determine continued needs.
- 30 day follow up with reassessment of pain scales.

## Goals

- Continued multidisciplinary collaboration to establish best practices in the treatment of pain.
- Appropriate use of both pharmacological and non-pharmacological treatments.
- Use of opioids to treat pain through best practices established.
- Education of staff throughout the system.
- Determine gaps in patients obtaining medical and social needs, through the patient navigation process.
- Decrease hospital readmissions through appropriate community referrals.