

Panel Discussion: Trauma Staff Survey Data

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Trauma and Analgesia: Balancing Patient Comfort and
Opioid-Related Risks

September 9, 2016

Screening in Trauma for Opioid Misuse Prevention (STOMP)

4 Phases of Data Collection:

- Phase 1: Survey of Trauma Center Staff
- Phase 2: Focus Group of Trauma Center Staff
- Phase 3: Surveys of 295 UWHC trauma inpatients who are discharged with opioid analgesia, 4 follow ups over 6 months
- Use data from Phases 1-3 to develop regression model to predict opioid addiction risk after traumatic injury
- Phase 4: Implementation of Screening Tool in 4 WI Trauma Centers

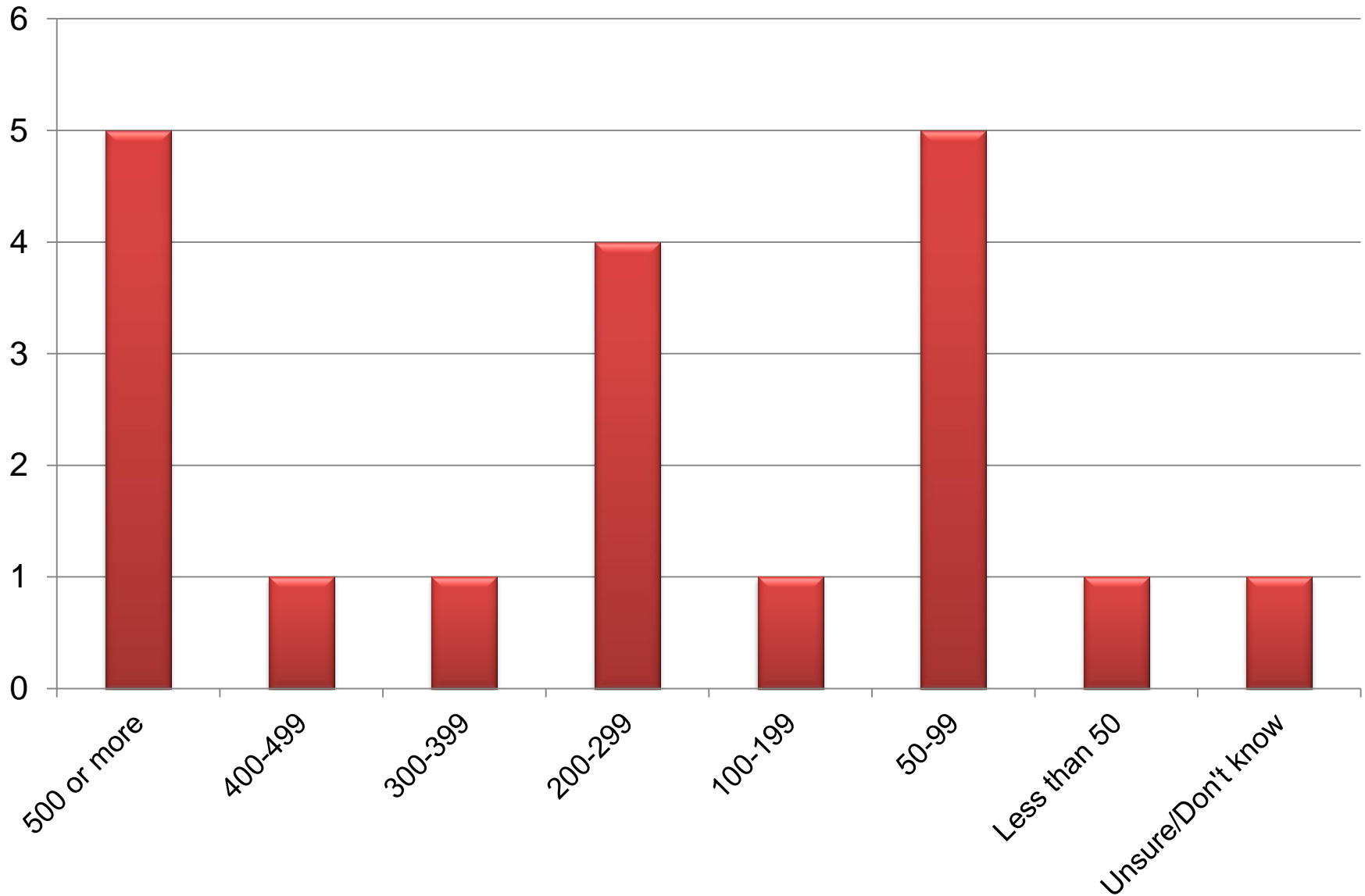


Phase 1: Trauma Center Staff Survey

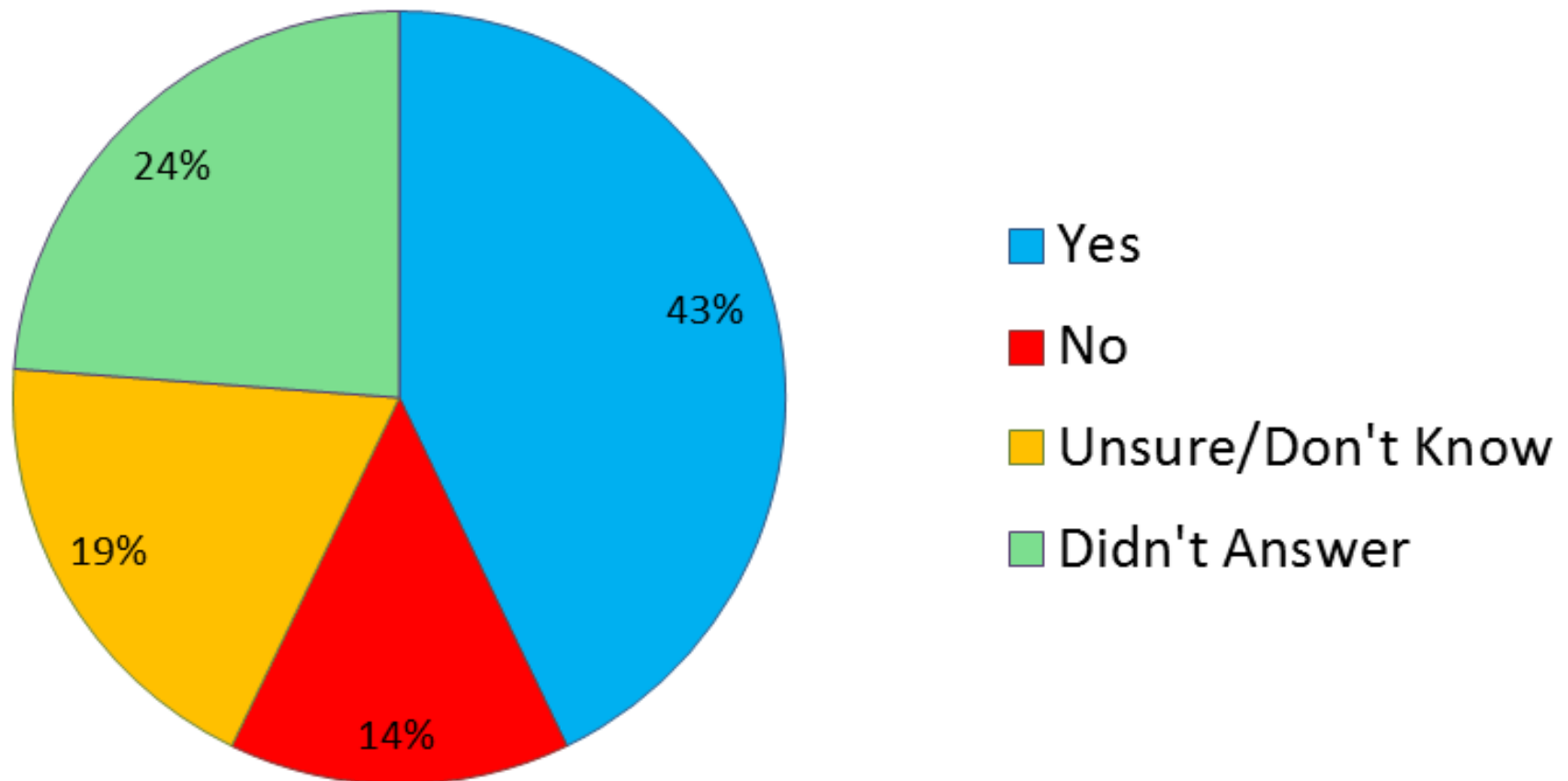
- Trauma Coordinators and Medical Directors were recruited via email to complete the online survey
- Limitations: access to current email addresses
- 21 total responses were recorded
- Respondents were allowed to skip questions
- Data collected will help guide subsequent study activities and decisions

Selected Survey Data

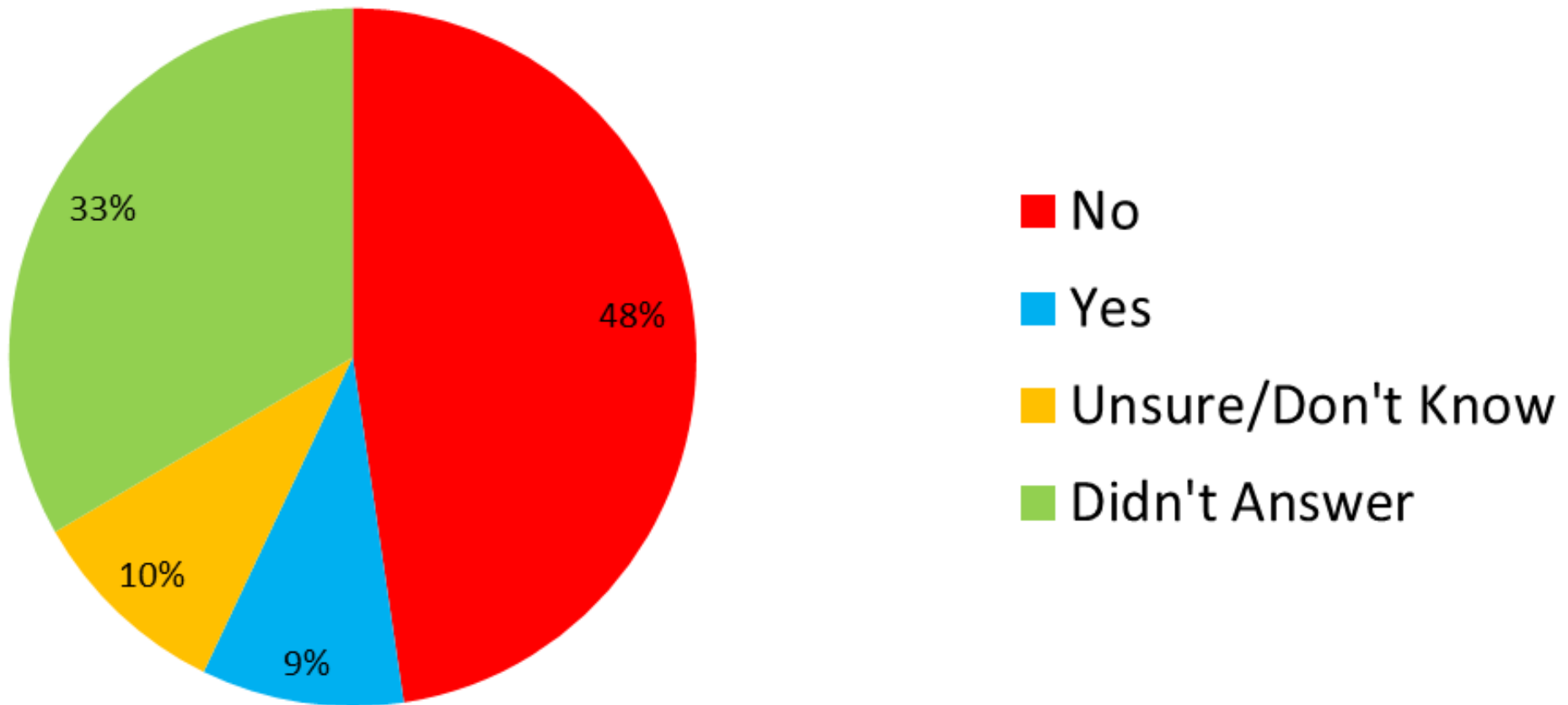
Number of beds in Hospital



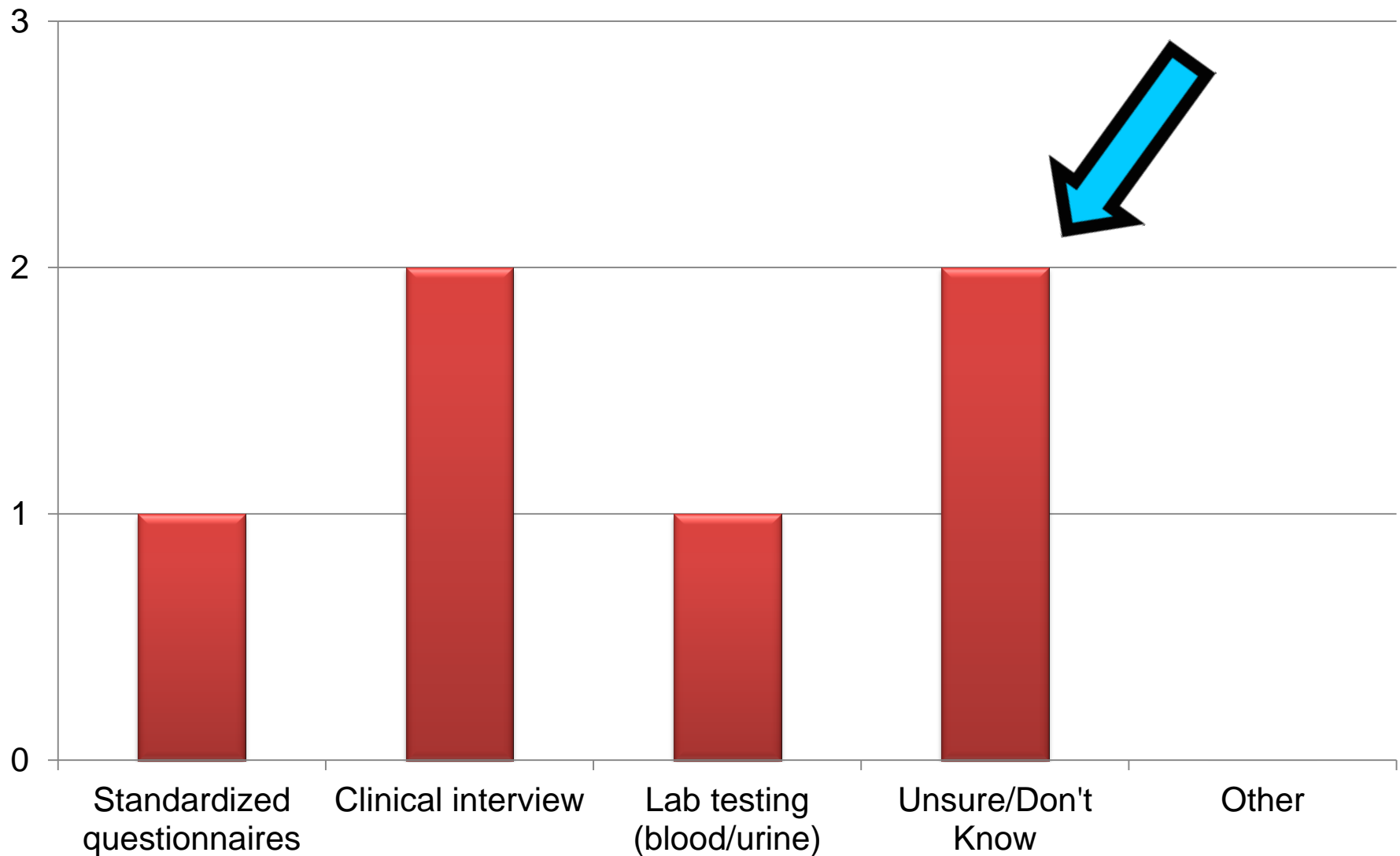
Does your institution routinely screen for other non-opioid or non-alcohol drug misuse or addiction?



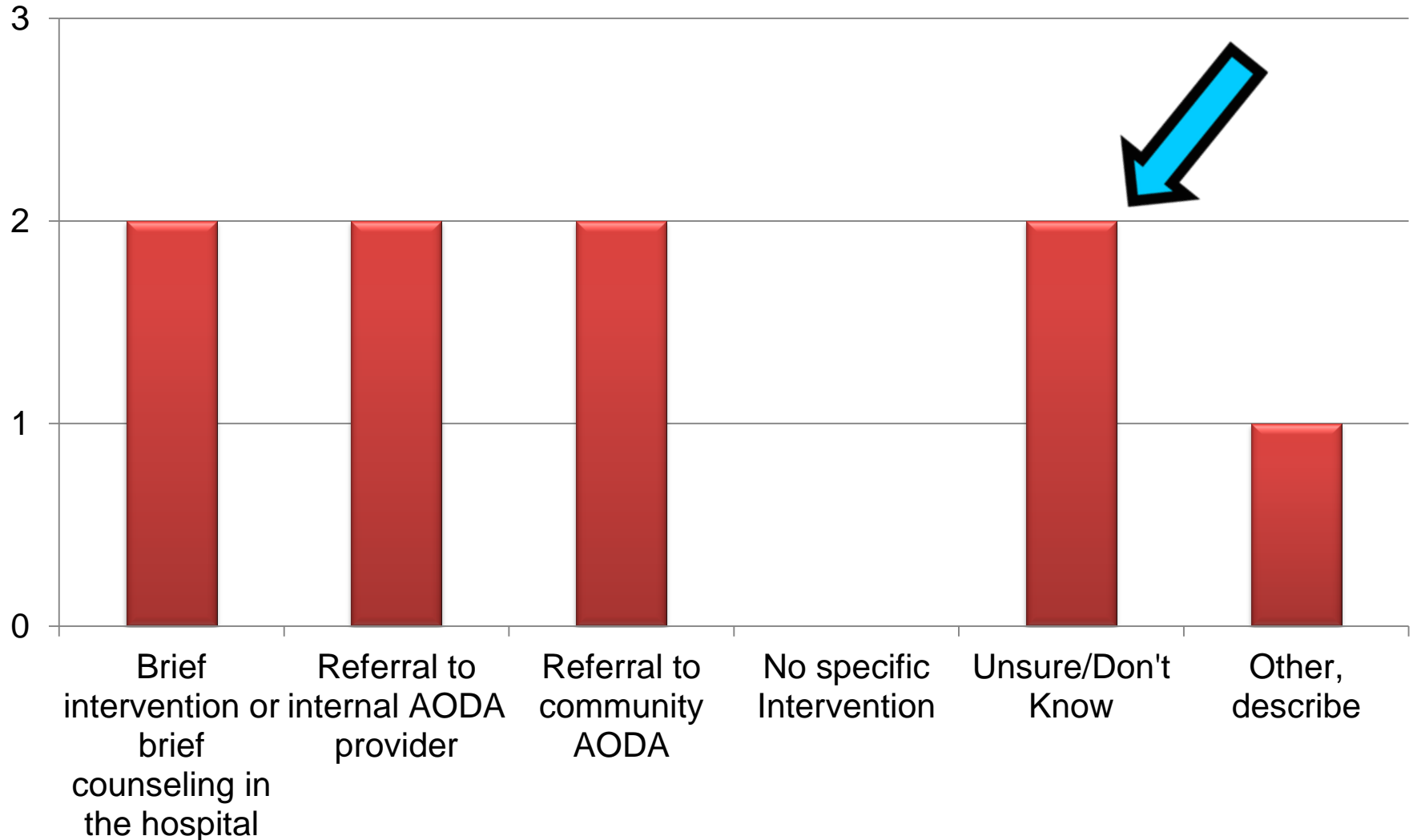
Is there routine screening particular to opioid misuse at your institution?...



What method is used to screen for opioid misuse in your institution?



In what way does your institution intervene for patients who have a positive screen for opioid misuse?



Comments from those who do screen for opioids:

- “nurse asks the patient about current opioid use upon arrival”
- All of those who do screen report referring patients with potential opioid misuse to certified AODA counselors.

Opioid risk reduction could improve with:

Clinical Workflow

- **Standardized** work plans for utilizing risk assessment tools (eg UDS, PDMP check, medication counts, pain management agreements)
- A **standardized** pain management protocol for patients with positive opioid UDS and/or reported h/o opioid misuse

Provider Collaboration

- Internal AODA providers for trauma centers
- A **standardized** opioid misuse prevention education program
- Opioid use and handling education for prescribers and clinical staff

Screening Examples

Opioid Use Disorder (“Addiction”)

3+ repetitively over 12 months:

- Tolerance
 - Withdrawal
- } **Physical Dependence ≠ Use Disorder**
- Larger amounts/longer periods than intended
 - Persistent desire/failed attempts to quit/control use
 - Much time obtaining/using/recovering
 - Important activities sacrificed
 - Continued use despite known adverse effects
 - Failure to fulfill major obligations
 - Recurrent hazardous use
 - Craving
 - Ongoing use despite interpersonal problems

Risk Assessments

Alcohol

- CAGE
- Single Item Screen
- AUDIT-C

Other Drugs

- DAST-10
- CAGE-AID
- Opioid Risk Tool
- PDMP

Mental Health

- Bipolar Spectrum Disorders
- Antisocial Personality
- Pain Catastrophizing
- PTSD
- Depression/Anxiety
- OCD
- History of sexual abuse

Trauma-Related

- Injury Severity Score
- Pre-existing physical conditions

Current CDC Guidelines for Opioid Prescribing

- Are based on primary care prescribing for chronic pain
- How can these guidelines be incorporated into care for acute injury in a trauma service?

Panel Discussants

- Randall Brown MD, PhD, FASAM – UW Family Medicine
STOMP Study Principal Investigator
- Suresh Agarwal MD, FACS, FCCM, FCCP – UW Surgery
STOMP Study Co-Investigator
- Joseph Glass MSW, PhD – Group Health Research Institute
STOMP Study Collaborator
- Andrew Quanbeck PhD – UW Systems Engineering
STOMP Study Collaborator
- Larry Gentilello MD – UT Surgery
Summit Collaborator

Before you leave:

- Please fill out the Activity Evaluation form that is in your packet, and either
 - Give it to Bri or Chelsea
 - OR
 - Put it in the black plastic box that says “Activity Evaluations”
- If you lost your form, blank ones are available next to the black plastic box that says “Activity Evaluations”

THANK YOU!

Focus Group

If you have been confirmed as a focus group participant (or if you don't know if you are a confirmed focus group participant), please find Bri or Chelsea for further instructions.