

Show me Yours...I'll show you mine: Opioid Task Force Promoting Transparency and Data Sharing

Use Data & Vow to Make it Better

Grant County Substance Abuse
Task Force &
Marion General Hospital

October 22-23
Attorney General Opioid
Symposium



MGH
MARION GENERAL HOSPITAL



OPIOIDS



Marion General Hospital

Ann Vermilion, MBA, FACHE

Admin. Director Medical Staff Services & Community Outreach

Phone: (765) 660-7201

Email: ann.vermilion@mgh.net

Tammy Cornelious MBA, RN

Admin. Director Emergency Department & Ambulance Service

Phone: 765.660-6901

Email: tammy.cornelious@mgh.net

Michael Keller, MD

Medical Director of Emergency Department & Ambulance Service

Phone: 765.660-6900

Email: smkeller@mgh.net

Family Recovery Court/Grant County Probation

Arielle Andrews

Adult Probation Officer

Phone: 765.662.9861 x 4155

Email: aandrews@grantcounty.net

United Way of Grant County

Alicia Hazelwood

Executive Director

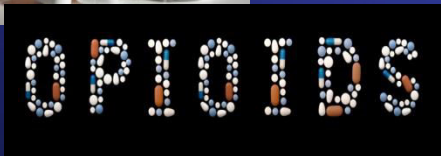
Phone: 765.662.9811

Email: director@uwofgrantco.com

Today's Panel

Learning Objectives:

- 1: Review a model of community collaboration and data sharing regarding the affects of Opioid, Heroin and Substance Abuse Use
- 2: Identify data to collect among numerous county organizations which help paint a picture of the epidemic in your County.
- 3: Learn of Marion General Hospital's Journey to Implement Prescribing Guidelines
- 4: Ask questions from representatives of the Task Force and MGH Emergency Department



Where the Collaboration Began



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2014 MGH: Mission for Change

STEP #1:

Evaluate the Opioid & Other Controlled Substance (OOCs) abuse:

Pull Measurable Data

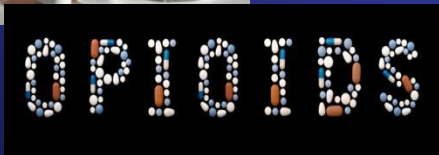
– MGH – Grant County – Indiana – USA

STEP #2: Investigate

- What can we do within our health system?
- What are our County partners experiencing?
- Who needs to be involved?

STEP #3: Implement Prescribing Guidelines

STEP #4: Educate – MGH employees, physicians & Community



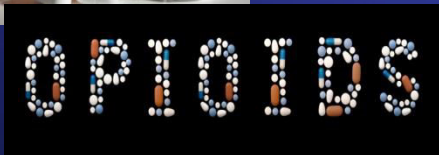
STEP #1

MARION GENERAL HOSPITAL



CSR Abuse: Affects at MGH

- Rise in patient requests in ED & Physician Offices
- Patient's disposition and aggressiveness
- Climate: threatening, volatile & disruptive = employee and physician dissatisfaction
- Q: Research how other hospital system's handling?
- A: NO MODEL, Create our own roadmap



STEP #2: Self Evaluation

MARION GENERAL HOSPITAL



In 2012-2013

- 27,000 Doses (30,000 tablets) of hydrocodone containing pain reliever
- 10,000 Hydromorphone injections
- 7,000 Fentanyl injections
- 11,000 Morphine injections
- Over 63,000 units of OPCS were administered hospital wide
- Over 9,600 doses of OPCS were administered in ED
- 2,343 (21%) patients prescribed OPCS
- 36,400 pills prescribed
- 15.5 – average pills per patient
- Largest single prescription – Lortab 5-500 #60 for rib fracture
- Second largest prescription – Norco 5-325 #40 for toothache



CSR Abuse: Affects in our Community Reality Check



Pills were entering the local streets from Rx written from our community's medical staff.



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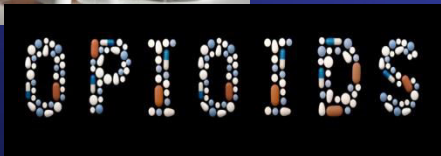
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MARKET



MGH
MARION GENERAL HOSPITAL

Knowledge is Power

- Education and Awareness: Knowledge allows for change
- Believed in the ethical backbone of our medical staff. Was no intention to cause harm or provide an access in pills.
- Respect our community colleagues (Jail, Law Enforcement, Mental Health). Listen to their struggles re: epidemic.
- Supported by MGH Board of Directors, passionate Administrators to DO THE RIGHT THING



NOT a Hospital Journey: GRANT COUNTY Journey

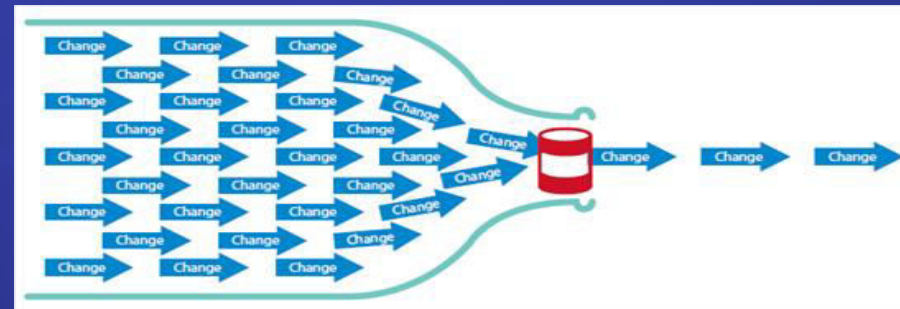
- Community Roundtable
 - Law Enforcement Agencies
 - Healthcare Providers
 - JEAN (Joint Effort Against Narcotics) Team
 - Grant Co. Courts and Prosecutor's Office
 - Local Pharmacies
 - Substance Abuse Treatment Providers
 - Social Services
 - Medical Providers
 - Grant County Health Department



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NOT a Hospital Journey: GRANT COUNTY Journey

Our mission to provide a safer community is supported by



The beginning of the
Grant County Substance
Abuse Task Force

STEP #3: Implement Rx Guidelines

Educate Docs re: Rx practices + Implement Rx guidelines =
Estimated ↓ in Rx Pills

> 64,900 pills in MGH ED

@ 34,000 pills in MGH

Inpatient discharges
& Physician Practices



@ 100,000 pills in Year 1

@ 246,500 pills in Year 2



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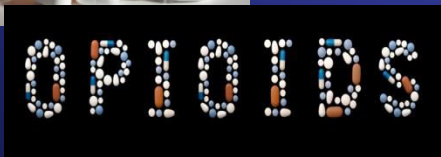
~~Opioid Task Force~~

~~Heroin Task Force~~

Grant County Substance Abuse Task Force

150+ Members @ 25+ Organizations

- Communicate
- Collaborate
- Educate
- Define and Promote Success and outcomes



Grant County Substance Abuse Task Force

150 Members @ 25 Organizations

1. Data Collection/Self Evaluation
2. Heroin & Substance Abuse Care Plan
3. Education, Outreach & Communication
4. Syringe Exchange Program (Logistics)
5. Reviewed Possible Nalaxone in Law Enforcement Vehicles
6. Maternal Child Substance Abuse Team
 - a. NAS Neonatal Abstinence Syndrome



Grant County Data SHARED TO ALL



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2016 FATAL DRUG OVERDOSE DEMOGRAPHICS

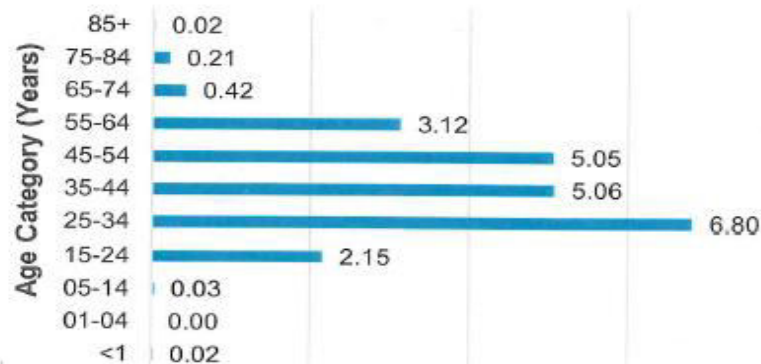
INDIANA

GENDER



AGE

All Drug Overdose Deaths by Age, Indiana Residents



*Crude Rate per 100,000

*Crude Rate: total number of deaths occurring per 100,000 population

GRANT COUNTY

GENDER



AGE

All Drug Overdose Deaths by Age, Grant County Residents



*Crude Rate per 100,000

*Crude Rate: total number of deaths occurring per 100,000 population
 *All age rates for county are unstable based on a count less than 20

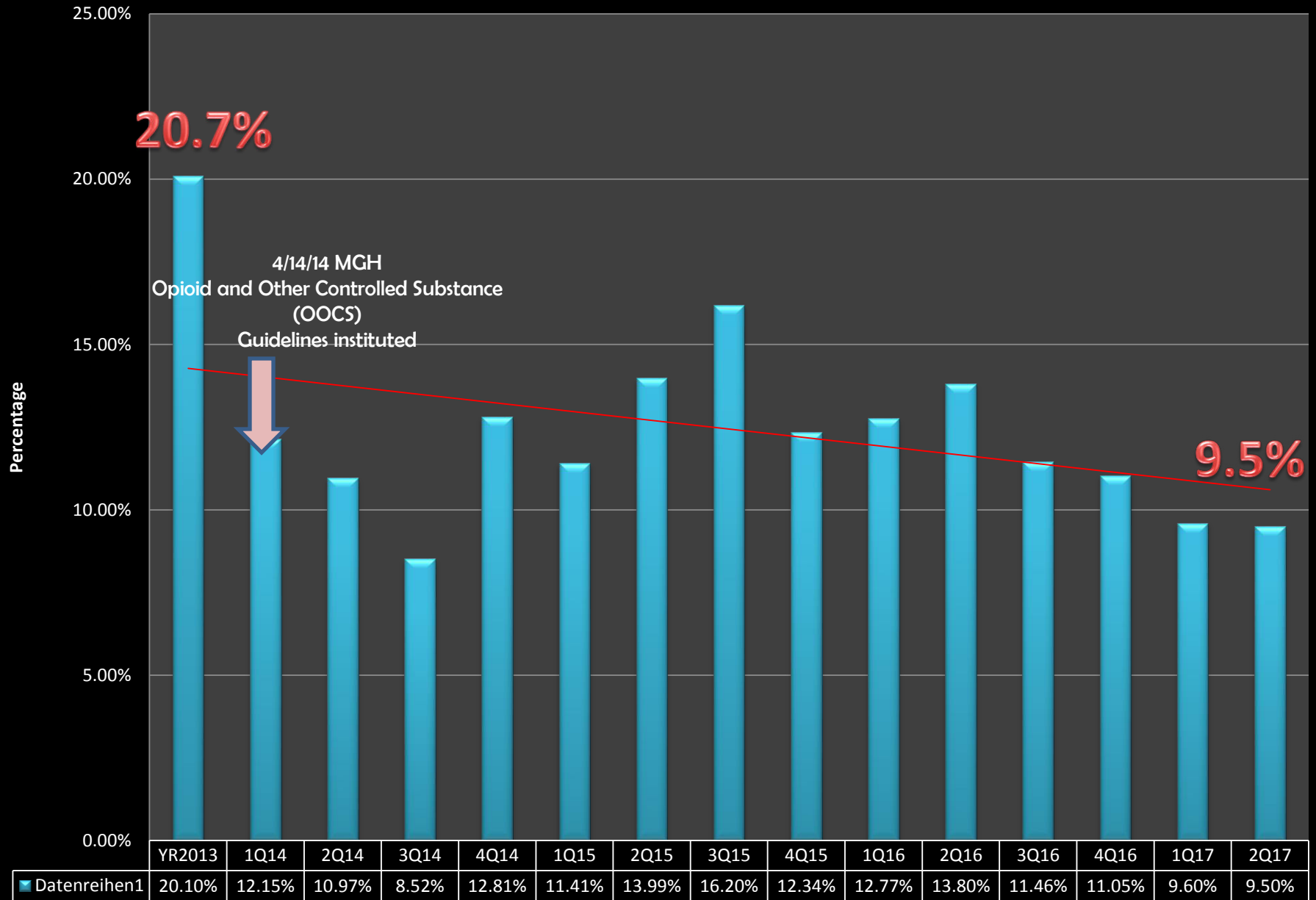
Hospital/Prescribing Data



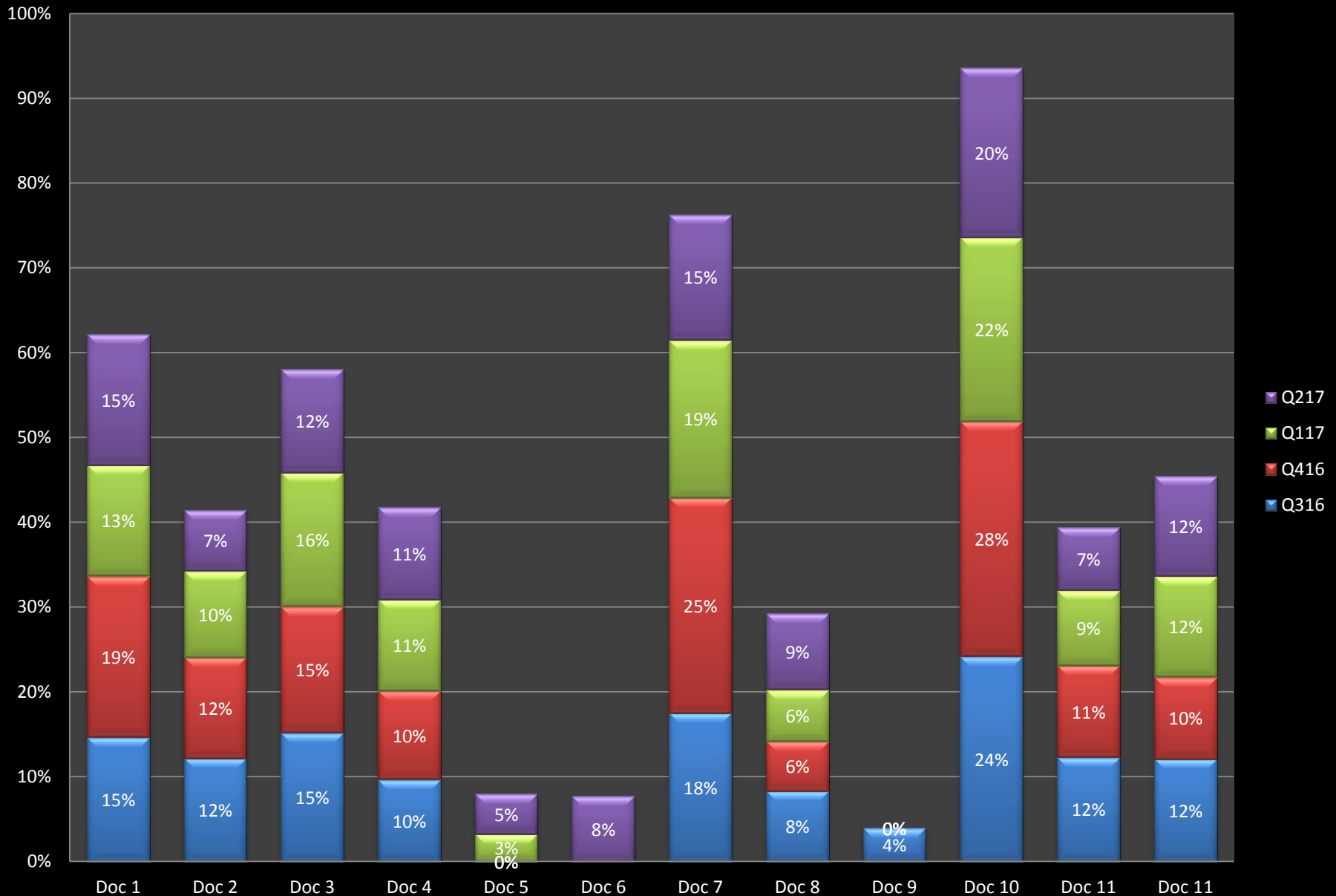
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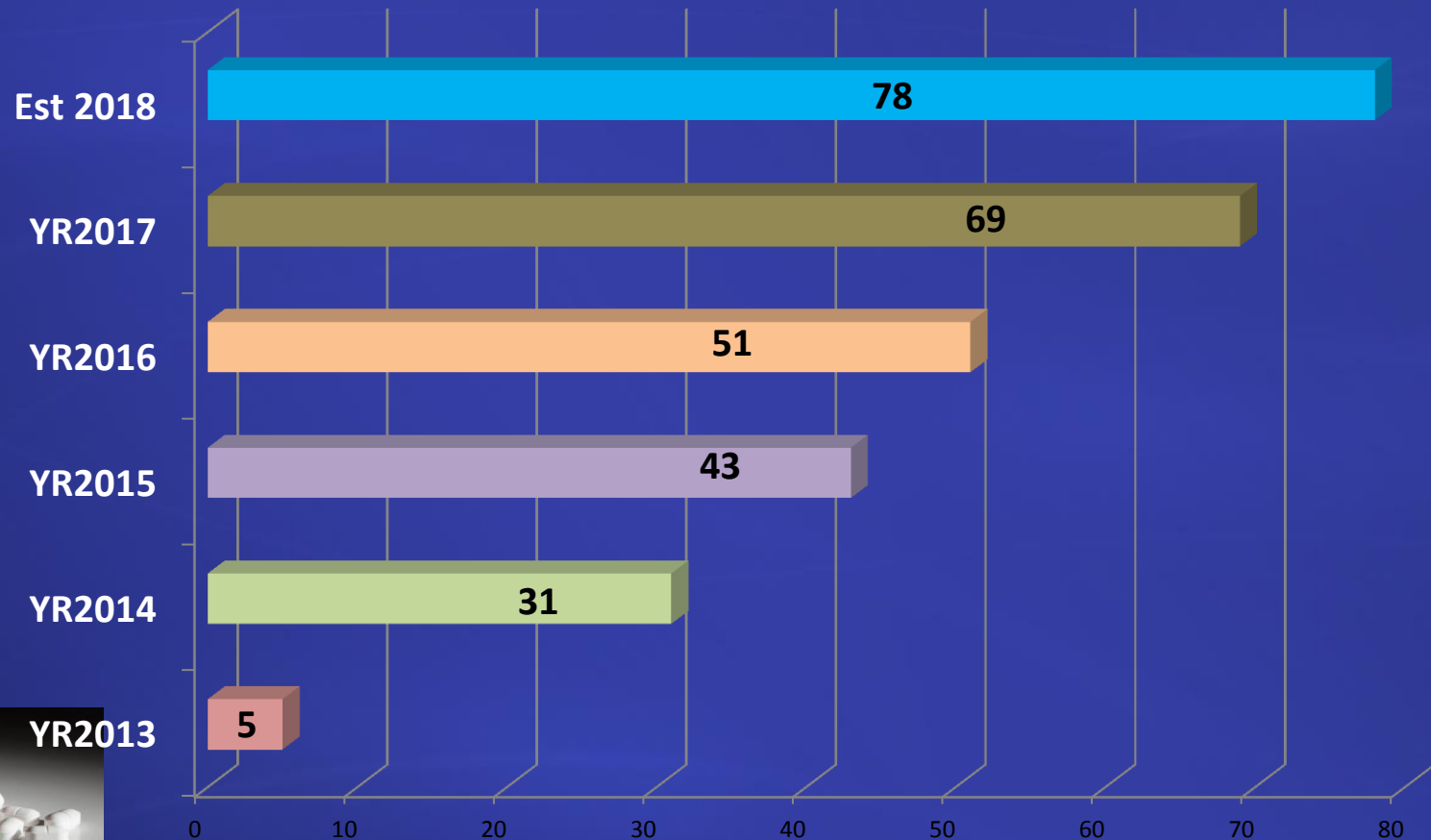
Perecent of ED Patients Prescribed OPCS



% of Patients by Provider - Prescribed OOCs



Heroin Overdoses



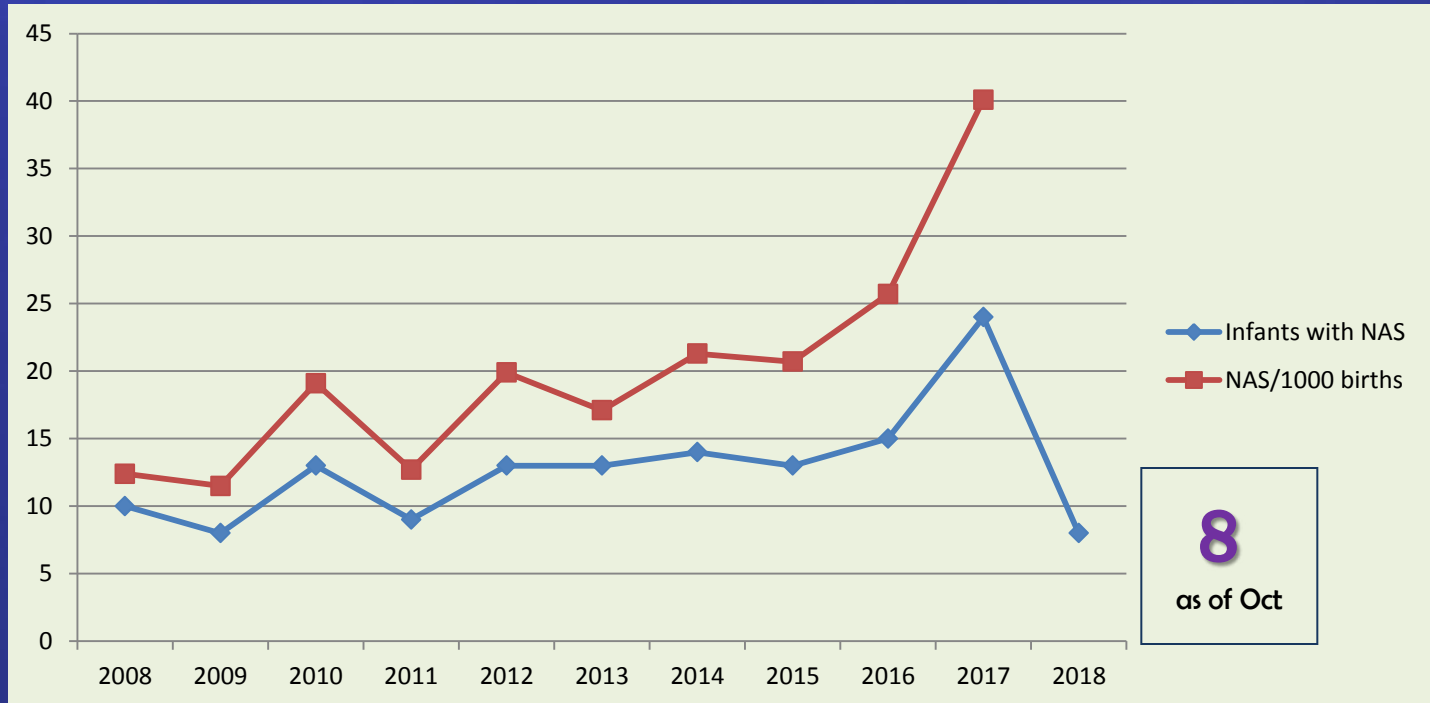
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NAS

(Neonatal Abstinence Syndrome)



8
as of Oct



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Community Agencies Data

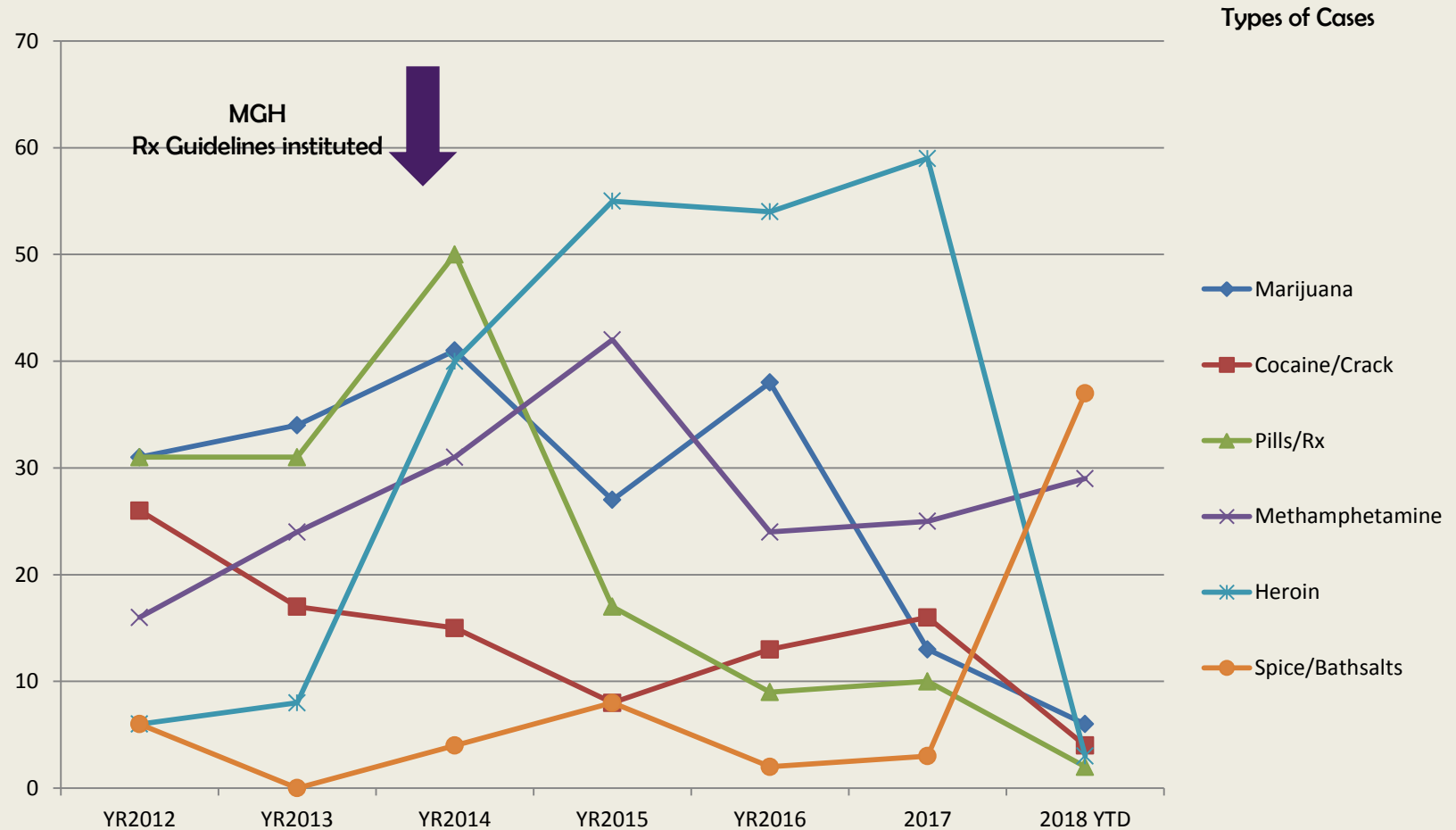


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JEAN Team

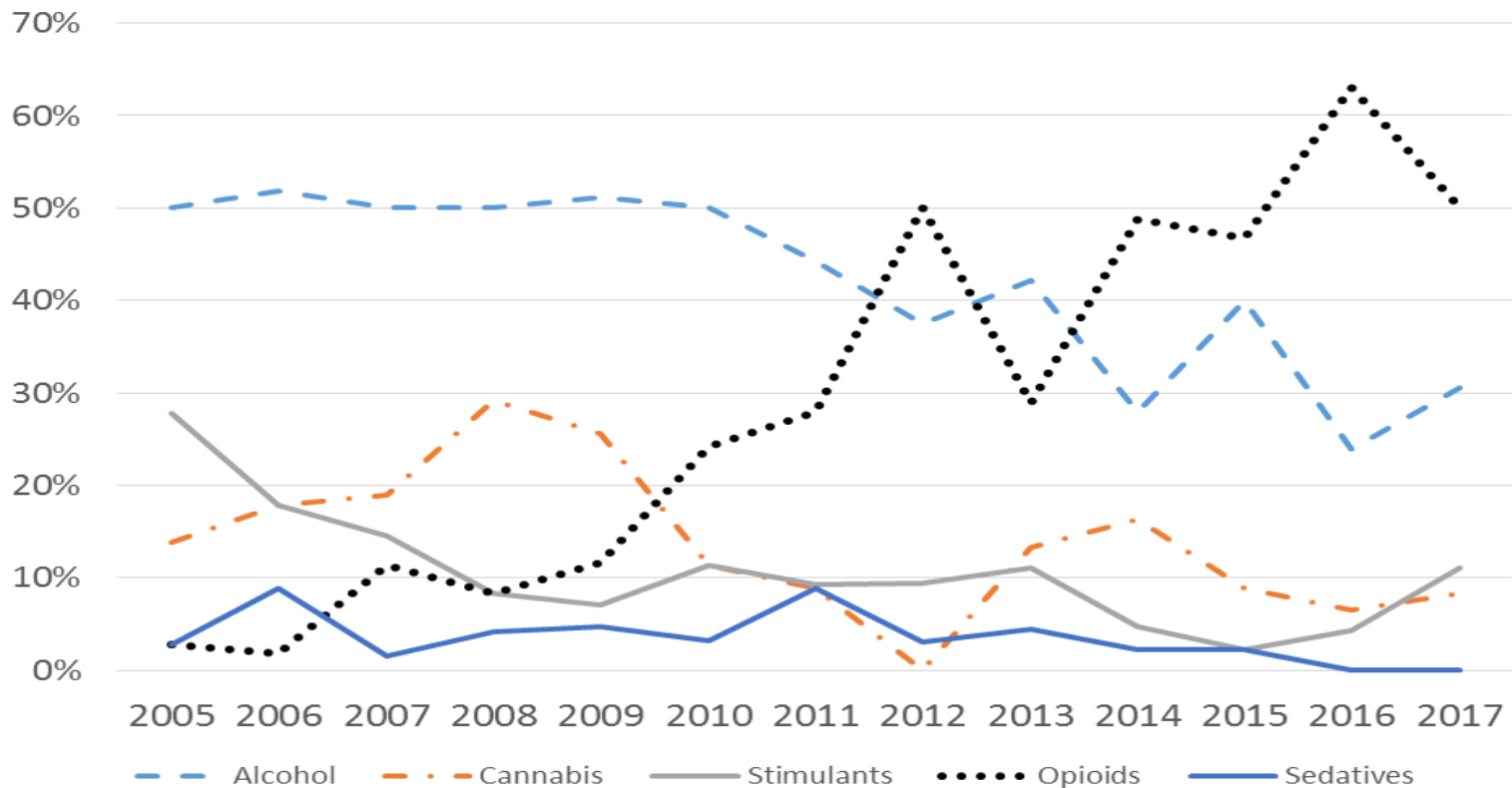
Undercover Drug Task Force



Grant County Drug Court



GCDC Participants' Drug of Choice 2005-2017



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Grant County Coroner's Data

GRANT COUNTY CORONER'S OFFICE - (1ST QUARTER - 2018 DRUG OVERDOSE DEATHS) Chief Investigator Stephen D. Dorsey, ABMDI #980 (Statistician)

| DRUG | NUMBER |
|------------------------|--------|
| Synthetic Cannabinoids | 1 |
| Methamphetamine | 2 |
| Heroin | 1 |
| Analgesics | 1 |
| Fentanyl | 1 |
| Hydrocodone | 1 |

TOTAL: 7

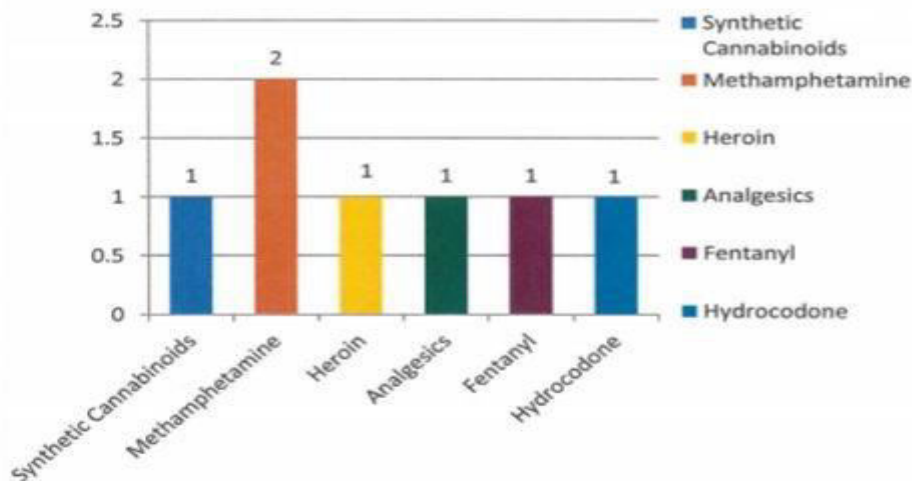
DEATH COUNT PER MONTH

JANUARY: 1

FEBRUARY: 5

MARCH: 1

1ST QUARTER - 2018 DRUG OVERDOSE DEATHS



TOTAL DEATHS: 7

MALES: 4
FEMALES: 3

Caucasian Males: 4
Caucasian Females: 3

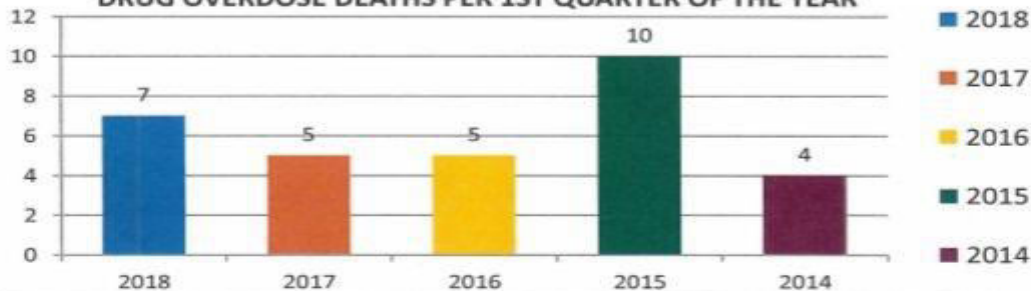
Average Age:
Males: 50.25 Years
Females: 34.33 Years

Youngest Age:
Female: 22 Years

Oldest Age:
Male: 64 Years

| YEAR | NUMBER |
|------|--------|
| 2018 | 7 |
| 2017 | 5 |
| 2016 | 5 |
| 2015 | 10 |
| 2014 | 4 |

DRUG OVERDOSE DEATHS PER 1ST QUARTER OF THE YEAR



**** These statistics are based on the primary drug used to cause an individuals death, a secondary or multiple drug(s) may have contributed.**

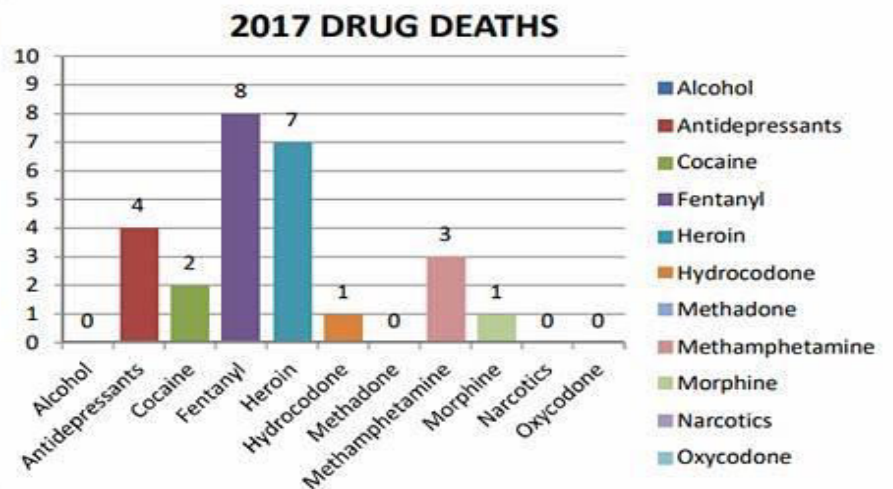
Grant County Coroner's Data

GRANT COUNTY CORONER'S OFFICE - (FOUR YEAR DRUG OVERDOSE DEATH STUDY)

Chief Investigator Stephen D. Dorsey, ABMDI #980 (Statistician)

| DRUG | NUMBER |
|-----------------|--------|
| Alcohol | 0 |
| Antidepressants | 4 |
| Cocaine | 2 |
| Fentanyl | 8 |
| Heroin | 7 |
| Hydrocodone | 1 |
| Methadone | 0 |
| Methamphetamine | 3 |
| Morphine | 1 |
| Narcotics | 0 |
| Oxycodone | 0 |

TOTAL: 26



TOTAL DRUG DEATHS: 26

All Males: 19

All Females: 7

Caucasian Males: 18

African American Male: 1

Caucasian Females: 6

Hispanic Female: 1

Average Age

Males: 43.7

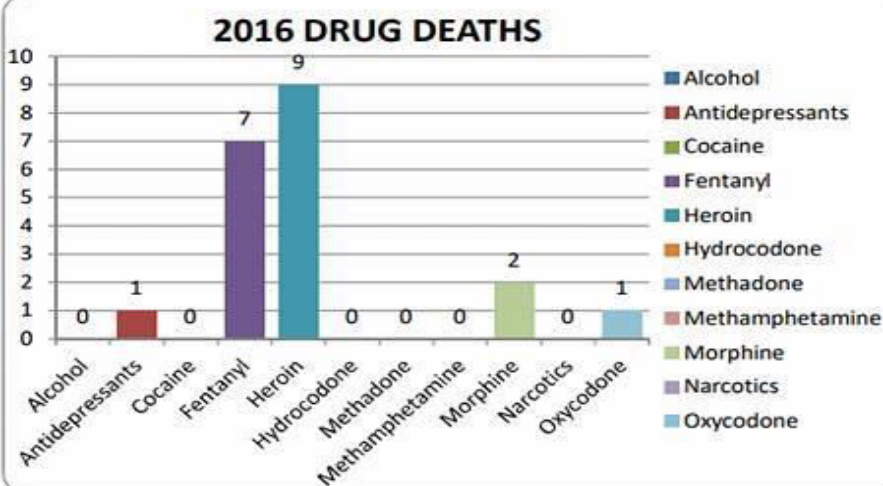
Females: 36.4

Youngest: Caucasian Male: 20

Oldest: Caucasian Male: 59

| DRUG | NUMBER |
|-----------------|--------|
| Alcohol | 0 |
| Antidepressants | 1 |
| Cocaine | 0 |
| Fentanyl | 7 |
| Heroin | 9 |
| Hydrocodone | 0 |
| Methadone | 0 |
| Methamphetamine | 0 |
| Morphine | 2 |
| Narcotics | 0 |
| Oxycodone | 1 |

TOTAL: 20



TOTAL DRUG DEATHS: 20

All Males: 16

All Females: 4

Caucasian Males: 14

African American Males: 2

Caucasian Females: 3

African American Female: 1

Average Age

Males: 38.4

Females: 31.5

Youngest: (AfAm) Female: 18

Oldest: Caucasian Male: 59

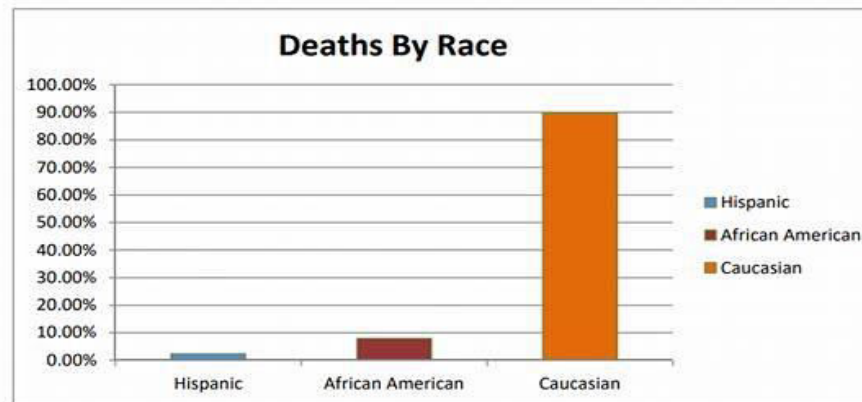
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GRANT COUNTY CORONER'S OFFICE

(FOUR YEAR DRUG OVERDOSE DEATH STUDY)

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(ABMDI – The American Board of Medicolegal Death Investigators)



- The Hispanic death population is **2.27%** of the 88 total deaths.
- The African American death population is **7.95%** of the 88 total deaths.
- The Caucasian death population is **89.77%** of the 88 total deaths.



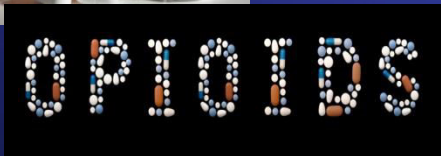
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2018 Advancements & Accomplishments

- Grant County Family Recovery Court/Drug Court/Veterans Court – success and expansion
- PDMP – Inspect incorporated into MGH electronic medical record system (easier, quicker access)
- MGH/Grant Blackford Mental Health/Sheriff/ Drug Court/Jail – Vivitrol Program
- HRSA Grant – Planning Grant (asset mapping, research Community Health Profile, evaluation and Community Plunge)
- HRSA Grant – Opioid CORE (\$200k) implementation of asset mapping, “Warm-Hand off” peer counselors/CHW/Peer advisor available to All residents with OUD (Opioid Abuse Disorder) assistance

• Task Force/ Community Connect/ Clergy Connect = @75 in attendance & very active subgroups





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