

Where'd Our Fentanyl Go?

Responding to a major drug shortage

The Problem

On October 25th BIDMC was made aware of a national Fentanyl Shortage that would have an immediate impact on patient care. Fentanyl is short acting opioid or analgesic used commonly in critical care, procedural areas and the operating rooms. The two manufacturers of the drug had different reasons for their low production. However both predicted that they could not guarantee a full supply of the drug in its various doses and sizes for 3 to 6 months. Several questions had to be answered quickly and a contingency plan needed to be developed and implemented immediately. No single agent can be substituted for Fentanyl.

Aim/Goal

Develop a house wide reaction / contingency plan to respond to the national shortage and prepare BIDMC Physicians and nursing teams.

The Team

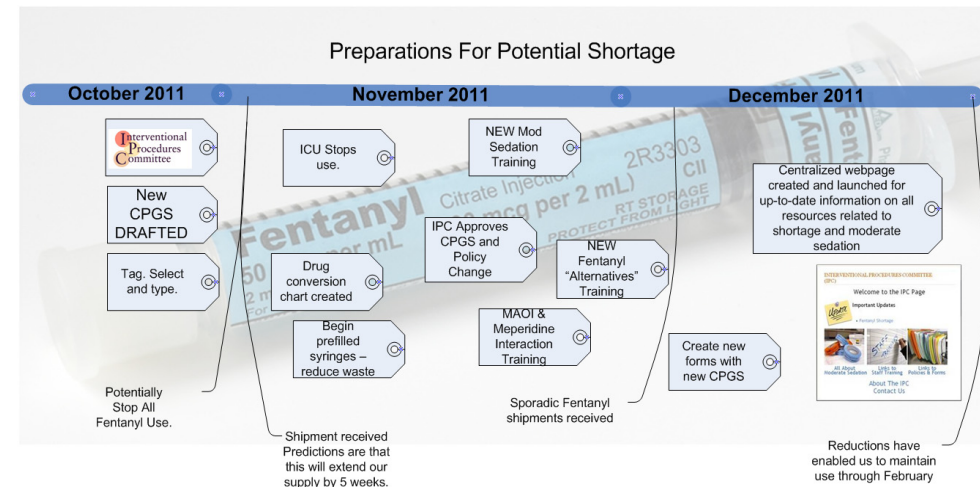
Interventional Procedure Committee Pharmacy Services
Anesthesia Services Transparency Site Project Management

The Interventions

A multidisciplinary team emergency meeting was held: together the group worked out an action plan involving a multifaceted approach:

- Conserving current supply
 - Critical Care would stop using fentanyl infusions and implemented a plan to manage patient needs with alternatives.
 - A call out to others to reduce use immediately – in the ORs there was a dramatic switch from fentanyl to hydromorphone (Dilaudid) a different opioid.
- Identify and prioritize high need areas:
 - NICU, Cath Lab and the GI sedation areas were considered priority areas
- Eliminating drug waste
 - Pharmacy prepared prefilled 2cc fentanyl syringes for the moderate sedation GI areas, thus reducing waste
- Alternative drugs, dosing, and education
 - Winter Update: Fentanyl Alternatives created
 - MAOI & Meperidine Interactions Education
- Modification of policies and Guidelines
 - Revised BIDMC Moderate Sedation Training
 - NEW Clinical Practice Guidelines for Medications used in Moderate Sedation @ BIDMC created
- Fast tracking new forms to match new approved Moderate Sedation Drug Policies
- Communication Plan to BIDMC via email and then an up-to-date web page

The Results/Progress to Date



Lessons Learned

Drug shortages have a wide impact on patient care and partnership with the pharmacy and clinical leaders is critical for all patient care areas. The Pharmacy can provide accurate and up to date information about usage patterns that can lead to very targeted and creative solutions.

Forms need to be 'timeless' .Our forms contained basic dosing guidelines for 'some' medications but 'not' all. This required a very fast and costly overhaul of current forms.

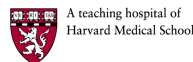
Similarly our policies and annual competencies only spoke to a narrow list of preferred medications for use in moderate sedation, alternatives were not included. This left us very vulnerable from a shortage of any of the preferred agents. We have now posted a wider list of medications with reformations for first and second choice.

Next Steps/What Should Happen Next

- Continue to monitor and respond to the on going fentanyl shortage. Due to the rapid action taken we have been able to continue to supply fentanyl to critical areas.
- Work with pharmacy to develop a standard plan / assessment tool that can be used for any future drug shortages. Tool can outline things to consider when creating a contingency plan for a shortage.



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