

A New Jersey Nonprofit and Surgery Center Collaborate with DisposeRx to Change Behaviors

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Over the years, a number of DisposeRx Community Outreach Partners have become great advocates and champions of our product, connecting us with people and organizations who appreciate and share our mission.

Such is the case with New Jersey’s Community in Crisis (CIC)—one of the few federally-funded Drug Free Communities (DFC) singularly focused on the opioid crisis. CIC is a coalition of dedicated volunteers that was founded in 2013 following two overdose deaths in the space of a week in Somerset County.

“Reducing the supply of unwanted or unused opioids is one of many strategies and is something every community can and should do to prevent opioid diversion,” said Andi Williams, Executive Director, Community Outreach and Development for CIC. “Everyone can play his or her part—whether it’s organizing drug take back days or pharmacists providing consumers with education on safe disposal.”

Andi learned about DisposeRx at a conference in 2019 and contacted us through our Community Outreach program. She then shared information about the DisposeRx program with one of her task force members, Dr. Gail Granowitz, who is also an anesthesiologist at Short Hills Surgery Center.

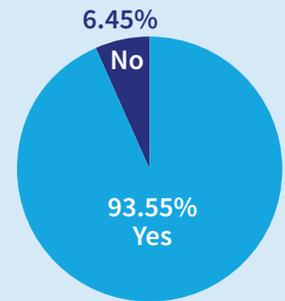
Short Hills had recently launched a multimodal analgesia perioperative program under the leadership of Susan Torchen, APN, CRNA, which was designed to reduce the number of narcotics prescribed to patients following surgery. The program was designed to educate key stakeholders in four steps: 1) anesthesia team (anesthesiologists and nurse anesthetists), 2) staff/nurses, 3) surgeons and 4) patients/significant others/caregivers.

“We had a meticulous plan in place and knew we had to provide education and get buy-in from everyone internally before we rolled out the program to patients,” said Dr. Idrees Ahmad, anesthesiologist. “The hardest part was convincing the surgeons to change their prescribing pattern of writing large numbers of narcotics—30 to 60 tablets—at discharge. But everyone recognizes that we have an epidemic, so changing behaviors and reducing the quantities was a little easier than anticipated.”

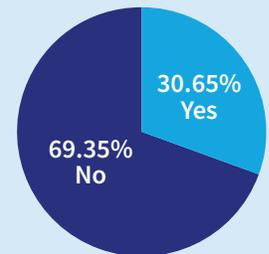
Dr. Ahmad shared that parents of teenagers are the most engaged group and are “all in,” wanting to know everything they can about how to manage the pain of their teenager without narcotics in hopes of preventing addiction.

Early Results

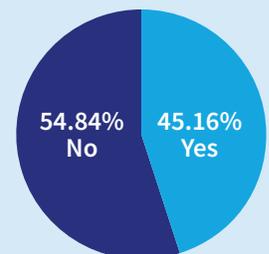
Question 1: Did you feel that you were well educated on opioid prevention and use of alternative pain techniques at the Short Hills Surgery Center?



Question 2: Did you finish all your prescription pain medications?



Question 3: Did you use your DisposeRx packet?



Once the Short Hills staff fine-tuned the first phase of their program, they began working with CIC to dispense DisposeRx packets to patients and collect data. First, they surveyed patients who received education only about their medications and the importance of disposal. Then they began dispensing DisposeRx packets, providing education and surveying the patients about how many pills they took and whether or not they disposed of their medications in a timely manner using the DisposeRx packets.

“We are finding that many are destroying the medications,” said Dr. Ahmad. “And we are learning more about how we can refine our protocols and perhaps reduce the quantities of prescriptions even further.”

Based on the volume of surgical patients at Short Hills, the data collection project, which is being spearheaded by Susan Torchen, APN, should be completed in the next few weeks and will establish a baseline of behavior.

“Our nonprofit is tackling the epidemic on as many fronts as possible through collaborations and support,” Williams said. “I am so thrilled I was able to connect the dots from a surgery center willing to take extra steps and use valuable resources to educate patients to a company like DisposeRx that is willing to fund innovative initiatives. This a huge step in the right direction that we hope will serve as a model for other medical facilities to replicate.”

