Opioid Stewardship Program (OSP) Implementation

Acute Care Provider OSP Assessment

Facility Name: _____ **CCN:** _____ **Assessment Date:** _____ **Completed by:** _____

Work with your department leadership team to complete the following assessment. Each item relates to OSP elements that should be in place for a successful OSP in your facility. This OSP implementation assessment is supported by published evidence and best practices including, but not limited to, the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS), the Joint Commission, National Quality Forum (NQF), Institute for Healthcare Improvement (IHI), and state government recommendations. Select the level of implementation status on the right for each assessment item. Once this form is complete, please go online and enter your answers.

Assessment Items	Not implemented/ no plan	Plan to implement/no start date set	Plan to implement/ start date set	In place less than 6 months	In place 6 months or more
A. Commitment					
1. Your facility has an OSP leadership team in place with representatives from various departments and disciplines (e.g., administration, emergency department, informatics, surgery, pharmacy, internal medicine, behavioral health, case management).[i]	☐	☐	☐	☐	☐
2. Your facility has a workflow that facilitates required Prescription Drug Monitoring Program (PDMP) review for discharging providers prescribing opioids.[ii]	☐	☐	☐	☐	☐
3. Your facility utilizes Enhanced Recovery After Surgery (ERAS) protocols (such as in areas like perioperative, inflammatory, musculoskeletal, and neuropathic injury settings).[iii]	☐	☐	☐	☐	☐
4. Your facility provides treatment for opioid withdrawal.[iv]	☐	☐	☐	☐	☐
B. Action					
5. Your facility has an established method to identify patients who may require OUD treatment (e.g., opioid risk tool, single screening questions, clinical opiate withdrawal scale [COWS] score).[v]	☐	☐	☐	☐	☐
6. Your facility refers for medication-assisted treatment (MAT)/substance use disorder treatment (i.e., buprenorphine or methadone in combination with behavioral health therapies).[vi]	☐	☐	☐	☐	☐

Assessment Items	Not implemented/ no plan	Plan to implement/no start date set	Plan to implement/ start date set	In place less than 6 months	In place 6 months or more
7. The electronic health record (EHR) has embedded workflow alerts related to opioid prescribing practices. (e.g., PDMP review, morphine milligram equivalent [MME] >50 per day at time of discharge, the concomitant use of benzodiazepines and opioids, patients at higher risk for adverse drug events [ADEs] related to opioids, naloxone prescription upon discharge).[vii]	☐	☐	☐	☐	☐
C. Track and Report					
8. Your facility incorporates, tracks, and trends naloxone discharge prescribing.[viii]	☐	☐	☐	☐	☐
9. Your facility tracks and trends opioid quality measures on a dashboard that is shared with an interdisciplinary team (e.g., MME prescribing, naloxone administration, co-prescribing with benzodiazepines).[ix]	☐	☐	☐	☐	☐
D. Education and Expertise					
10. Your facility offers staff members and providers educational resources and programs to improve pain assessment, pain management, and the safe use of opioid medications based upon need.[x]	☐	☐	☐	☐	☐
11. Your facility provides education to patients/caregivers regarding risks/benefits of opioid therapy and alternatives to opioids.[xi]	☐	☐	☐	☐	☐

Open Response:

1. **What do you believe is going well in your organization related to opioid stewardship (please provide any tools you are using)?**

2. **What are some of the barriers you are facing with your opioid stewardship?**

3. **What are your organizational goals surrounding opioid stewardship?**

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i **Rationale:** "Leadership engagement in the oversight of pain management supports safe and effective practice and sustainable improvements across the system involved in pain assessment, management, and opioid prescribing."
References: https://www.jointcommission.org/assets/1/18/R3_Report_Issue_11_Pain_Assessment_2_11_19_REV.pdf
https://store.qualityforum.org/products/national-quality-partners-playbook%E2%84%A2-opioid-stewardship

ii **Rationale:** Clinicians should review the patient's history of controlled substance prescriptions through PDMP review to determine whether the patient is receiving opioid dosages or dangerous combinations that put him or her at high risk for overdose (>90 MME, combinations of opioids and benzodiazepines). EHRs should integrate PDMPs to eliminate barriers to accessing PDMP data, especially when these data points are mandated.
References: https://www.mbc.ca.gov/licensees/prescribing/pain_guidelines.pdf
- https://www.azdhs.gov/documents/audiences/clinicians/clinical-guidelines-recommendations/prescribing-guidelines/az-opioid-prescribing-guidelines.pdf
- https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6501e1.pdf
- https://www.hhs.gov/sites/default/files/pain-mgmt-best-practices-draft-final-report-05062019.pdf

iii **Rationale:** Use of multimodal approaches for perioperative pain control is beneficial for patients, especially those at higher risk for OUD.
Reference: https://www.hhs.gov/sites/default/files/pmtf-final-report-2019-05-23.pdf
- https://store.qualityforum.org/products/national-quality-partners-playbook%E2%84%A2-opioid-stewardship
- https://www.azdhs.gov/documents/audiences/clinicians/clinical-guidelines-recommendations/prescribing-guidelines/hospital-discharge-opioids.pdf
- https://www.azdhs.gov/documents/audiences/clinicians/clinical-guidelines-recommendations/prescribing-guidelines/az-opioid-prescribing-guidelines.pdf
- https://www.mbc.ca.gov/Licensees/Prescribing/Pain_Guidelines.pdf

iv **Rationale:** "Research shows that a combination of medication and therapy can successfully treat these disorders, and for some people struggling with addiction, MAT can help sustain recovery."
References: https://www.samhsa.gov/medication-assisted-treatment/treatment

v **Rationale:** Risk stratification can aid in determining appropriate treatments for the best clinical outcomes.
References: https://www.hhs.gov/sites/default/files/pain-mgmt-best-practices-draft-final-report-05062019.pdf
- https://store.qualityforum.org/products/national-quality-partners-playbook%E2%84%A2-opioid-stewardship
- https://www.azdhs.gov/documents/audiences/clinicians/clinical-guidelines-recommendations/prescribing-guidelines/hospital-discharge-opioids.pdf
- https://www.azdhs.gov/documents/audiences/clinicians/clinical-guidelines-recommendations/prescribing-guidelines/az-opioid-prescribing-guidelines.pdf
- https://www.chcf.org/publication/pay-mat-emergency-department/

vi **Rationale:** Referral to specialty substance use disorder treatment is recommended for patients with substance use disorder. Access to substance use disorder treatment is variable, and decisions about treatment referrals should take local resources and patient preferences into account.
References: https://store.samhsa.gov/product/Advisory-Sublingual-and-Transmucosal-Buprenorphine-for-Opioid-Use-Disorder-/SMA16-4938?referer=from_search_result
- https://www.azdhs.gov/documents/audiences/clinicians/clinical-guidelines-recommendations/prescribing-guidelines/hospital-discharge-opioids.pdf
- https://www.chcf.org/collection/medication-assisted-treatment-for-opioid-use-disorder/
- https://store.qualityforum.org/products/national-quality-partners-playbook%E2%84%A2-opioid-stewardship

vii **Rationale:** EHR templates and fields should be incorporated in the clinical workflow and auto-populated to the extent possible to facilitate consistent use and to support standards of practice.

References: https://www.azdhs.gov/documents/audiences/clinicians/clinical-guidelines-recommendations/prescribing-guidelines/hospital-discharge-opioids.pdf
- http://www.calquality.org/storage/documents/Toolkits/AcceleratingOpioidSafety_Ambulatory_Care_Toolkit.pdf
- https://www.healthit.gov/sites/default/files/2018-12/CDSSession.pdf
- https://store.qualityforum.org/products/national-quality-partners-playbook%E2%84%A2-opioid-stewardship
- https://store.qualityforum.org/products/national-quality-partners-playbook%E2%84%A2-opioid-stewardship
- https://www.azdhs.gov/documents/audiences/clinicians/clinical-guidelines-recommendations/prescribing-guidelines/az-opioid-prescribing-guidelines.pdf
- https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/Pages/Opioid%20Answers%20pages/Older-Adults-And-Prescription-Opioids.aspx

viii **Rationale:** The availability of naloxone as well as staff, patient, and family education about its use can mitigate the risks of opioid overdose when factors increase risk, such as history of overdose, history of substance use disorder, higher opioid dosages (≥50 MME/day), or concurrent benzodiazepine use.
References: https://www.cdc.gov/drugoverdose/pdf/prescribing/CDC-DUIP-QualityImprovementAndCareCoordination-508.pdf
- https://store.qualityforum.org/products/national-quality-partners-playbook%E2%84%A2-opioid-stewardship
- https://www.azdhs.gov/documents/audiences/clinicians/clinical-guidelines-recommendations/prescribing-guidelines/hospital-discharge-opioids.pdf
- https://www.azdhs.gov/documents/audiences/clinicians/clinical-guidelines-recommendations/prescribing-guidelines/az-opioid-prescribing-guidelines.pdf
- https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/Pages/NaloxoneGrantProgram.aspx
- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4057040/pdf/nihms585966.pdf

ix **Rationale:** Dashboards measure the extent to which providers adhere to policies and allow providers to see how their patients and their implementation of specific clinical practices compare to their colleagues.
References: https://www.cdc.gov/drugoverdose/pdf/prescribing/CDC-DUIP-QualityImprovementAndCareCoordination-508.pdf
- https://store.qualityforum.org/products/national-quality-partners-playbook%E2%84%A2-opioid-stewardship
- https://www.azdhs.gov/documents/audiences/clinicians/clinical-guidelines-recommendations/prescribing-guidelines/hospital-discharge-opioids.pdf

x **Rationale:** Organizations should have readily available educational resources that staff and providers may use to increase engagement and retention of best practices.
References: https://www.jointcommission.org/assets/1/18/R3_Report_Issue_11_Pain_Assessment_2_11_19_REV.pdf
- https://store.qualityforum.org/products/national-quality-partners-playbook%E2%84%A2-opioid-stewardship
- https://www.hhs.gov/sites/default/files/pmtf-final-report-2019-05-23.pdf
- https://www.azdhs.gov/documents/audiences/clinicians/clinical-guidelines-recommendations/prescribing-guidelines/az-opioid-prescribing-guidelines.pdf

xi **Rationale:** Patient involvement in pain management planning involves information sharing and collaboration between the patient and the care team, allows the team to clarify objectives, and guides the patient in a manner that can increase treatment adherence.
References: https://www.jointcommission.org/assets/1/18/R3_Report_Issue_11_Pain_Assessment_2_11_19_REV.pdf