Cal Hospital Compare

# OPIOID SAFE HOSPITAL SELF-ASSESSMENT

**Background:** For more than a decade, Cal Hospital Compare (CHC) has been providing Californians with objective hospital performance ratings. CHC is a non-profit organization that is governed by a multi-stakeholder board, with representatives from hospitals, purchasers, consumer groups, and health plans. CHC uses an open and collaborative process to aggregate multiple sources of public data, and to establish relevant measures and scoring. In effort to accelerate improvement and recognize high performance by California hospitals, CHC publishes an annual Patient Safety Honor Roll and Low-Risk C-section Honor Roll.

**To address California's opioid epidemic and accelerate hospital progress to reduce opioid related deaths, this fall CHC will designate select hospitals as *Opioid Safe* for the purpose of supporting continued quality improvement and recognizing hospitals for their contributions fighting the epidemic.** CHC along with other partners will publicly recognize hospitals designated as *Opioid Safe*. To measure opioid safety CHC received funding from California Health Care Foundation (CHCF) to collaboratively design the *Opioid Safe Hospital Self-Assessment*. This self- assessment measures *opioid safety* across 4 domains:

1. Preventing new opioid starts
2. Identifying and managing patients with Opioid Use Disorder
3. Preventing harm in high-risk patients
4. Applying cross-cutting organizational strategies

**Instructions:** For each measure please read through the measure description then select the level that best describes your hospital's work in that area. Please note that the levels build on each other, meaning a hospital must have implemented Levels 3 and 2 to achieve Level 1. CHC recommends each hospital convene a multi-stakeholder team to complete the *Opioid Safe Hospital Self-Assessment* to ensure accuracy and completeness. To reduce variability in results year over year, CHC recommends hospitals follow a similar process each year.

*Time permitting, please share how your hospital measures opioid safe activities, current performance targets (if any), and any helpful tactical tools that you have come across and/or developed. Sharing this information is entirely optional and will not be used to assess opioid safety in 2019. As hospitals progress year over year, CHC will introduce quantitative performance measures and aim to align future iterations of this self-assessment tool with work hospitals are already doing. In addition, CHC is committed to providing resources to support continued progress to all hospitals participating in the Opioid Safe Hospital Program.*

**Submit responses and any supporting documents via e-survey at calhospitalcompare.org**
**Assessment period: May 13 – Sept 18, 2019**

Questions? Contact Alex Stack, Director, Programs & Strategic Initiatives via email at astack@cynosurehealth.og

| **Prevent new opioid starts** | | | | | |
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| **Measure** | **Level 3 (1 pt.)** *Safe* | **Level 2 (2 pts)** *Safer* | **Level 1 (3 pts)** *Safest* | **Score** | **Example** *(comparative tool and resource)* |
| **Discharge Prescribing Guidelines**<br><br>Develop and implement evidence-based discharge prescribing guidelines across multiple service lines to prevent new starts on long-term opioid treatment (with exceptions for palliative care). Service lines may include ED, Medical IP, General Surgery, and/or OB.<br><br>Service line specific prescribing guidelines must address the following:<br>• Opioid use history (e.g. naïve versus tolerant)<br>• Pain history<br>• Current medications<br>• Daily dosage/MME<br>• Use of extended-release or long-acting opioids<br>• Benzo and opioid co-prescribing<br><br>Guidelines are adhered to most of the time. | Your hospital has developed and implemented evidence-based discharge prescribing guidelines in **1 service line** (e.g. ED, Medical IP, General Surgery, or OB, etc.) | Your hospital has developed and implemented discharge prescribing guidelines in **2 service lines** (e.g. ED, Medical IP, General Surgery, and/or OB, etc.) | Your hospital has developed and implemented evidence-based discharge prescribing guidelines for at least **3 service lines including ED and General Surgery** (e.g. Medical IP, and/or OB, etc.)<br><br>**Extra credit (+1 pt.):** Procedure specific prescribing guidelines | | Ensuring Emergency Department Patient Access to Appropriate Pain Treatment *(ACEP)*<br><br>Optimizing the Treatment of Acute Pain, the Emergency Department *(ACEP)*<br><br>Safe and Effective Pain Control After Surgery *(ACS)*<br><br>Postpartum Pain Management *(ACOG)*<br><br>Alternatives to Opioids Program (St. Joseph's Regional Medical Center)<br><br>Non-Opioid Treatment (American Society of Anesthesiologist) |
| | *Measurement feedback (optional): How do you measure this? What measures do you use? Performance target?* | | | | |

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| **Alternatives to Opioids for Pain Management**<br><br>Use evidence based, multi-modal, non-opioid approach to analgesia for pain associated with headache, lumbar radiculopathy, musculoskeletal pain, renal colic, and fracture/dislocation.<br><br>Components of a multi-modal, non-opioid analgesic program must address the following:<br>• Program goal is to utilize non-opioid approaches as first line therapy for pain while recognizing it is not the solution to all pain<br>• Opioid use history (e.g. naïve versus tolerant)<br>• Patient engagement (e.g. discuss realistic pain management goals and addiction potential<br>• Pharmacologic alternatives (e.g. NSAIDs, Tylenol, Toradol, Lidocaine patches, muscle relaxant medication, Ketamine, medications for neuropathic pain, nerve blocks, etc.)<br>• Non-pharmacologic alternatives (e.g. virtual reality pain management, acupuncture, chiropractic medicine, guided relaxation, music therapy, etc.) | Developed and implemented a non-opioid analgesic, multi-modal pain management program in the **ED**<br><br>Medications to support administering opioid alternatives **on hospital formulary** and available in unit | Developed and implemented a non-opioid analgesic multi-modal pain management program by **specialty or procedure** (e.g. cardiac care, ortho, rehab, OB, etc.)<br><br>Developed **supportive pathways** for care teams to incorporate opioid alternatives e.g. integrated pharmacy, physical therapy, family medicine, psychiatry, pain management, etc. | **Aligned standard order** sets with non-opioid analgesic, multi-modal pain management program<br><br>**Extra credit (+1 pt.):** Hospital offers >2 non-pharmacologic alternatives | | Stem the Tide: Addressing the Opioid Epidemic (AHA)<br><br>Doctors Are Changing San Diego's Opioid Prescribing Practices (CHCF)<br><br>No Shortcuts to Safer Opioid Prescribing (NEJMP); article available upon request |
| | *Measurement feedback (optional): How do you measure this? What measures do you use? Performance target?* | | | | |

| **Identification and Treatment** | | | | | |
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| **Measure** | **Level 3 (1 pt.)** *Safe* | **Level 2 (2 pts)** *Safer* | **Level 1 (3 pts)** *Safest* | **Score** | **Example** *(comparative tool and resource)* |
| **Medicated Assisted Treatment (MAT)**<br><br>Provide MAT initiation and/or continuation in the ED and IP setting<br><br>Components of a MAT program must include:<br>• Identifying patients eligible for MAT and on MAT<br>• How to address complicating factors<br>• Symptom management<br>• Set re-evaluation time intervals<br>• MAT in the ED (DEA 72 hours rule means patients may return to the ED for up to 3 days) | Methadone and buprenorphine on hospital **formulary** | MAT is prescribed/ continued in at **least 1 service line** (e.g. ED, Medical IP, General Surgery, or OB, etc.); methadone and buprenorphine available in unit | MAT is prescribed/ continued in at least **2 service lines** (e.g. ED, Medical IP, General Surgery, or OB, etc.).<br><br>At least 5 patients have been administered/ continued MAT with in the last 6 months across the 2 services lines | | Buprenorphine Guide (ED BRIDGE)<br><br>Complete Guide: Inpatient Management of Opioid Use Disorder: Buprenorphine (Project SHOUT)<br><br>Complete Guide: Inpatient Management of Opioid Use Disorder: Methadone (Project SHOUT)<br><br>Quick Guide: Acute Pain and Perioperative Management in Opioid Use Disorder (Project SHOUT)<br><br>Buprenorphine Waiver Management (SAMHSA)<br><br>How to Pay for It: MAT in the ED (CHCF) |
| | *Measurement feedback (optional): How do you measure this? What measures do you use? Performance target?* | | | | |
| **Buprenorphine Waiver**<br><br>Hospital based practitioners are waivered to prescribe or dispense buprenorphine at discharge under the Drug Addiction Treatment Act of 2000 (DATA 2000).<br><br>Hospital provides support and/or infrastructure to providers* to complete waiver; includes a mix of financial and non-financial incentives (e.g. application management, protected time, financial support/reimbursed for time and/or training, contract alignment, etc.)<br><br>*Provider = MDs and/or physician extender | Hospital provides support to providers* **in the ED** to complete buprenorphine waiver | Hospital provides support to providers* **in the ED and IP units** to obtain buprenorphine waiver<br><br>Hospital has **at least one waivered provider*** in one service line providing MAT | Hospital has **at least one waivered provider* in two service lines providing MAT**<br><br>**Extra credit (+1 pt.):** Support extends to Clinical Nurse Specialists, Certified Registered Nurse Anesthetists, and Certified Nurse Midwifes | | |
| | *Measurement feedback (optional): How do you measure this? What measures do you use? Performance target?* | | | | |

| **Overdose prevention** | | | | | |
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| **Measure** | **Level 3 (1 pt.)** *Safe* | **Level 2 (2 pts)** *Safer* | **Level 1 (3 pts)** *Safest* | **Score** | **Example** *(comparative tool and resource)* |
| **Naloxone education and distribution program**<br><br>Provide naloxone prescriptions and education to all patients, families, caregivers and friends discharged with a long-term opioid prescription and/or at risk of overdose | **Naloxone stocked** in outpatient pharmacy<br><br>Developed hospital wide order sets and protocols for naloxone distribution | **Standing order and/or standard work** for MDs and physician extenders in place for naloxone prescription at discharge for patients with a long-term opioid prescription and/or at risk of overdose; discharge prescriptions sent to patient's pharmacy of choice (e.g. hospital outpatient pharmacy, community based preferred pharmacy, etc.) | **Staff trained to educate** patients, families, caregivers and friends on naloxone use<br><br>**Extra credit (+1 pt.):** Naloxone kits distributed at discharge | | Overdose Prevention and Take-Home Naloxone Projects (Harm Reduction Coalition) |
| | *Measurement feedback (optional): How do you measure this? What measures do you use? Performance target?* | | | | |

| **Cross Cutting Opioid Safe Hospital Best Practices** | | | | | |
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| **Measure** | **Level 3 (1 pt.)** *Safe* | **Level 2 (2 pts)** *Safer* | **Level 1 (3 pts)** *Safest* | **Score** | **Example** *(comparative tool and resource)* |
| **Organizational Infrastructure**<br><br>Opioid safety is a strategic priority with multi-stakeholder buy in and programmatic support to drive continued/sustained improvements in opioid safety (e.g. executive leadership, pharmacy, ED, IP units, etc.) | **Multi-stakeholder team** identified opioid safety as a strategic priority and set improvement goals in one or more of the following areas: prevent new opioid starts, identification and treatment, overdose prevention, cross cutting opioid safe best practices.<br><br>**Executive sponsor/project champion identified** | **Communicated program, purpose, goal, progress to goal to all staff** (e.g. a dashboard, all staff meeting, annual competencies, etc.)<br><br>Aligned QI initiatives with opioid safety intiatives | **Hospital Board plays an active role** in reviewing data, advising and/or designing initiatives to address gaps<br><br>Celebrate successes!<br><br>**Extra credit (+1 pt.):** Hospital is part of a learning network to improve opioid safety | | Stem the Tide: Addressing the Opioid Epidemic (AHA) |
| | *Measurement feedback (optional): How do you measure this? What measures do you use? Performance target?* | | | | |
| **Provider/staff engagement**<br><br>Education and promotion of the medical model of addiction across all departments to facilitate disease recognition and stigma reduction | Provides passive, **general education** on hospital opioid prescribing guidelines, identification, and treatment, and overdose prevention to all providers and staff (e.g. M&M, lunch and learns, push resources, CME requirements, RN competencies, etc.)<br><br>Provides **targeted follow up and support to providers and staff based on performance** | Provides **training on the medical model of addiction** to normalize opioid use disorder<br><br>Implemented a **staff education program** to actively reduce dual benzo and opioid prescriptions | Provides **stigma reduction** training | | Selection of relevant web-based trainings (Harm Reduction Coalition)<br><br>Clinical Opioid Withdrawal Score (Project SHOUT) |
| | *Measurement feedback (optional): How do you measure this? What measures do you use? Performance target?* | | | | |

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| **Patient engagement**<br><br>**Actively engage** patients, families, and friends in opioid safe practices (opioid prescribing, treatment, and overdose prevention via Naloxone) | Provides general education to **all patients, families and friends** regarding opioid risk, alternatives, and overdose prevention (e.g. posters about preventing or responding to an overdose, brochures/fact sheets on opioid risk and alternative pain management strategies, general information on hospital care strategies on website or portal, etc.) | Provides **focused education** to opioid naïve and opioid tolerant patients (e.g. MAT options, opioid risk and alternatives, Naloxone use, etc.) through verbal communication/conversations with care providers<br><br>Patients are part of a shared decision-making process for acute and/or chronic pain management (e.g. develop a pain management plan pre-surgery) | Provides opportunities for **patients and families to engage** in hospital wide opioid safety activities (PFAC, peer navigator, program design, etc.)<br><br>**Extra credit (+1 pt.):** Outreach to the community and active engagement with local opiate coalition | | Buprenorphine-Naloxone: What You Need to Know - Flyer (Project SHOUT)<br><br>Know your options for successful treatment - Flyer (Project SHOUT)<br><br>Advancing the Safety of Acute Pain Management (IHI)<br><br>Safe and Effective Pain Control After Surgery (ACS) |
| | *Measurement feedback (optional): How do you measure this? What measures do you use? Performance target?* | | | | |
| **Discharge to Community**<br><br>Develop formal connections via MOU with outpatient facilities and drug treatment programs who can receive referrals and provide follow up care for MAT and patients prescribed Naloxone | Provides list of **community-based resources** to patients, family, caregivers, and friends | Developed **formal connections** via MOU with **outpatient facilities and drug treatment programs** able to take MAT and OUD referrals from hospital | **Actively connect** MAT and OUD patients with outpatient facilities and drug treatment programs for follow up care<br><br>Integrated approach with care management, social work, pharmacy, etc.<br><br>**Extra credit (+1 pt.):** Peer screeners evaluate patients with opioid addition in the ED in effort to enroll them into a drug treatment program immediately following ED discharge | | Stem the Tide: Addressing the Opioid Epidemic (AHA) |
| | *Measurement feedback (optional): How do you measure this? What measures do you use? Performance target?* | | | | |
| | | | | **TOTAL SCORE** | |