

**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, Maternity, and Opioid Care Honor Roll.

**To address California's opioid epidemic and accelerate hospital progress to reduce opioid related deaths, CHC will publish an annual Opioid Care Honor Roll in 2020 and 2021 to support continued quality improvement and recognize hospitals for their contributions fighting the epidemic. Honor roll hospitals will be determined using a relevant threshold based on a combination of baseline data from the 2019 pilot year and current submission cycle.** To measure opioid stewardship CHC received funding from California Health Care Foundation (CHCF) to collaboratively design the *Opioid Management Hospital Self-Assessment*. This self- assessment measures progress across 4 domains:

1. Safe & effective opioid use
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 e.g. to achieve a Level 3 score your hospital must have also implemented the strategies outlined in Levels 1 and 2. Similarly, if your hospital has addressed some of the components outlined in Level 4 but not Level 3 then your hospital may fall into the Level 3 or even the Level 2 category. CHC recommends each hospital convene a multi-stakeholder team to complete the *Opioid Management 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.

**For more information on the Opioid Care Honor Roll Program, register for the 2020 Webinar Series, results and learnings from the 2019 pilot year, and access tactical resources to support your quality improvement journey check out the Cal Hospital Compare website [here](#).**

**Submit responses and any supporting documents via e-survey [here](#)**

**Assessment period: Jun 22 – Oct 9, 2020**

Questions? Contact Alex Stack, Director, Programs & Strategic Initiatives via email at [astack@cynosurehealth.org](mailto:astack@cynosurehealth.org)

| Safe & Effective Opioid Use  |  |   |   |  |       |   |
|--|--|---|---|--|-------|---|
| Measure  | Level 1 (1 pt.)<br><i>Basic management</i>   | Level 2 (2 pts.)<br><i>Hospital wide standards</i>  | Level 3 (3 pts.)<br><i>Integration &amp; innovation</i>   | Level 4 (4 pts.)<br><i>Practice Improvement</i>  | Score | Foundational Resources<br><i>(full resource library here)</i>   |
| <p><b>Appropriate Opioid Discharge Prescribing Guidelines</b></p> <p>Develop and implement evidence-based discharge prescribing guidelines across multiple service lines to prevent new starts in opioid naïve patients and for patients on opioids to manage chronic pain. Possible exemptions: end of life, cancer care, sickle cell, and palliative care patients.</p> <p>Service line prescribing guidelines should address the following:</p> <ul style="list-style-type: none"> <li>• Opioid use history (e.g. naïve versus tolerant)</li> <li>• Pain history</li> <li>• Behavioral health conditions</li> <li>• Current medications</li> <li>• Provider, patients &amp; family set expectations regarding pain management</li> <li>• Limit benzodiazepine and opioid co-prescribing</li> <li>• For opioid naïve:               <ul style="list-style-type: none"> <li>○ Limit initial prescription (e.g. &lt;7 days)</li> <li>○ Use immediate release vs. long acting</li> </ul> </li> <li>• For patient on opioids for chronic pain:               <ul style="list-style-type: none"> <li>○ For acute pain, prescribe short acting opioids sparingly</li> <li>○ For chronic pain, avoid providing opioid prescriptions for patients receiving medications from another provider</li> </ul> </li> </ul> | <p>Developed and implemented evidence-based opioid discharge prescribing guidelines across <b>2 service lines</b>, the Emergency Department and 1 Inpatient Unit (e.g. Burn Care, General Medicine, Behavioral Health, OB, Cardiology, etc.)</p> | <p>Developed and implemented <b>hospital wide</b> opioid discharge prescribing guidelines</p> | <p>Developed and implemented evidence-based opioid discharge prescribing <b>guidelines for surgical patients</b> as part of an Enhanced Recovery After Surgery (ERAS) program</p> | <p>Your hospital is <b>actively monitoring &amp; developing strategies to improve opioid prescribing</b> e.g. rate of e-prescribing, Morphine Milligram Equivalent (MME)/patient, co-concurrent prescribing of benzos. &amp; opioids, etc.</p> <p><b>Extra Credit (1 pt.)</b><br/>For one <b>measure</b> what is the % improvement over a rolling 12-month period? Please include measure name, numerator/denominator, date range, &amp; goal.</p> |       | <p><a href="#">Ensuring Emergency Department Patient Access to Appropriate Pain Treatment</a> (ACEP)</p> <p><a href="#">Optimizing the Treatment of Acute Pain, the Emergency Department</a> (ACEP)</p> <p><a href="#">Safe and Effective Pain Control After Surgery</a> (ACS)</p> <p><a href="#">Postpartum Pain Management</a> (ACOG)</p> <p><a href="#">Alternatives to Opioids Program</a> (St. Joseph's Regional Medical Center)</p> <p><a href="#">Non-Opioid Treatment</a> (American Society of Anesthesiologist)</p> <p><a href="#">Stem the Tide: Addressing the Opioid Epidemic</a> (AHA)</p> <p><a href="#">No Shortcuts to Safer Opioid Prescribing</a> (NEJMP); article available upon request</p> |
| <i>Briefly describe the steps your hospital has taken to promote safe &amp; effective opioid use at discharge</i>  |  |   |   |  |       |   |

| Safe & Effective Opioid Use  |   |  |   |   |       |   |
|--|---|--|---|---|-------|---|
| Measure  | Level 1 (1 pt.)<br><i>Basic management</i>  | Level 2 (2 pts.)<br><i>Hospital wide standards</i>   | Level 3 (3 pts.)<br><i>Integration &amp; innovation</i>   | Level 4 (4 pts.)<br><i>Practice Improvement</i>   | Score | Foundational Resources<br><i>(full resource library here)</i>   |
| <p><b>Alternatives to Opioids for Pain Management</b></p> <p>Use an evidence based, multi-modal, non-opioid approach to analgesia for patients with acute and chronic pain.</p> <p>Components of a multi-modal, non-opioid analgesic program should address the following:</p> <ul style="list-style-type: none"> <li>• Program goal is to utilize non-opioid approaches as first line therapy for pain while recognizing it is not the solution to all pain</li> <li>• Care guidelines for common acute care diagnoses e.g. pain associated with headache, lumbar radiculopathy, musculoskeletal pain, renal colic, and fracture/dislocation (ALTO Protocol).</li> <li>• Opioid use history (e.g. naïve versus tolerant)</li> <li>• Patient and family engagement (e.g. discuss realistic pain management goals, addiction potential, and other evidence-based pain management strategies that could be used in the hospital or at home)</li> <li>• Pharmacologic alternatives (e.g. NSAIDs, Tylenol, Toradol, Lidocaine patches, muscle relaxant medication, Ketamine, medications for neuropathic pain, nerve blocks, etc.)</li> <li>• Include available non-pharmacologic alternatives (e.g. TENS, comfort pack, heating pad, visit from spiritual care, physical therapy, virtual reality pain management, acupuncture, chiropractic medicine, guided relaxation, music therapy, aromatherapy, etc.)</li> </ul> | <p>Developed and implemented a non-opioid analgesic multi-modal pain management in the <b>Emergency Department OR one Inpatient Unit</b> (e.g. Burn Care, General Medicine, General Surgery, Behavioral Health, OB, Cardiology, etc.)</p> | <p>Developed and implemented a non-opioid analgesic multi-modal pain management guidelines in the <b>Emergency Department AND one Inpatient Unit</b> (e.g. Burn Care, General Medicine, General Surgery, Behavioral Health, OB, Cardiology, etc.)</p> <p>Hospital offers at least at least 1 non-pharmacologic alternative for pain management</p> | <p>Developed <b>supportive pathways</b> that promote a team-based care approach to identifying opioid alternatives e.g. integrated pharmacy, physical therapy, family medicine, psychiatry, pain management, use of non-pharmacologic alternatives, etc.</p> <p><b>Aligned standard order sets</b> with non-opioid analgesic, multi-modal pain management program (e.g. changes to EHR order sets, set order favorites by provider, etc.)</p> | <p>Your hospital is <b>actively monitoring &amp; developing strategies to improve use of alternatives to opioids for pain management</b> e.g. adherence to guidelines, rate of use of alternatives to opioids by service line, etc.</p> <p><b>Extra Credit (1 pt.)</b><br/>For one <b>measure</b> what is the % improvement over a rolling 12-month period? Please include measure name, numerator/denominator, date range, &amp; goal.</p> |       | <p><a href="#">Ensuring Emergency Department Patient Access to Appropriate Pain Treatment</a> (ACEP)</p> <p><a href="#">Optimizing the Treatment of Acute Pain, the Emergency Department</a> (ACEP)</p> <p><a href="#">Safe and Effective Pain Control After Surgery</a> (ACS)</p> <p><a href="#">Postpartum Pain Management</a> (ACOG)</p> <p><a href="#">Alternatives to Opioids Program</a> (St. Joseph's Regional Medical Center)</p> <p><a href="#">Non-Opioid Treatment</a> (American Society of Anesthesiologist)</p> <p><a href="#">Stem the Tide: Addressing the Opioid Epidemic</a> (AHA)</p> <p><a href="#">No Shortcuts to Safer Opioid Prescribing</a> (NEJMP); article available upon request</p> |
| <p><i>Briefly describe the steps your hospital has taken to promote the use of alternatives to opioids for pain management.</i></p>  |   |  |   |   |       |   |

| Identification and Treatment  |   |   |  |   |       |  |
|---|---|---|--|---|-------|--|
| Measure   | Level 1 (1 pt.)<br><i>Basic management</i>  | Level 2 (2 pts.)<br><i>Hospital wide standards</i>  | Level 3 (3 pts.)<br><i>Integration &amp; innovation</i>  | Level 4 (4 pts.)<br><i>Practice Improvement</i>   | Score | Foundational Resources<br><i>(full resource library here)</i>  |
| <p><b>Medication Assisted Treatment (MAT)</b></p> <p>Provide MAT for patients identified as having Opioid Use Disorder (OUD), or in withdrawal, and continue MAT for patients in active treatment.</p> <p>Components of a MAT program should include:</p> <ul style="list-style-type: none"> <li>Identifying patients eligible for MAT, on MAT, &amp;/or in opioid withdrawal</li> <li>Treatment is accessible in the emergency department and in all other hospital departments.</li> <li>Treatment is provided rapidly (same day) &amp; efficiently in response to patient needs.</li> <li>Human interactions that build trust are integral to how substance use disorder treatment is provided.</li> </ul> <p>*Suggested guidelines for how to universally offer MAT to all patients:</p> <ul style="list-style-type: none"> <li>Do <u>not</u> screen all patients for OUD</li> <li>Do <u>not</u> ask all patients if they are interested in MAT services                             <ul style="list-style-type: none"> <li>May be time consuming for providers &amp; stigmatizing for patients</li> </ul> </li> <li><u>Do</u> promote MAT services using signage in waiting &amp; exam rooms, badge flare, &amp; patient forms</li> <li>During the exam, providers routinely let patients know that their site offers MAT                             <ul style="list-style-type: none"> <li>So that patients can choose to disclose whether &amp; when they need support</li> </ul> </li> </ul> | <p>MAT is offered, initiated, &amp; continued for those already on MAT in at least <b>one service line</b> (ED, Burn Care, General Medicine, General Surgery, Behavioral Health, OB, Cardiology, etc.)</p> <p>Hospital <b>provides support to care teams</b> in understanding <b>risk, benefits, and evidence of buprenorphine</b> in MAT</p> | <p>MAT is offered, initiated, &amp; continued for those already on MAT in at least <b>2 service lines</b> (ED, Burn Care, General Medicine, General Surgery, Behavioral Health, OB, Cardiology, etc.)</p> | <p>MAT is <b>universally offered*</b> to all patients presenting to the hospital</p> <p>One or more <b>hospital staff</b> has the time and skills to <b>engage with patients</b> on a human level, motivating them to engage in treatment (e.g. a hospital employee embedded within either an emergency department or an inpatient setting to help patients begin and remain in addiction treatment – commonly known as a Substance Use Navigator, Case Manager, Social Worker, Patient Liaison, Spiritual Care, etc.)</p> | <p>Your hospital is <b>actively monitoring &amp; developing strategies to improve access to MAT</b> e.g. number of patients identified with OUD and provided MAT, # of buprenorphine.</p> <p><b>Extra Credit (1 pt.)</b><br/>For one <b>measure</b> what is the % improvement over a rolling 12-month period? Please include measure name, numerator/denominator, date range, &amp; goal.</p> |       | <p><a href="#">Buprenorphine Hospital Quick Start Algorithm</a> (CA BRIDGE)</p> <p><a href="#">Complete Guide: Inpatient Management of Opioid Use Disorder: Buprenorphine</a> (Project SHOUT)</p> <p><a href="#">Complete Guide: Inpatient Management of Opioid Use Disorder: Methadone</a> (Project SHOUT)</p> <p><a href="#">Quick Guide: Acute Pain and Perioperative Management in Opioid Use Disorder</a> (Project SHOUT)</p> <p><a href="#">Buprenorphine Waiver Management</a> (SAMHSA)</p> <p><a href="#">How to Pay for It: MAT in the ED</a> (CHCF)</p> <p><a href="#">Substance Use Navigator</a> (CA BRIDGE)</p> |
|   | <p><i>Briefly describe the steps your hospital has taken to provide patients access to MAT.</i></p>   |   |  |   |       |  |

| Identification & Treatment   |   |   |  |  |       |  |
|--|---|---|--|--|-------|--|
| Measure  | Level 1 (1 pt.)<br><i>Basic management</i>  | Level 2 (2 pts.)<br><i>Hospital wide standards</i>  | Level 3 (3 pts.)<br><i>Integration &amp; innovation</i>  | Level 4 (4 pts.)<br><i>Practice Improvement</i>  | Score | Foundational Resources<br><i>(full resource library here)</i>  |
| <p><b>Timely follow up care</b></p> <p>Hospital coordinates follow up care for patients initiating MAT within 72 hours either in the hospital or outpatient setting. Hospital based providers and practitioners must have a <a href="#">X-waiver</a> to prescribe or dispense buprenorphine at discharge under the Drug Addiction Treatment Act of 2000 (DATA 2000).</p> <p>If hospital <u>does not</u> have X-waivered providers:</p> <ul style="list-style-type: none"> <li>• Providers provide a loading dose for long effect, provide follow up care in the ED that is in alignment with the <a href="#">DEA Three Day Rule</a> or connect patient to X-waivered community provider for immediate follow care</li> </ul> <p>If hospital <u>has</u> X-waivered providers:</p> <ul style="list-style-type: none"> <li>• Prescribe sufficient buprenorphine until patient's follow up appointment with community provider within 24 to 72 hours</li> </ul> <p>*Practitioners= MDs, physician extenders, Clinical Nurse Specialists, Certified Registered Nurse Anesthetists, and Certified Nurse Midwives (see <a href="#">SUPPORT Act</a> for details)</p> | <p>Hospital <b>identifies X-waivered providers</b> within the hospital &amp;/or within the community</p> <p>Provides list of <b>community-based resources</b> to patients, family, caregivers, and friends (e.g. primary care, outpatient clinic, outpatient treatment program, telehealth treatment provider, etc.)</p> <p>Hospital has an agreement in place with <b>at least one community provider</b></p> <ul style="list-style-type: none"> <li>• If <u>no X-waiver</u> <b>community provider must accept referrals within 72 hours</b></li> <li>• If <u>X-waivered</u> <b>community provider to provide timely follow up care</b></li> </ul> | <p><b>Actively refer</b> MAT &amp; OUD patients to a community provider for ongoing treatment (e.g. primary care, outpatient clinic, outpatient treatment program, telehealth treatment provider, etc.)</p> | <p>Hospital provides support to <b>select practitioners* in the ED and IP units to obtain X-waiver</b> (coordinates free training opportunities, supports application process, utilizes grant funds to cover training cost, provides protected time, bonus opportunity, etc. in alignment with your hospital's employment model)</p> | <p>Your hospital is <b>actively monitoring &amp; developing strategies to improve care transitions for MAT patients</b> in accordance with HIPAA e.g. number of patients referred to community provider for follow up care, number of patients presenting to community provider for follow up care, number of ED &amp;/or IP shifts in 30 days with a provider on shift that is x-waivered, etc.</p> <p><b>Extra Credit (1 pt.)</b><br/>For one <b>measure</b> what is the % improvement over a rolling 12-month period? Please include measure name, numerator/denominator, date range, &amp; goal.</p> |       | <p><a href="#">Buprenorphine Hospital Quick Start Algorithm</a> (CA BRIDGE)</p> <p><a href="#">Complete Guide: Inpatient Management of Opioid Use Disorder: Buprenorphine</a> (Project SHOUT)</p> <p><a href="#">Complete Guide: Inpatient Management of Opioid Use Disorder: Methadone</a> (Project SHOUT)</p> <p><a href="#">Quick Guide: Acute Pain and Perioperative Management in Opioid Use Disorder</a> (Project SHOUT)</p> <p><a href="#">Buprenorphine Waiver Management</a> (SAMHSA)</p> <p><a href="#">How to Pay for It: MAT in the ED</a> (CHCF)</p> <p><a href="#">Substance Use Navigator</a> (CA BRIDGE)</p> |
| <p><i>Briefly describe the steps your hospital has taken to ensure patients on MAT have access to timely follow up care.</i></p>   |   |   |  |  |       |  |

| Overdose prevention  |   |   |   |   |       |  |
|--|---|---|---|---|-------|--|
| Measure  | Level 1 (1 pt.)<br><i>Basic management</i>  | Level 2 (2 pts.)<br><i>Hospital wide standards</i>  | Level 3 (3 pts.)<br><i>Integration &amp; innovation</i>   | Level 4 (4 pts.)<br><i>Practice Improvement</i>   | Score | Foundational Resources<br><i>(full resource library here)</i>  |
| <p><b>Naloxone education and distribution program</b></p> <p>Provide naloxone prescriptions and education to all patients, families, caregivers and friends discharged with an opioid prescription and/or at risk of overdose.</p> <p>*Staff - MD, PA, NP, Pharmacist, RN, LVN, Health Coach, Substance Use Navigator, Clinical Social Worker, Research Staff, Emergency Department Technician, Clerk, Medical Assistant, Security Guard, etc. trained to distribute naloxone and provide education on how to use it</p> | <p><b>Identify overdose prevention resources within hospital, health system, and community</b> (e.g. training programs, community access points, low/no-cost options, community pharmacies with naloxone on hand, community coalitions, California Naloxone Distribution Program, etc.)</p> | <p><b>Standard workflow</b> for MDs and physician extenders in place for providing naloxone prescription at discharge for patients with an opioid prescription and/or at risk of overdose; discharge prescriptions sent to patient’s pharmacy of choice (e.g. naloxone incorporated into a standard order set for opioid prescriptions, &amp;/or referral to low or no cost distribution centers, etc.)</p> | <p><b>Standing order</b> in place allowing approved staff* to educate and distribute naloxone in hand to all patients, caregivers, at no cost while in the hospital setting under the California Naloxone Distribution Program; this should be an ED led process in collaboration with pharmacy</p> | <p>Your hospital is <b>actively monitoring &amp; developing strategies to improve access to overdose prevention</b> e.g. rate of naloxone prescription at discharge after opioid poisoning, overdose, and/or prescribed opioids at discharge rate of staff training to distribute naloxone kits, etc.</p> <p><b>Extra Credit (1 pt.)</b><br/>For one <b>measure</b> what is the % improvement over a rolling 12-month period? Please include measure name, numerator/ denominator, date range, &amp; goal.</p> <p><b>Extra Credit (1 pt.)</b><br/>Your hospital is actively monitoring &amp; improving overdose prevention strategies using <b>social determinants of health data</b></p> |       | <p><a href="#">Overdose Prevention and Take-Home Naloxone Projects</a> (Harm Reduction Coalition)</p> <p><a href="#">Naloxone Kit Materials</a> (Harm Reduction Coalition)</p> <p><a href="#">How to Develop a No-Cost Naloxone Distribution Program</a> (Highland Hospital)</p> |
|  | <p><i>Briefly describe the steps your hospital has taken to prevent opioid overdose deaths.</i></p>   |   |   |   |       |  |

| Cross Cutting Opioid Management Best Practices  |  |   |  |   |       |  |
|---|--|---|--|---|-------|--|
| Measure   | Level 1 (1 pt.)<br><i>Basic management</i>   | Level 2 (2 pts.)<br><i>Hospital wide standards</i>  | Level 3 (3 pts.)<br><i>Integration &amp; innovation</i>  | Level 4 (4 pts.)<br><i>Practice Improvement</i>   | Score | Foundational Resources<br><i>(full resource library here)</i>  |
| <p><b>Organizational Infrastructure</b></p> <p>Opioid stewardship is a strategic priority with multi-stakeholder buy in and programmatic support to drive continued/sustained improvements in appropriate opioid use (e.g. executive leadership, Pharmacy, Emergency Department, Inpatient Units, General Surgery Information Technology, etc.)</p> | <p><b>Multi-stakeholder team</b> identified opioid stewardship as a strategic priority and set improvement goals in one or more of the following areas: safe &amp; effective opioid use, identifying and managing patients with OUD, preventing harm in high-risk patients, applying cross-cutting organizational strategies. (e.g. opioid stewardship program, quality improvement team, subcommittee of the Board, etc.)</p> <p><b>Executive sponsor/project champion identified</b></p> | <p><b>Communicated program, purpose, goal, progress to goal to appropriate staff</b> (e.g. a dashboard, all staff meeting, annual competencies, etc.)</p> <p>Opioid management is included in <b>strategic plan</b></p> <p><b>Hospital/health system leadership plays an active role</b> in reviewing data, advising and/or designing initiatives to address gaps</p> | <p>Hospital is actively <b>building relationships &amp; coordinating with post-acute services to support care transitions</b></p> <p><b>Extra Credit (1 pt.)</b> Hospital is part of a learning network (e.g. community coalition, large scale learning collaborative, etc.)</p> | <p>Your hospital is <b>actively monitoring &amp; developing strategies to improve its opioid management strategies</b> e.g. hospital wide &amp;/or county wide opioid prescribing rate, Morphine Milligram Equivalent (MME) /patient, rate of OUD related deaths, buprenorphine prescribing rate, etc.</p> <p><b>Extra Credit (1 pt.)</b> For one <b>measure</b> what is the % improvement over a rolling 12-month period?</p> <p>Please include measure name, numerator/denominator, date range, &amp; goal.</p> |       | <p><a href="#">Stem the Tide: Addressing the Opioid Epidemic</a> (AHA)</p> <p><a href="#">CA Opioid Overdose Surveillance Dashboard</a> (CDPH)</p> |
| <p><i>Briefly describe the steps your hospital has taken to make opioid management a quality improvement priority.</i></p>  |  |   |  |   |       |  |

| Cross Cutting Opioid Management Best Practices   |  |   |   |  |       |   |
|--|--|---|---|--|-------|---|
| Measure  | Level 1 (1 pt.)<br><i>Basic management</i>   | Level 2 (2 pts.)<br><i>Hospital wide standards</i>  | Level 3 (3 pts.)<br><i>Integration &amp; innovation</i>   | Level 4 (4 pts.)<br><i>Practice Improvement</i>  | Score | Foundational Resources<br><i>(full resource library here)</i>   |
| <p><b>Address stigma with physicians and staff</b></p> <p>Hospital culture is welcoming and does not stigmatize substance use. Hospital actively addresses stigma through the education and promotion of the medical model of addiction, trauma informed care, harm reduction principles, motivational interviewing across all departments to facilitate disease recognition and the use of non-stigmatizing language/behaviors.</p> | <p>Provides passive, <b>general education</b> on hospital opioid prescribing guidelines in <b>at least two service lines</b>, identification, and treatment, and overdose prevention to appropriate providers and staff (e.g. M&amp;M, lunch and learns, flyers/brochures, CME requirements, RN annual competencies, etc.)</p> | <p>Provides <b>point of care decision making support</b> e.g. automatic pharmacy review for long-term opioid prescription, auto prescribe naloxone with any opioid prescription, reminder to check CURES, flag concurrent opioid and benzo prescribing, etc.</p> <p><b>Extra Credit (1 pt.)</b><br/>Regularly assess perceived &amp; internalized opioid related stigma &amp; knowledge of OUD treatment in providers and staff</p> | <p>Trains appropriate providers and staff on, some combination of, the <b>medical model of addiction, harm reduction principles, motivational interviewing and how to provide trauma informed care</b> to normalize opioid use disorder &amp; treatment (e.g. M&amp;M, lunch and learns, CME requirements, RN annual competencies, etc.</p> | <p>Your hospital is <b>actively monitoring &amp; developing strategies to reduce provider/staff stigma toward opioid addiction</b> e.g. provider prescribing patterns, number of patients identified with OUD, etc.</p> <p>Provides <b>targeted follow up and support to providers and staff based on performance</b></p> <p><b>Extra Credit (1 pt.)</b><br/>For one <b>measure</b> what is the % improvement over a rolling 12-month period?</p> <p>Please include measure name, numerator/denominator, date range, &amp; goal.</p> |       | <p><a href="#">Selection of relevant web-based trainings</a> (Harm Reduction Coalition)</p> <p><a href="#">Clinical Opioid Withdrawal Score</a> (Project SHOUT)</p> <p><a href="#">Trauma Informed Care: Overview</a> (SAMHSA)</p> <p><a href="#">A New Brief Opioid Stigma Scale to Assess Perceived Public Attitudes and Internalized Stigma: Evidence for Construct Validity</a> (J Subst Abuse Treat)</p> |
|  | <p><i>Briefly describe the steps your hospital has taken to support appropriate providers &amp; staff in providing evidence-based, compassionate care for patients with OUD or at risk.</i></p>  |   |   |  |       |   |



| Cross Cutting Opioid Management Best Practices  |   |   |   |   |       |   |
|---|---|---|---|---|-------|---|
| Measure   | Level 1 (1 pt.)<br><i>Basic management</i>  | Level 2 (2 pts.)<br><i>Hospital wide standards</i>  | Level 3 (3 pts.)<br><i>Integration &amp; innovation</i>   | Level 4 (4 pts.)<br><i>Practice Improvement</i>   | Score | Foundational Resources<br><i>(full resource library here)</i>   |
| <b>Patient and family engagement</b><br><br><b>Actively engage</b> patients, families, and friends in appropriately using opioids for pain management (opioid prescribing, treatment, and overdose prevention via naloxone, hospital quality improvement initiatives, etc.) | Provides general education to <b>all patients, families and friends in at least two service lines</b> (e.g. ED, Burn Care, General Medicine, Behavioral Health, OB, Cardiology, Surgery, etc.) 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 <b>focused education</b> 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 <b>shared decision-making process</b> for acute and/or chronic pain management (e.g. develop a pain management plan pre-surgery, set pain expectations, risk associated with opioid use, etc.) | Provides opportunities for <b>patients and families to engage</b> in hospital wide opioid management activities (Patient Family Advisory Council, peer navigator, program design, etc.) | Your hospital is <b>actively monitoring &amp; developing strategies to improve patient &amp; family engagement on opioid care</b> e.g. MME/patient, # MAT starts, # naloxone kits distributed w/ education, # of patients involved in QI/year, etc.<br><br><b>Extra Credit (1 pt.)</b><br>For one <b>measure</b> what is the % improvement over a rolling 12-month period?<br><br>Please include measure name, numerator/denominator, date range, & goal. |       | <a href="#">Buprenorphine-Naloxone: What You Need to Know - Flyer</a> (Project SHOUT)<br><br><a href="#">Know your options for successful treatment - Flyer</a> (Project SHOUT)<br><br><a href="#">Advancing the Safety of Acute Pain Management</a> (IHI)<br><br><a href="#">Safe and Effective Pain Control After Surgery</a> (ACS) |
|   | <i>Briefly describe the steps your hospital has taken to actively engage patients and families in opioid stewardship strategies.</i>  |   |   |   |       |   |
| <b>TOTAL (out of 43 points)</b>   |   |   |   |   |       |   |