# Cal Hospital Compare Board of Directors

July 9, 2020

10:00am-12:30pm Pacific Time

Phone: 1-669-900-6833

Access code: 443 789 5416

Webinar link: https://zoom.us/j/4437895416

# Proposed Agenda

- Welcome & call to order
- Organizational updates
- Planning for the near future
- Maternity Honor Roll
- Business Plan
- Wrap Up

Cal Hospital Compare

**Cal Hospital Compare**
**Board of Directors Meeting Agenda**
Thursday, July 9, 2020
10:00am – 12:30pm PT

Webinar Information
Webinar link: https://zoom.us/j/4437895416
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| Time | Agenda Item | Presenters and Documents |
| --- | --- | --- |
| 10:00-10:05<br>*5 min.* | Welcome and call to order<br>- Approval of past meeting summary<br>- Welcome new members | - **Ken Stuart**<br>Board Chair |
| 10:05-10:30<br>*25 min.* | Organizational updates<br>- CHCF Grant - Examining Factors and Disparities Associated with COVID Cases and Deaths in California Skilled Nursing Facilities<br>- Honor roll reporting timeline<br>- Website data refresh<br>- Opioid Care Honor Roll Program update<br>- Patient Safety Honor Roll 2020 – no change in methodology<br>- CMS data reporting timeline | - **Bruce Spurlock**<br>Executive Director, CHC<br>- **Alex Stack**<br>Director, CHC |
| 10:30-11:30<br>*60 min.* | Planning for the near future<br>- Cal Hospital Compare website analytics<br>- Proposed analysis<br>- TAC recommendations<br>- Next steps | - **Alex Stack**<br>Director, CHC<br>- **Mahil Senathirajah**<br>IBM Watson Health<br>- **Frank Yoon**<br>IBM Watson Health |
| 11:30-12:00<br>*30 min.* | Maternity Honor Roll<br>- Draft honor roll<br>- Include or exclude hospitals with CY2018 OSHPD Data?<br>- TAC recommendations<br>- Next steps | - **Alex Stack**<br>Director, CHC |
| 12:00-12:15<br>*15 min.* | Business plan<br>– Financial report | - **Bruce Spurlock**<br>Executive Director, CHC |
| 12:15-12:20<br>*5 min.* | Wrap-up<br>Adjourn<br>– Next meeting: Thursday, September 3, 2020 – 11:00am to 1:00pm PST (Zoom Call) | - **Ken Stuart**<br>Board Chair |

Cal Hospital Compare

Cal Hospital Compare
Board of Directors Meeting Summary
Wednesday, April 1, 2020
10:00am – 12:30pm PST via Zoom Webinar

**Attendees:** Seth Glickman, David Hopkins, Libby Hoy, Chris Krawczyk, Lance Lang, Helen Macfie, Joan Maxwell, Mahil Senathirajah, Bruce Spurlock, Alex Stack, Kristof Stremikis, Ken Stuart, Kevin Worth, Tracy Fisk

**Summary of Discussion:**

| Agenda Items | Discussion |
|---|---|
| **Welcome & call to order** | • The meeting formally commenced at 10:04am Pacific Time. The meeting summary of January 23, 2020 was motioned, seconded, and approved as submitted.<br>• The board members formally introduced themselves. |
| **Board Representation** | • Joan Maxwell, Patient Advisor, has officially joined the Board of Directors.<br>• Katherine Traunweiser has resigned from Blue Shield of California and Seth Glickman, Chief Medical Officer, has assumed her role on the Board of Directors.<br>• All board seats are currently filled. |
| **OSHPD Task Force Report Out** | • Ken reported out on the Healthcare Payment Review Committee Meeting held in February. The committee supported moving forward with 36 recommendations. OSPHD has submitted the healthcare database report to the legislature. The full report is accessible on the OSHPD website. Due to the COVID-19 crisis, response from the legislature is expected to be delayed. |
| **Data Reporting Timeline** | • The COVID-19 response will impact data sets and honor rolls – there is likely to be a six-month delay in data updates. |
| **Integrating Long Term Care Data** | • CHC is still exploring Long Term Care Data from a funding standpoint although these efforts are also currently on hold. Bruce will report back to the Board with further updates. |
| **Q1 2020 CMS Data Refresh** | • The data refresh on the CHC website is complete. No new measures were reported. Mahil will research why the VTE outcome measure was removed and report back to the Board. |
| **Opioid Management Hospital Self-Assessment** | • Alex reviewed the VBP opioid reporting recommendations and workgroup feedback.<br>• Alex provided a brief overview of the key changes made to the self-assessment tool and solicitated feedback from the board members. The tool is expected to be finalized by early May.<br>• The 2020 timeline is subject to change based on the COVID-19 crisis. |

| | |
|---|---|
| **Patient Safety Poor Performers** | • Mahil gave a high-level overview of the Patient Safety Poor Performers version 1.0 and 2.0. Bruce communicated with approx. half of the health plans on the list from this year and 2/3 of the plans on last year's list. Response was overall positive and brought further awareness. Bruce's opinion is that the combination of the poor performer list with the network analysis will make the most powerful impact.<br>• Mahil gave a detailed summary of the Leapfrog Poor Performers results and scenarios. Helen and Lance pointed out that percentage of Medi-Cal patients impact which hospitals make the poor performers list. Can this be topic be addressed with the state government? Lance recommended reaching out to HSAG to assist with the data.<br>• Action: CHC will develop an improvement plan to communicate to the hospitals and bring back to the BOD.<br>• Mahil reviewed the TAC recommendations with the Board.<br>Action: Lance proposed pausing on sending any new communication to the hospitals with respect to the COVID-19 response. The Board motioned, carried, and accepted. |
| **Network Analysis** | • Mahil reviewed the data analysis and network summary including the network-level measure scores. Helen emphasized that CHC should help support the hospitals with improvement efforts via a collaborative approach. Bruce mentioned this is a will building tool and that ideas and execution need to be provided. Is there an outside organization that can support CHC with implementing these efforts? Ken's opinion is the CHC can be a contributor to the database. |
| **Financials** | • Bruce reviewed the current financial reports (January – February 2020). No changes or recommendations were made by the BOD. |
| **Next Meeting/Meeting Adjournment** | • The next Board of Directors meeting is scheduled on May 14, 2020 at 11:00am PST via Zoom.<br>• The meeting formally adjourned at 12:32pm PST. |

Cal Hospital Compare

## Board of Directors

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# New to BOD

**Ashrith Amarnath, MD**
Medical Director Plan Mgmt.
Covered CA

**Seth Glickman, MD**
Chief Medical Officer
Blue Shield of California

**Julia Logan, MD**
Chief Medical Officer
CalPERS

# New to TAC

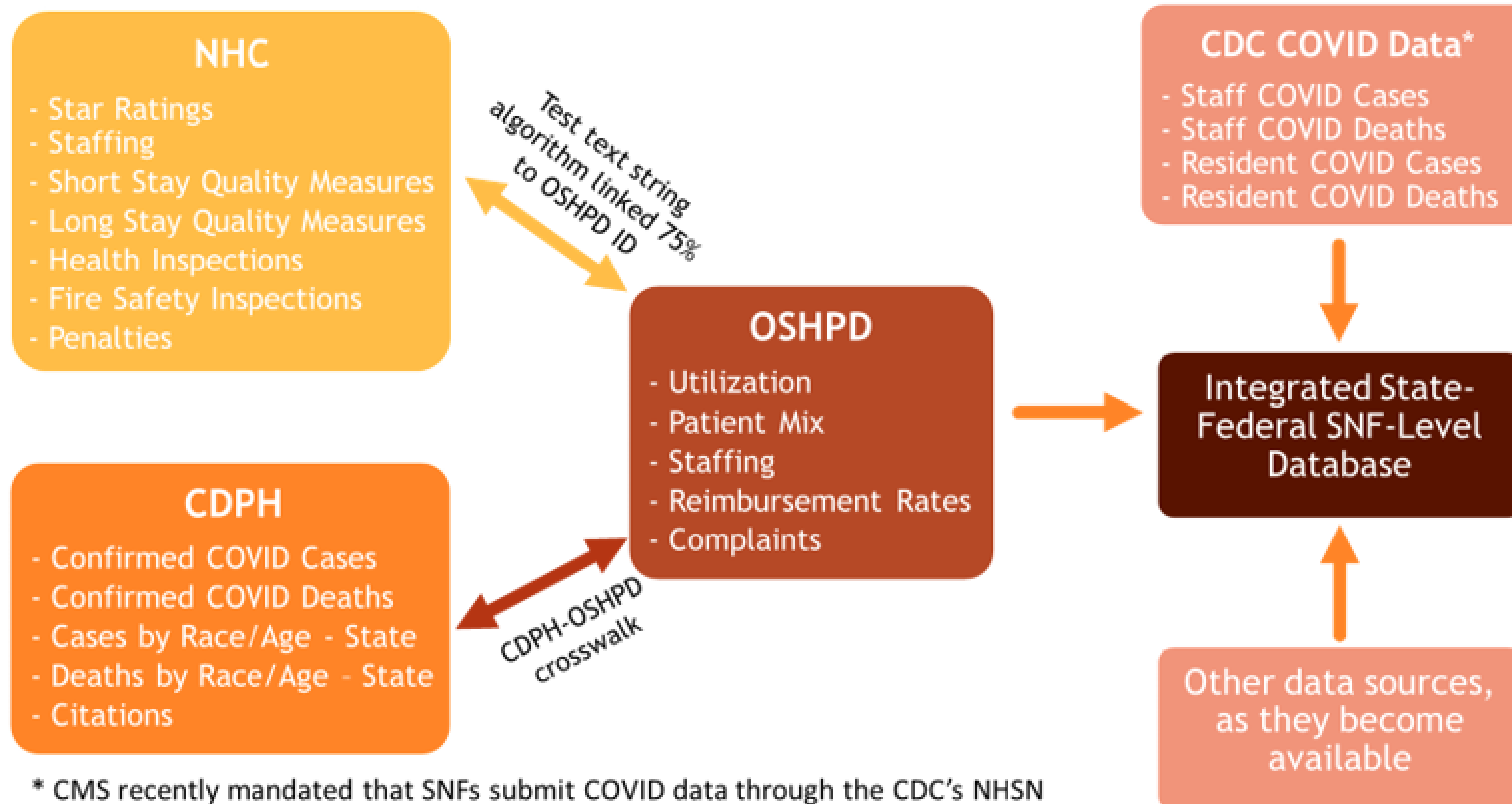
**Sayeed Khan**
Chief Medical Officer
Molina Healthcare

**Leslie Kowalewski**
Administrative Director
California Maternal Quality Care Collaborative

# Organizational Updates

# Healthcare Payments Data Review Program

# Examining Factors and Disparities Associated with COVID Cases and Deaths in California Skilled Nursing Facilities



# Examining Factors and Disparities Associated with COVID Cases and Deaths in California Skilled Nursing Facilities

**July**

- Preliminary analysis
- Advisory Group meeting #1

**August**

- Detailed analysis & develop recommendations for Advisory Group

**September**

- Advisory Group meeting #2
- Final brief to CHCF

# Honor Roll Reporting Timeline

Refer to 2020 Data Use Fee Agreement for details

## Patient Safety Poor Performers

- May 2020

## Maternity Honor Roll

- August – September 2020

## Patient Safety Honor Roll

- October – December 2020; dependent on CMS data refresh

## Opioid Care Honor Roll

- October – December 2020; dependent on CMS data refresh

# Q2 2020 Website Data Refresh *In Progress*

**Updated measures include:**

- CMS Data
- Maternity Data CY 2019
  - NTSV C-Section
  - Breastfeeding
  - Episiotomy
  - VBAC
  - CNM
- No new measures

# Opioid Care Honor Roll 2020 Timeline

### Q1

- Convene workgroup
- Test self-assessment 2.0
- Launch resource library

### Q2-Q3

- Finalize self-assessment tool
- Invite hospitals to submit self-assessment starting Jun 22
- 5-part learning webinar series

### Q4

- Self-assessment window closes Oct 9
- Announce honor roll recipients in partnership with CHHS Agency

# Opioid Care Honor Roll
# 2020 Webinar Series Roadmap

1. How to capture & keep attention on the CA Opioid Epidemic
2. Harm reduction strategies
3. Leveraging community partners
4. Cutting edge strategies
5. Drop in office hours

# Opioid Management Hospital Self-Assessment

Self-assessment window
Jun 22 – Oct 9

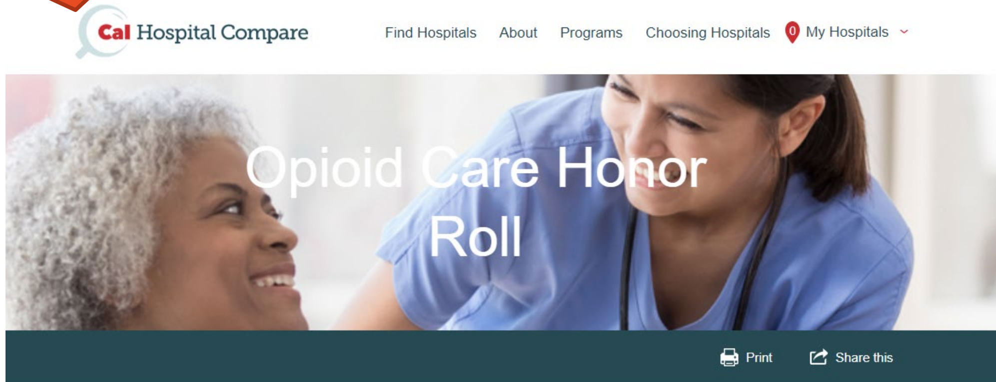
| Measure | Level 1<br>*Basic Mgmt.*<br>(1 pt) | Level 2<br>*Hospital Wide Standards*<br>(2 pts) | Level 3<br>*Integration & Innovation*<br>(3 pts) | Level 4<br>*Practice Improvement*<br>*(4 pts)* |
|---|---|---|---|---|

| | |
|---|---|
| Safe & Effective Opioid Use<br>• Appropriate opioid discharge prescribing guidelines<br>• Alternatives to opioids for pain management | Overdose Prevention<br>• Naloxone education & distribution program |
| Identification & Treatment<br>• Medication Assisted Treatment (MAT)<br>• Timely follow up care | Cross-cutting Opioid Management Best Practices<br>• Organizational infrastructure<br>• Address stigma with physicians & staff<br>• Patient & family engagement |

***Source:*** *Opioid Management Hospital Self-Assessment*

# Resources & Follow Up Materials

Learn more about the Opioid Care Honor Roll




**Programs**

- Maternity Care Honor Roll
- Opioid Care Honor Roll
- Opioid Resource Library
- Patient Safety Honor Roll

## Opioid Care Honor Roll

**Register for the 2020 Opioid Care Honor Roll Webinar Series!**

In 2019, Cal Hospital Compare (CHC) launched the Opioid Care Honor Roll Program to help address the ongoing crisis. According to state data, nearly 2,200 Californians died of an opioid-related overdose in 2017. Patients with opioid use disorder are frequently hospitalized or visit the emergency department due to complications of the condition without also receiving treatment for the underlying disease of opioid addiction. This is a missed opportunity and leaves patients untreated and at high risk of future overdose. In this pilot year of the program, 60 hospitals voluntarily reported their progress on addressing the opioid crisis. While results show that all participating hospitals are making progress, it's

Check out our Opioid Resource Library

**Programs**

- Maternity Care Honor Roll
- Opioid Care Honor Roll
- Opioid Resource Library
- Patient Safety Honor Roll

## Opioid Resource Library

As part of our work to address California's opioid epidemic and accelerate hospital progress to reduce opioid related deaths we've amassed a collection of practical, evidence-based resources. Many of these resources have been developed by California hospitals and opioid coalitions. In the spirit of peer learning these resources are publicly available here. Embedded within this resource library you will also find tools to actively engage patients, families, and friends in appropriate opioid use. If you have any questions and/or would like to share a resource that has helped your hospital in addressing the opioid crisis please contact Alex Stack, Director at astack@cynosurehealth.org.

### 1. Foundational resources

**Our short list of must-read resources for all hospitals, at any state in their journey, aiming to change the way they provide opioid care in service of reducing opioid use disorder (OUD) related deaths and increasing access to treatment for all.**

### 6. Webinar Series Resources

**a. Access slides, recordings, and other related resources here for the 2019 & 2020 Opioid Care Honor Roll Webinar Series**

- Addressing California's Opioid Epidemic – Introducing the Opioid Care Honor Roll (May 9, 2019)

Show Resources

- Beyond adopting prescribing guidelines: monitoring and strengthening the prescribing patterns of clinicians (Jun 6, 2019)

Show Resources

- Initiating MAT in the hospital: Unique aspects from the ED and inpatient settings (Jul 10, 2019)

Show Resources

- The nuts and bolts of dispensing naloxone to high-risk patients and their support systems (Aug 27, 2019)

***Source:*** *Cal Hospital Compare Website > Programs*

# Other Resources

Check out the blog here

YOUR BLUEPRINT TO FIGHT THE OPIOID EPIDEMIC

*Proven Strategies for Hospitals*

CASE FOR CHANGE

BLUEPRINT FOR SUCCESS

KEY MILESTONES TO GUIDE YOUR CHANGE PLANNING

PRACTICAL STEPS TO DRIVE IMPROVEMENTS IN OPIOID CARE



To access Your Blueprint check out our website here

# Patient Safety Honor Roll Methodology (2019 & 2020)

- Tier 1: The hospital meets the algorithm approach with two-thirds of their measures above the 50th percentile of good performance (and none below the 10th percentile) **AND** has Leapfrog Grades of at least an A for the last three reporting periods.

- Tier 2: The hospital meets the algorithm approach with two-thirds of their measures above the 50th percentile of good performance (and none below the 10$^{th}$ percentile) **OR** has Leapfrog Grades of at least an A for the last three reporting periods.

# Measures

## Healthcare Associated Infections

- CLABSI
- CAUTI
- SSI Colon Surgery
- MRSA
- CDI

## Agency for Healthcare Research & Quality - Patient Safety & Adverse Events Composite (AHRQ PSI 90)

## Sepsis Management

## Patient Experience HCAHPS Score

- Nurses always communicated well
- Doctors always communicated well
- Always received help as soon as wanted
- Staff always explained about medicines
- Patients understood their care when they left the hospital

# COVID Impacts On CMS Hospital Compare Reporting

| CMS Hospital Compare Refresh Dates and Measurement Periods | |
|---|---|
| | |
| **Date CMS Hospital Compare Data Set Release Date** | **Most Recent Date of Any Measure that Was/Will Be Refreshed** |
| End or April, 2020 | **Received:** June 30, 2019 |
| Expected: End of July, 2020 | **Expected:** Sept 30, 2019 |
| Uncertain: End of October, 2020 | **Possible:** December 31, 2019 but, per CMS guidance of May22, reporting is voluntary. Unclear what CMS will report and make available on CMS Hospital Compare and when. Note that data from other sources (CMQCC, OSHPD, CDPH HAI, Breastfeeding likely will come in as usual in Q4 2020, mostly covering measurement period of calendar year 2019. |
| End of January, 2021 | **Likely suspended** since CMS May 22 guidance indicates that "CMS will not count data from Jan. 1, 2020 to June 30, 2020"; referencing the measurement period. |
| End of April, 2021 | **Likely suspended** since CMS May 22 guidance indicates that "CMS will not count data from Jan. 1, 2020 to June 30, 2020"; referencing the measurement period. |
| End of July 2021 | **Possible resumption** of reporting and availability of CMS Hospital Compare. However, given COVIDs impacts are likely to go beyond June 2020, CMS could extend the period for which it "won't count data" to Q3 2020. |

**On May 22, CMS issued guidance regarding the suspension of CMS Hospital Compare reporting for specific cycles due to COVID*

# Planning for the near future

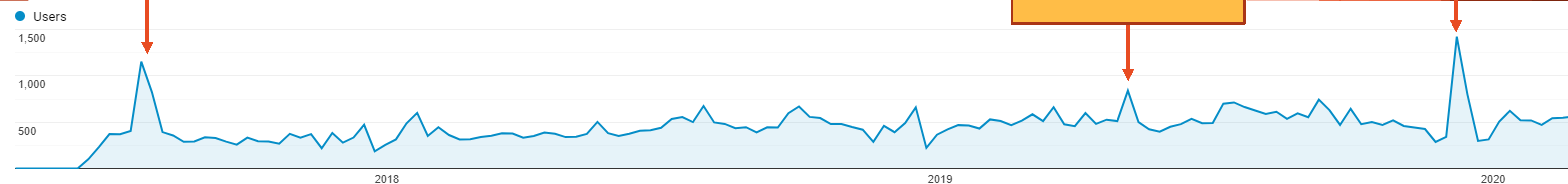
# Website Analytics

- Overall drivers:
  - Direct search (63%) – User enters “calhospitalcompare.org” into browser
  - Social search (17%) – User is connected to website via social media
  - Google search (15%) – User enters a search term that leads to the website
- Changing the narrative drives engagement
- Impact on strategy?
  - Publish “new” report 2x/year?
  - Areas of interest?

Jul 2017: Maternity measures on Yelp

May 2019: Opioid Care Honor Roll Program Launch

Dec 2019 Honor Roll Announcement: Maternity, Patient Safety & Opioid Care



# Proposed Analyses

- One cycle of CMS Hospital Compare data will not need to be refreshed
  - related funds can be freed up to do some analyses
- The project team met to identify possible analyses
- Exploration of the ability to parse out hospital-level and department-level factors on hospital performance is described in subsequent slides
- Other possible topics include:
  - **Historical Trends:** Conducting a historical review of the changes in both the measure set and measure rates to identify which measures have had the greatest improvement and to identifying common characteristics associated improvement
  - **VBAC Availability:** Conducting a deeper examination of the availability and rates for VBAC, with a focus on examining VBAC "deserts", possibly including travel time or distance metrics to quantify access problems. Association with performance on other maternity metrics, including CNM, also can be examined.

# Proposed Analyses

- …Other possible topics include:
  - **Regional Analyses:** Comparing specifically the performance and trends in urban vs rural hospitals to identify gaps, especially relevant as COVID is expected to have a negative impact on the financial viability of rural hospitals
  - **Proxy Race and Socio-Economic Status:** Examine correlation between socio-demographics in the hospital's region and performance across various measure domains to help identify inequities
  - **Readmissions:** Examine correlation between network, region, and hospital readmission rate
  - **Exploratory analysis:** Determine relationship between quality measures and/or patient safety

# TAC Feedback on Proposed Analyses

- In response to the suspension of CMS Hospital Compare reporting, TAC supported the notion of conducting impactful analyses, noting its connection to driving website traffic
- TAC members generally aligned around the following topics, in order of importance:
  - Examination of the impact of socio-demographic factors on hospital performance
    - Rationale: COVID has highlighted the importance of understanding socio-demographics, including race/ethnicity, on service delivery and the hospital sector would benefit from related insights
    - Project team has started to explore data sets that might provide useful SDOH information (e.g. census data)
  - Examination of historical trends in the measure set and performance changes
    - Rationale: Understanding the absolute changes in hospital performance, the evolution of the measure set and drivers of improvement would potentially provide best practice-type insights

# …TAC Feedback on Proposed Analyses

- …TAC members generally aligned around the following topics, in order of frequency:
  - Examination of the urban vs rural hospital performance
    - Rationale: Given the financial stress on rural hospitals precipitated by COVID, TAC members generally thought that related analysis would be beneficial

# Prioritize Next Steps

- Rank the following analyses 1 -3

(1 = higher priority, 3 = lower priority)

Impact of socio-demographic factors on hospital performance

Historical trends in the measure set and performance changes

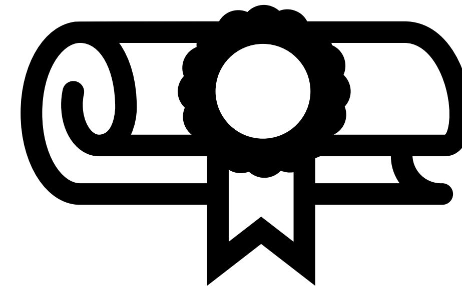
Urban vs rural hospital performance

# Maternity Honor Roll

2020 Report

# 2020 Maternity Honor Roll Considerations

- Public recognition for California maternity hospitals with c-section rate ≤ 23.9% for low risk, first time births
- Are all hospitals eligible for the honor roll? Should hospitals that do not participate in CMQCC's Maternal Data Center be eligible for the maternity honor roll?
  - 18 of the 229 hospitals do not participate in CMQCC's MDC
  - 141 hospitals with CY 2019 Data from CMQCC made the honor roll
- Honor roll results
  - Hospitals with CY2019 data only – 141 out of 211 (67%)
  - All CHC maternity hospitals – 148 out of 229 (65%); 7 hospitals with CY2018 Data from OSHPD made the honor roll



Among hospitals not reporting to CMQCC, Honor Roll designation based on prior year data proved:

- Correct in 50% of cases
- Incorrect in 50% of cases (*Highly Incorrect 35% of cases*)

**Implication**: Mothers using *Honor Roll* to inform choice may be misdirected

Green: Honor Roll Recipient based on Prior Year Data; updated data proved valid

Yellow: Honor Roll Recipient based on Prior Year Data, updated data proved invalid

Yellow: Honor Roll Recipient based on Prior Year Data, updated data proved highly invalid *(actual rate > 26%)*

| | Actual Rate in HR Year 2018 | Rate HR Based on 2017 | Actual Rate in HR Year 2017 | Rate HR Based on 2016 | Actual Rate in HR Year 2016 | Rate HR Based on 2015 |
|---|---|---|---|---|---|---|
| St. Rose Hospital | 14.90% | 21.50% | 21.50% | 25.20% | 25.20% | 20.20% |
| Doctors Hospital of Manteca | 16.40% | 17.40% | 17.40% | 27.80% | 27.80% | 26.90% |
| Centinela Hospital Medical Center | 17.40% | 22.30% | 22.30% | 25.00% | 25.00% | 21.40% |
| Lompoc Valley Medical Center | 19.00% | 27.00% | 27.00% | 18.70% | 18.70% | 21.00% |
| Hazel Hawkins Memorial Hospital | 21.00% | 25.80% | 25.80% | 27.90% | 27.90% | 35.80% |
| Emanate Health Queen of the Valley | 22.50% | 22.90% | 22.90% | 24.10% | 24.10% | 24.80% |
| Paradise Valley Hospital | 22.60% | 27.30% | 27.30% | 27.50% | 27.50% | 31.60% |
| Pioneers Memorial Healthcare District | 24.20% | 23.40% | 23.40% | 20.20% | 20.20% | 23.60% |
| West Hills Hospital | 26.10% | 30.80% | 30.80% | 36.50% | 36.50% | 36.30% |
| Methodist Hospital of Southern Cal | 26.20% | 27.30% | 27.30% | 28.00% | 28.00% | 26.60% |
| Garden Grove Hospital & Medical Cent | 27.40% | 33.60% | 33.60% | 28.60% | 28.60% | 31.10% |
| Delano Regional Medical Center | 27.50% | 29.70% | 29.70% | 29.50% | 29.50% | 24.30% |
| Regional Medical Center of San Jose | 28.90% | 21.40% | 21.40% | 21.70% | 21.70% | 24.20% |
| Oroville Hospital | 29.50% | 30.10% | 30.10% | 33.10% | 33.10% | 20.80% |
| Los Robles Hospital | 29.80% | 35.00% | 35.00% | 30.50% | 30.50% | 32.80% |
| Mammoth Hospital | 30.30% | 20.50% | 20.50% | 15.00% | 15.00% | 23.10% |
| Mendocino Coast District Hospital | 32.10% | 37.50% | 37.50% | 17.60% | 17.60% | 34.10% |
| Palo Verde Hospital | 34.50% | 21.20% | 21.20% | 26.10% | 26.10% | 22.60% |
| Beverly Hospital | 38.80% | 39.80% | 39.80% | 39.00% | 39.00% | 39.50% |
| San Dimas Community Hospital | 43.00% | 37.00% | 37.00% | 31.30% | 31.30% | 33.00% |

# TAC Feedback

## Data

- Exclude hospitals with CY2018 data
- Once we get updated data for these hospitals, we can update the honor roll list and badge assignments on the Cal Hospital Compare website

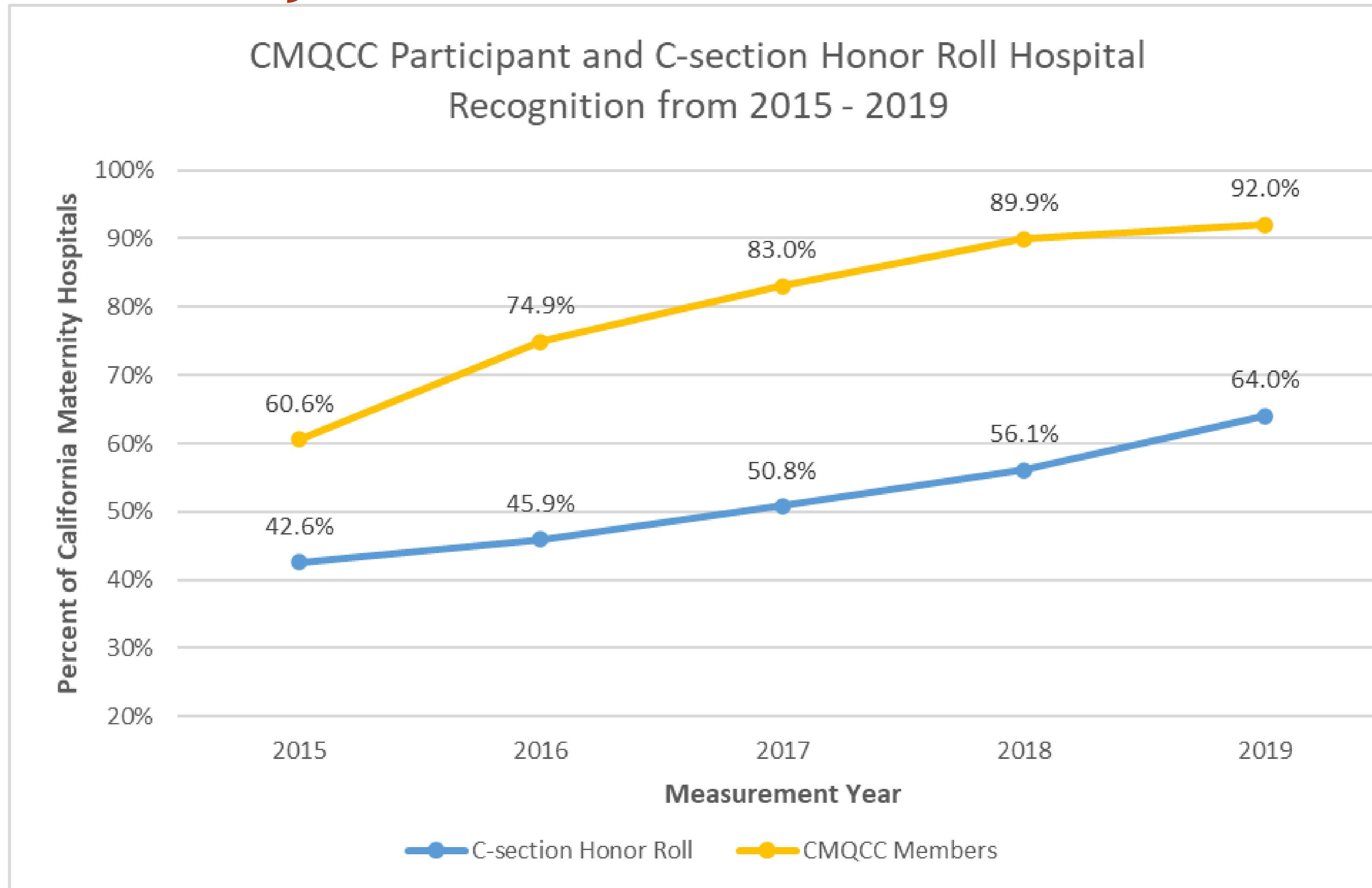
## Small Hospitals

- Year over year performance is highly variable
- Proposed definition = annuals births ≤100
- Notate small sample size on honor roll, &/or
- Look at the past two years of data, &/or
- Stratify hospitals as small, medium, large

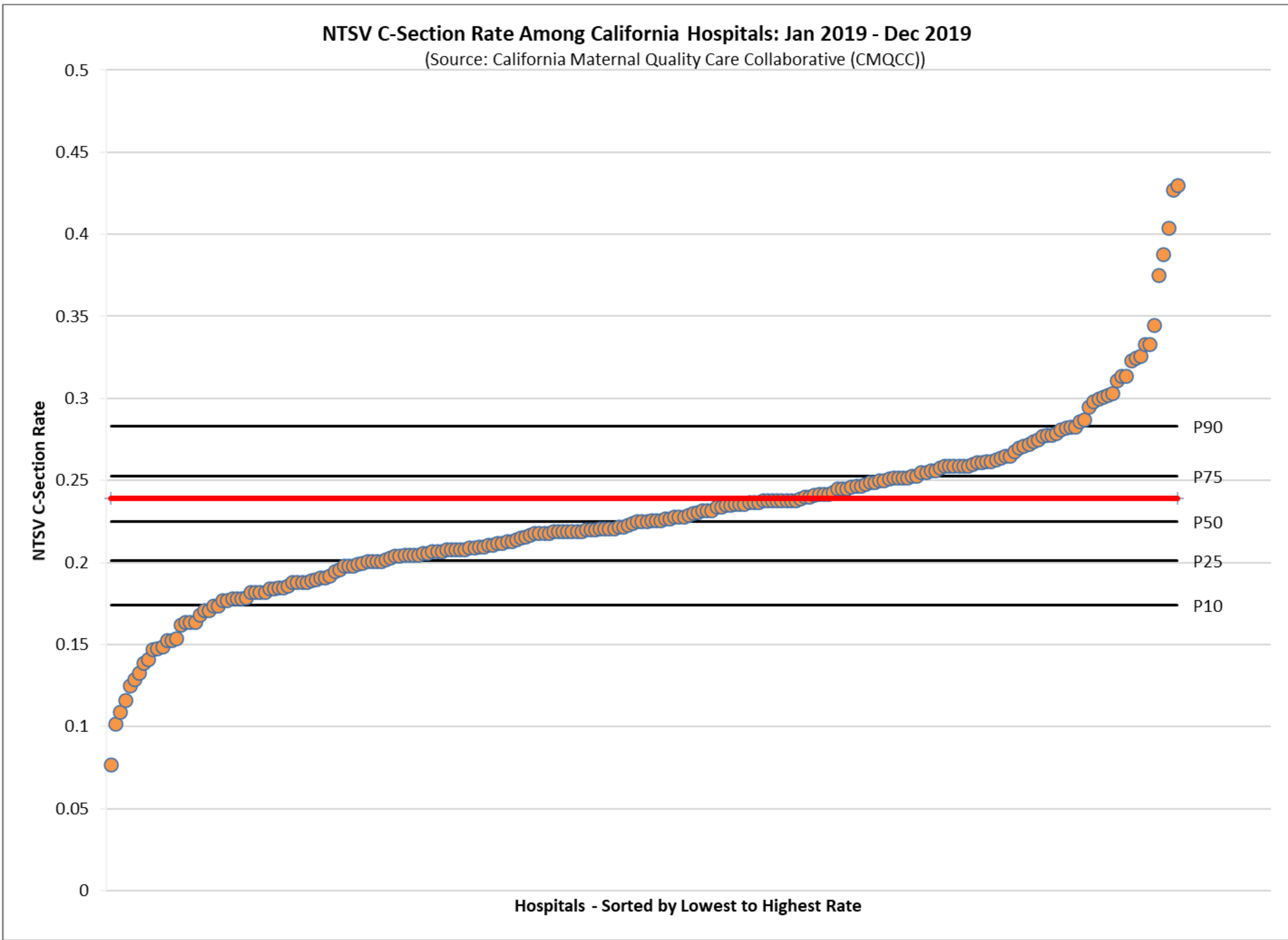
## Threshold

- Initial support for changing the threshold to the 24%ile
- CMQCC recommends keeping threshold at 23.9% to ensure patient safety & maintain alignment with HP2020
- Adjust threshold in 2020 to align with HP2030

# Maternity Trends




*All CHC hospitals




| | N | AVG | SD | MIN | Percentile | | | | | MAX |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | 10 | 25 | 50 | 75 | 90 | |
| **CSECT** | 230 | 23% | 5% | 8% | 17% | 20% | 23% | 25% | 28% | 43% |

# Wrap Up

# 2020 Board of Directors Meeting Schedule

- **Thursday, September 3, 2020 – 11:00am to 1:00pm PST (Zoom Call)**
- Thursday, October 29, 2020 – 10:00am to 2:00pm PST (Oakland)
- Wednesday, December 16, 2020 – 9:00am to 11:00am PST (Zoom call)

# Thank you!

# FAQ: OPIOID CARE HONOR ROLL

Cal Hospital Compare

**What is the Opioid Care Honor Roll?**

To address California's opioid epidemic and accelerate hospital progress to reduce opioid related deaths, in Q4 of 2020 and 2021 Cal Hospital Compare (CHC) will publish an *Opioid Care Honor Roll* for the purpose of supporting continued quality improvement and recognizing hospitals for their contributions fighting the epidemic. This program was launched in 2019, with 2019 being a pilot year. Check out the 2019 fact sheet and honor roll announcement for more information on participating hospitals, successes, and lessons learned from the pilot year of the program.

**Who can participate in the Opioid Care Honor Roll?**

All California, adult, acute care hospitals are eligible to apply for the Opioid Care Honor Roll.

**Why should my hospital participate in the Opioid Care Honor Roll?**

Participation in the Opioid Care Honor Roll benefits both hospitals and patients. Hospitals aiming to jump start or accelerate their work on opioid stewardship will have access to resources and peers to support the work; resulting in better patient care for individuals with OUD and those at risk. Improvement activities align with state and national programs and accreditation programs. Hospitals achieving the *Opioid Care Honor Roll* can publicize their commitment and action on the opioid crisis. CHC, along with California Health and Human Services and other partners, will publicly recognize hospitals on the Honor Roll, which will include recognition on the CHC website.

> "My hospital is building a MAT dashboard to monitor our treatment of OUD. Also, we are implementing system-wide stigma reduction training!! This is 100% in response to the Opioid Care Honor Roll."
> UC Davis Health, 2019 Opioid Care Honor Roll Participant

**What is the *Opioid Management Hospital Self-Assessment*?**

The *Opioid Management Hospital Self-Assessment* measures opioid safety across 4 domains (preventing new opioid starts, identification & treatment, overdose prevention, cross-cutting best practices). CHC designed this tool as both a measurement and quality improvement tool. The self-assessment is rooted in evidence-based guidelines and practices, The Joint Commission's pain management standards, and the real-life expertise of our work group members. The *Opioid Management Hospital Self-Assessment* outlines key milestones to achieving safe and effective opioid use but *how* hospitals get there is up to them.

**What are the steps to completing the *Opioid Management Hospital Self-Assessment*?**

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. As a team, read through each 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


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

must have implemented Levels 1 and 2 to achieve Level 3. Submit responses and any supporting documents via e-survey here.

**When is the 2020 assessment window?**
Hospitals can submit their self-assessment responses via e-survey from Jun 22 – Oct 9, 2020. Results will be announced Q4 2020. Submit responses and any supporting documents via e-survey here.

**What is the score Cal Hospital Compare will use to determine whether a hospital has achieved the Opioid Care Honor Roll?** Hospitals must score at least one point in each domain to be eligible for the *Opioid Care Honor Roll*. 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.

**What resources are available to support improvement efforts?**
To accelerate progress, CHC will offer an annual, complimentary 5-part webinar series designed to leverage peer learning and support continuous quality improvement. In addition, CHC has developed an online opioid management resource library of practical resources that. Many of these resources have been developed by hospitals participating in the honor roll program.

**What should hospitals expect in 2020 & 2021?**
The *Opioid Management Hospital Self-Assessment* measures process and structural measures in 2019 (Year 1). As hospitals progress year over year CHC will introduce quantitative performance measures starting in 2020. So that CHC can align future iterations of this assessment tool with work already ongoing, we are asking hospitals to share how they measure opioid management activities and their current performance targets. Sharing this information is entirely optional and will not be used to assess opioid management in 2020.

Cal Hospital Compare

# 2020 OPIOID MANAGEMENT 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, 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.og

**Version 2.0**
**Last Updated:** June 20, 2020

**Safe & Effective Opioid Use**

| **Measure** | **Level 1 (1 pt.)**<br>*Basic management* | **Level 2 (2 pts.)**<br>*Hospital wide standards* | **Level 3 (3 pts.)**<br>*Integration & innovation* | **Level 4 (4 pts.)**<br>*Practice Improvement* | **Score** | **Foundational Resources**<br>*(full resource library here)* |
|---|---|---|---|---|---|---|
| **Appropriate Opioid Discharge Prescribing Guidelines**<br><br>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.<br><br>Service line prescribing guidelines should address the following:<br>• Opioid use history (e.g. naïve versus tolerant)<br>• Pain history<br>• Behavioral health conditions<br>• Current medications<br>• Provider, patients & family set expectations regarding pain management<br>• Limit benzodiazepine and opioid co-prescribing<br>• For opioid naïve:<br>○ Limit initial prescription (e.g. <7 days)<br>○ Use immediate release vs. long acting<br>• For patient on opioids for chronic pain:<br>○ For acute pain, prescribe short acting opioids sparingly<br>○ For chronic pain, avoid providing opioid prescriptions for patients receiving medications from another provider | Developed and implemented evidence-based opioid discharge prescribing guidelines across **2 service lines**, the Emergency Department and 1 Inpatient Unit (e.g. Burn Care, General Medicine, Behavioral Health, OB, Cardiology, etc.) | Developed and implemented **hospital wide** opioid discharge prescribing guidelines | Developed and implemented evidence-based opioid discharge prescribing **guidelines for surgical patients** as part of an Enhanced Recovery After Surgery (ERAS) program | Your hospital is **actively monitoring & developing strategies to improve opioid prescribing** e.g. rate of e-prescribing, Morphine Milligram Equivalent (MME)/patient, co-concurrent prescribing of benzos. & opioids, etc.<br><br>**Extra Credit (1 pt.)**<br>For one **measure** what is the % improvement over a rolling 12-month period? Please include measure name, numerator/ denominator, date range, & goal. | | 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)<br><br>Stem the Tide: Addressing the Opioid Epidemic (AHA)<br><br>No Shortcuts to Safer Opioid Prescribing (NEJMP); article available upon request |
| | *Briefly describe the steps your hospital has taken to promote safe & effective opioid use at discharge* | | | | | |

<table>
<tr><td colspan="7">Safe & Effective Opioid Use</td></tr>
<tr><td>Measure</td><td>Level 1 (1 pt.)<br>Basic management</td><td>Level 2 (2 pts.)<br>Hospital wide standards</td><td>Level 3 (3 pts.)<br>Integration & innovation</td><td>Level 4 (4 pts.)<br>Practice Improvement</td><td>Score</td><td>Foundational Resources<br>(full resource library here)</td></tr>
<tr><td rowspan="2">Alternatives to Opioids for Pain Management<br><br>Use an evidence based, multi-modal, non-opioid approach to analgesia for patients with acute and chronic pain.<br><br>Components of a multi-modal, non-opioid analgesic program should 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>• Care guidelines for common acute care diagnoses e.g. pain associated with headache, lumbar radiculopathy, musculoskeletal pain, renal colic, and fracture/dislocation (ALTO Protocol).<br>• Opioid use history (e.g. naïve versus tolerant)<br>• 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)<br>• Pharmacologic alternatives (e.g. NSAIDs, Tylenol, Toradol, Lidocaine patches, muscle relaxant medication, Ketamine, medications for neuropathic pain, nerve blocks, etc.)<br>• 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.)</td><td>Developed and implemented a non-opioid analgesic multi-modal pain management in the Emergency Department OR one Inpatient Unit (e.g. Burn Care, General Medicine, General Surgery, Behavioral Health, OB, Cardiology, etc.)</td><td>Developed and implemented a non-opioid analgesic multi-modal pain management guidelines in the Emergency Department AND one Inpatient Unit (e.g. Burn Care, General Medicine, General Surgery, Behavioral Health, OB, Cardiology, etc.)<br><br>Hospital offers at least at least 1 non-pharmacologic alternative for pain management</td><td>Developed supportive pathways 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.<br><br>Aligned standard order sets with non-opioid analgesic, multi-modal pain management program (e.g. changes to EHR order sets, set order favorites by provider, etc.)</td><td>Your hospital is actively monitoring & developing strategies to improve use of alternatives to opioids for pain management e.g. adherence to guidelines, rate of use of alternatives to opioids by service line, etc.<br><br>Extra Credit (1 pt.)<br>For one measure what is the % improvement over a rolling 12-month period? Please include measure name, numerator/ denominator, date range, & goal.</td><td></td><td rowspan="2">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)<br><br>Stem the Tide: Addressing the Opioid Epidemic (AHA)<br><br>No Shortcuts to Safer Opioid Prescribing (NEJMP); article available upon request</td></tr>
<tr><td colspan="5">Briefly describe the steps your hospital has taken to promote the use of alternatives to opioids for pain management.</td></tr>
</table>

| Identification and Treatment | | | | | | |
|---|---|---|---|---|---|---|
| **Measure** | **Level 1 (1 pt.)**<br>*Basic management* | **Level 2 (2 pts.)**<br>*Hospital wide standards* | **Level 3 (3 pts.)**<br>*Integration & innovation* | **Level 4 (4 pts.)**<br>*Practice Improvement* | **Score** | **Foundational Resources**<br>*(full resource library here)* |
| **Medication Assisted Treatment (MAT)**<br><br>Provide MAT for patients identified as having Opioid Use Disorder (OUD), or in withdrawal, and continue MAT for patients in active treatment.<br><br>Components of a MAT program should include:<br>• Identifying patients eligible for MAT, on MAT, &/or in opioid withdrawal<br>• Treatment is accessible in the emergency department and in all other hospital departments.<br>• Treatment is provided rapidly (same day) & efficiently in response to patient needs.<br>• Human interactions that build trust are integral to how substance use disorder treatment is provided.<br><br>*Suggested guidelines for how to universally offer MAT to all patients:<br>• Do <u>not</u> screen all patients for OUD<br>• Do <u>not</u> ask all patients if they are interested in MAT services<br>    ○ May be time consuming for providers & stigmatizing for patients<br>• <u>Do</u> promote MAT services using signage in waiting & exam rooms, badge flare, & patient forms<br>• During the exam, providers routinely let patients know that their site offers MAT<br>    ○ So that patients can choose to disclose whether & when they need support | MAT is offered, initiated, & continued for those already on MAT in at least **one service line** (ED, Burn Care, General Medicine, General Surgery, Behavioral Health, OB, Cardiology, etc.)<br><br>Hospital **provides support to care teams** in understanding **risk, benefits, and evidence of buprenorphine** in MAT | MAT is offered, initiated, & continued for those already on MAT in at least **2 service lines** (ED, Burn Care, General Medicine, General Surgery, Behavioral Health, OB, Cardiology, etc.) | MAT is **universally offered*** to all patients presenting to the hospital<br><br>One or more **hospital staff** has the time and skills to **engage with patients** 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.) | Your hospital is **actively monitoring & developing strategies to improve access to MAT** e.g. number of patients identified with OUD and provided MAT, # of buprenorphine. prescriptions, etc.<br><br>**Extra Credit (1 pt.)**<br>For one **measure** what is the % improvement over a rolling 12-month period? Please include measure name, numerator/ denominator, date range, & goal. | | Buprenorphine Hospital Quick Start Algorithm (CA 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)<br><br>Substance Use Navigator (CA BRIDGE) |
| | *Briefly describe the steps your hospital has taken to provide patients access to MAT.* | | | | | |

| **Identification & Treatment** | | | | | | |
|---|---|---|---|---|---|---|
| **Measure** | **Level 1 (1 pt.)**<br>*Basic management* | **Level 2 (2 pts.)**<br>*Hospital wide standards* | **Level 3 (3 pts.)**<br>*Integration & innovation* | **Level 4 (4 pts.)**<br>*Practice Improvement* | **Score** | **Foundational Resources**<br>*(full resource library here)* |
| **Timely follow up care**<br><br>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 X-waiver to prescribe or dispense buprenorphine at discharge under the Drug Addiction Treatment Act of 2000 (DATA 2000).<br><br>If hospital does not have X-waivered providers:<br>• Providers provide a loading dose for long effect, provide follow up care in the ED that is in alignment with the DEA Three Day Rule or connect patient to X-waivered community provider for immediate follow care<br><br>If hospital has X-waivered providers:<br>• Prescribe sufficient buprenorphine until patient's follow up appointment with community provider within 24 to 72 hours<br><br>*Practitioners= MDs, physician extenders, Clinical Nurse Specialists, Certified Registered Nurse Anesthetists, and Certified Nurse Midwives (see SUPPORT Act for details) | Hospital **identifies X-waivered providers** within the hospital &/or within the community<br><br>Provides list of **community-based resources** to patients, family, caregivers, and friends (e.g. primary care, outpatient clinic, outpatient treatment program, telehealth treatment provider, etc.)<br><br>Hospital has an agreement in place with **at least one community provider**<br>• If no X-waiver **community provider must accept referrals within 72 hours**<br>• If X-waivered **community provider to provide timely follow up care** | **Actively refer** MAT & OUD patients to a community provider for ongoing treatment (e.g. primary care, outpatient clinic, outpatient treatment program, telehealth treatment provider, etc.) | Hospital provides support to **select practitioners* in the ED and IP units to obtain X-waiver** (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) | Your hospital is **actively monitoring & developing strategies to improve care transitions for MAT patients** 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 &/or IP shifts in 30 days with a provider on shift that is x-waivered, etc.<br><br>**Extra Credit (1 pt.)**<br>For one **measure** what is the % improvement over a rolling 12-month period? Please include measure name, numerator/ denominator, date range, & goal. | | Buprenorphine Hospital Quick Start Algorithm (CA 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)<br><br>Substance Use Navigator (CA BRIDGE) |
| | *Briefly describe the steps your hospital has taken to ensure patients on MAT have access to timely follow up care.* | | | | | |

| Overdose prevention | | | | | | |
|---|---|---|---|---|---|---|
| **Measure** | **Level 1 (1 pt.)**<br>*Basic management* | **Level 2 (2 pts.)**<br>*Hospital wide standards* | **Level 3 (3 pts.)**<br>*Integration & innovation* | **Level 4 (4 pts.)**<br>*Practice Improvement* | **Score** | **Foundational Resources**<br>*(full resource library here)* |
| **Naloxone education and distribution program**<br><br>Provide naloxone prescriptions and education to all patients, families, caregivers and friends discharged with an opioid prescription and/or at risk of overdose.<br><br>*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 | **Identify overdose prevention resources within hospital, health system, and community** (e.g. training programs, community access points, low/no-cost options, community pharmacies with naloxone on hand, community coalitions, California Naloxone Distribution Program, etc.) | **Standard workflow** 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, &/or referral to low or no cost distribution centers, etc.) | **Standing order** 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 | Your hospital is **actively monitoring & developing strategies to improve access to overdose prevention** 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.<br><br>**Extra Credit (1 pt.)**<br>For one **measure** what is the % improvement over a rolling 12-month period? Please include measure name, numerator/ denominator, date range, & goal.<br><br>**Extra Credit (1 pt.)**<br>Your hospital is actively monitoring & improving overdose prevention strategies using **social determinants of health data** | | Overdose Prevention and Take-Home Naloxone Projects (Harm Reduction Coalition)<br><br>Naloxone Kit Materials (Harm Reduction Coalition)<br><br>How to Develop a No-Cost Naloxone Distribution Program (Highland Hospital) |
| | *Briefly describe the steps your hospital has taken to prevent opioid overdose deaths.* | | | | | |

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

| Cross Cutting Opioid Management Best Practices | | | | | | |
|---|---|---|---|---|---|---|
| **Measure** | **Level 1 (1 pt.)**<br>*Basic management* | **Level 2 (2 pts.)**<br>*Hospital wide standards* | **Level 3 (3 pts.)**<br>*Integration & innovation* | **Level 4 (4 pts.)**<br>*Practice Improvement* | **Score** | **Foundational Resources**<br>*(full resource library here)* |
| **Address stigma with physicians and staff**<br><br>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. | Provides passive, **general education** on hospital opioid prescribing guidelines in **at least two service lines**, identification, and treatment, and overdose prevention to appropriate providers and staff (e.g. M&M, lunch and learns, flyers/brochures, CME requirements, RN annual competencies, etc.) | Provides **point of care decision making support** 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.<br><br>**Extra Credit (1 pt.)**<br>Regularly assess perceived & internalized opioid related stigma & knowledge of OUD treatment in providers and staff | Trains appropriate providers and staff on, some combination of, the **medical model of addiction, harm reduction principles, motivational interviewing and how to provide trauma informed care** to normalize opioid use disorder & treatment (e.g. M&M, lunch and learns, CME requirements, RN annual competencies, etc. | Your hospital is **actively monitoring & developing strategies to reduce provider/staff stigma toward opioid addiction** e.g. provider prescribing patterns, number of patients identified with OUD, etc.<br><br>Provides **targeted follow up and support to providers and staff based on performance**<br><br>**Extra Credit (1 pt.)**<br>For one **measure** what is the % improvement over a rolling 12-month period?<br><br>Please include measure name, numerator/ denominator, date range, & goal. | | Selection of relevant web-based trainings (Harm Reduction Coalition)<br><br>Clinical Opioid Withdrawal Score (Project SHOUT)<br><br>Trauma Informed Care: Overview (SAMHSA)<br><br>A New Brief Opioid Stigma Scale to Assess Perceived Public Attitudes and Internalized Stigma: Evidence for Construct Validity (J Subst Abuse Treat) |
| | *Briefly describe the steps your hospital has taken to support appropriate providers & staff in providing evidence-based, compassionate care for patients with OUD or at risk.* | | | | | |

| Cross Cutting Opioid Management Best Practices | | | | | | |
|---|---|---|---|---|---|---|
| **Measure** | **Level 1 (1 pt.)**<br>*Basic management* | **Level 2 (2 pts.)**<br>*Hospital wide standards* | **Level 3 (3 pts.)**<br>*Integration & innovation* | **Level 4 (4 pts.)**<br>*Practice Improvement* | **Score** | **Foundational Resources**<br>*(full resource library here)* |
| **Patient and family engagement**<br><br>**Actively engage** 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 **all patients, families and friends in at least two service lines** (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 **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, set pain expectations, risk associated with opioid use, etc.) | Provides opportunities for **patients and families to engage** in hospital wide opioid management activities (Patient Family Advisory Council, peer navigator, program design, etc.) | Your hospital is **actively monitoring & developing strategies to improve patient & family engagement on opioid care** e.g. MME/patient, # MAT starts, # naloxone kits distributed w/ education, # of patients involved in QI/year, etc.<br><br>**Extra Credit (1 pt.)**<br>For one **measure** what is the % improvement over a rolling 12-month period?<br><br>Please include measure name, numerator/ denominator, date range, & goal. | | 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) |
| | *Briefly describe the steps your hospital has taken to actively engage patients and families in opioid stewardship strategies.* | | | | | |
| | | | | **TOTAL** *(out of 43 points)* | | |

REGISTER NOW!

# Opioid Care Honor Roll Program

# 2020 Webinar series

To address California's opioid epidemic and accelerate hospital progress to reduce opioid related deaths Cal Hospital Compare 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, which will be based on a combination of baseline data from the 2019 pilot year and current submission cycle.

**The 2020 self-assessment period starts June 22, 2020 and closes October 9, 2020.**

**To help accelerate implementation of opioid care best practices and to support all California adult, acute care hospitals achieve the Opioid Care Honor Roll, Cal Hospital Compare is excited to announce its 2020 webinar series. This 5-part webinar series brings together subject matter experts and representatives from peer hospitals that have successfully deployed best practices.**

All webinars are scheduled from 10 to 11am PST. The webinars are designed for Chief Medical Officers, Chief Nursing Officers, Chief Quality Officers, Quality and Emergency Department leadership, and other individuals involved in opioid stewardship. Please note revised webinar schedule. Registration links below.

- **How to capture & keep attention on the CA opioid epidemic:** engaging care teams, staff, patients & families in change (Jun 23)
- **Harm reduction strategies:** a multi-pronged approach to reducing opioid related deaths (Jul 14)
- **Leveraging community partners:** a team-based approach to opioid care (Aug 12)
- **Cutting edge strategies in opioid care:** innovative approaches in CA hospitals (Sept 10)
- **Office hours:** 2020 Opioid Safe Hospital Self-Assessment Q&A (Sept 22 & Oct 6, 30 min ea.)

**Stay tuned for webinar speaker details, results and lessons learned from the 2019 pilot year.**

**To learn more about the Opioid Care Honor Roll Program, access the Opioid Management Hospital Self-Assessment, online resource library, & up to date information on the 2020 webinar series check out the Cal Hospital Compare website here.**

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

*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. In effort to accelerate improvement and recognize high performance by California hospitals, CHC publishes an annual Patient Safety, Maternity, and Opioid Care Honor Roll.*

**Last Updated:** June 14, 2020