

2023 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.

To address California's opioid epidemic and accelerate hospital progress to reduce opioid related deaths, CHC publishes an annual Opioid Care Honor Roll to support continued quality improvement and recognize hospitals for their contributions fighting the epidemic. Since 2019, CHC has used the *Opioid Management Hospital Self-Assessment* to assess performance and progress across the following 4 domains of care:

1. Safe & effective opioid use
2. Identifying and treating patients with Opioid Use Disorder
3. Overdose prevention
4. Applying cross-cutting opioid management best practices

Instructions: We invite all adult and pediatric acute care hospitals to apply. 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 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 and to access resources to support your quality improvement journey, including our measurement guide and resource library, check out the Cal Hospital Compare website [here](#).

2023 Opioid Care Honor Roll Program

Performance period: April 2022 – March 2023

Assessment period: January 1, 2023 – March 31, 2023

Stay tuned for information on how to submit your 2023 Opioid Management Hospital Self-Assessment results!

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

2023 OPIOID MANAGEMENT HOSPITAL SELF-ASSESSMENT

Safe & Effective Opioid Use						
Measure	Level 0 (0 pt.) <i>Getting started</i>	Level 1 (1 pt.) <i>Basic management</i>	Level 2 (2 pts.) <i>Hospital wide standards</i>	Level 3 (3 pts.) <i>Integration & innovation</i>	Level 4 (4 pts.) <i>Practice Improvement</i>	Level 5 (5 pts.) <i>Sustainability</i>
<p>Appropriate Opioid Discharge Prescribing Guidelines</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"> • Opioid use history (e.g., naïve versus tolerant) • Pain history • Behavioral health conditions • Current medications; prescribed and illicit • Provider, patients, and family set expectations regarding pain management • Limit benzodiazepine and opioid co-prescribing • For opioid naïve patients: <ul style="list-style-type: none"> ○ Limit initial prescription (e.g., <5 days) ○ Use immediate release vs. long acting • For patients on opioids for chronic pain: <ul style="list-style-type: none"> ○ For acute pain, prescribe short acting opioids sparingly ○ Avoid providing opioid prescriptions for patients receiving medications from another provider 	<p>Developed and implemented evidence-based opioid discharge prescribing guidelines in 1 service line, the Emergency Department OR 1 Inpatient Unit (e.g., Burn Care, General Medicine, Behavioral Health, OB, Cardiology, etc.)</p>	<p>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.)</p>	<p>Developed and implemented hospital wide opioid discharge prescribing guidelines; these guidelines may be department specific</p>	<p>Developed and implemented evidence-based opioid discharge prescribing guidelines for surgical patients in at least one surgical specialty as part of an Enhanced Recovery After Surgery (ERAS) program</p>	<p>Your hospital is actively measuring and developing strategies to improve appropriate opioid prescribing at discharge</p>	<p>Hospital has achieved its performance target on related key performance indicators, with sustained performance over a 12-month period</p> <p>Hospital continues to monitor performance but implementing appropriate opioid discharge prescribing is no longer an active QI initiative</p> <p>Great job!</p>

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Safe & Effective Opioid Use						
Measure	Level 0 (0 pt.) <i>Getting started</i>	Level 1 (1 pt.) <i>Basic management</i>	Level 2 (2 pts.) <i>Hospital wide standards</i>	Level 3 (3 pts.) <i>Integration & innovation</i>	Level 4 (4 pts.) <i>Practice Improvement</i>	Level 5 (5 pts.) <i>Sustainability</i>
<p>Alternatives to Opioids for Pain Management</p> <p>Use an evidence based, multi-modal, non-opioid approach to analgesia for patients with acute and chronic pain.</p> <p>Guidelines should address the following:</p> <ul style="list-style-type: none"> Utilize non-opioid approaches as first line therapy for pain while recognizing it is not the solution to all pain Provide pharmacologic alternatives (e.g., NSAIDs, Tylenol, Toradol, Lidocaine patches, muscle relaxant medication, Ketamine, medications for neuropathic pain, nerve blocks, etc.) Offer 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.) Provide care guidelines for common acute diagnoses e.g., pain associated with headache, lumbar radiculopathy, musculoskeletal pain, renal colic, and fracture/dislocation (ALTO Protocol) Opioid use history (e.g., naïve versus tolerant) 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) 	<p>Your hospital does not have a standardized approach to providing alternatives to opioids for pain management</p>	<p>Developed and implemented a non-opioid analgesic multi-modal pain management guidelines in the Emergency Department OR 1 Inpatient Unit (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 Emergency Department AND 1 Inpatient Unit (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 supportive pathways that promote a team-based approach to identifying opioid alternatives (e.g., integrated pharmacy, physical therapy, family medicine, psychiatry, pain management, shared decision making with patient and family, etc.)</p> <p>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.)</p>	<p>Your hospital is actively measuring and developing strategies to improve use of opioid alternatives for pain management</p>	<p>Hospital has achieved its performance target on related key performance indicators, with sustained performance over a 12-month period</p> <p>Hospital continues to monitor performance but implementing strategies to ensure alternatives to opioids for pain management are provided is no longer an active QI initiative</p> <p>Great job!</p>

2023 OPIOID MANAGEMENT HOSPITAL SELF-ASSESSMENT

Identification and Treatment						
Measure	Level 0 (0 pt.) <i>Getting started</i>	Level 1 (1 pt.) <i>Basic management</i>	Level 2 (2 pts.) <i>Hospital wide standards</i>	Level 3 (3 pts.) <i>Integration & innovation</i>	Level 4 (4 pts.) <i>Practice Improvement</i>	Level 5 (5 pts.) <i>Sustainability</i>
<p>Medication Assisted Treatment (MAT)</p> <p>Provide MAT for patients (adults and <u>youth</u>) identified as having 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"> Identifying patients eligible for MAT, on MAT, and/or in opioid withdrawal Treatment is accessible in the emergency department, and in all other hospital departments Treatment is provided rapidly (same day) and efficiently in response to patient needs Human interactions that build trust are integral to treatment <p>*Suggested guidelines on how to universally offer MAT to all patients:</p> <ul style="list-style-type: none"> Do <u>not</u> screen patients for OUD Do <u>not</u> ask patients if they are interested in MAT services; this may be time consuming for providers and stigmatizing for patients <u>Do</u> promote MAT services using signage in waiting and exam rooms, badge flare, and patient forms <u>Do</u> let patients know that their site offers MAT during the exam so that patients can choose to disclose whether and when they need support 	<p>Methadone and buprenorphine on hospital formulary</p>	<p>MAT is offered, initiated, and continued for those already on MAT in at least 1 service line (ED, Burn Care, General Medicine, General Surgery, Behavioral Health, OB, Cardiology, etc.)</p> <p>Hospital provides support to care teams in understanding risk, benefits, and evidence of buprenorphine in MAT for adults and <u>youth</u></p>	<p>MAT is offered, initiated, and continued for those already on MAT in at least 2 service lines (ED, Burn Care, General Medicine, General Surgery, Behavioral Health, OB, Cardiology, etc.)</p> <p>Hospital provides support to care teams in understanding risk, benefits, and evidence of buprenorphine in MAT for adults and <u>youth</u></p>	<p>MAT is universally offered* to all patients (adults and <u>youth</u>) presenting to the hospital</p> <p>One or more hospital staff has the time and skills to engage with patients (adults and <u>youth</u>) on a human level, motivating them to engage in treatment (e.g., a hospital employee embedded within either an ED 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, Peer Mentor, Chaplain, etc.)</p>	<p>Your hospital is actively measuring and developing strategies to improve access to MAT</p>	<p>Hospital has achieved its performance target on related key performance indicators, with sustained performance over a 12-month period</p> <p>Hospital continues to monitor performance but MAT is no longer an active QI initiative</p> <p>Great job!</p>

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Identification & Treatment						
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<p>Timely follow up care</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 X-waiver to prescribe buprenorphine at discharge under the Drug Addiction Treatment Act of 2000 (DATA 2000). As of 2021 for providers treating ≤30 patients the X-waiver education requirement is waived.</p> <p>If hospital <u>does not</u> have X-waivered providers:</p> <ul style="list-style-type: none"> Providers may 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 <p>If hospital <u>has</u> X-waivered providers:</p> <ul style="list-style-type: none"> Prescribe sufficient buprenorphine until patient's follow up appointment with community provider <p>*Practitioners= MDs, physician extenders, Clinical Nurse Specialists, Certified Registered Nurse Anesthetists, and Certified Nurse Midwives (see SUPPORT Act for details)</p>	<p>Hospital identifies X-waivered providers within the hospital and/or within the community</p> <p>Provides list of community-based resources for follow up care to patients, family, caregivers, and friends (e.g., primary care, outpatient clinics, outpatient treatment programs, telehealth treatment providers, mental health providers, etc.)</p>	<p>Hospital provides support to practitioners* in the ED and IP units to obtain X-waiver (e.g., provides education on changes to x-waiver education requirement, supports application process, education on how to use buprenorphine, hospital's process for providing MAT, etc.)</p> <p>Hospital is actively building relationships and coordinating with post-acute services to support care transitions</p>	<p>Hospital has an agreement in place with at least one community provider to provide timely follow up care</p>	<p>Actively refer and/or schedule MAT and OUD patients with a community provider for ongoing treatment (e.g., primary care, outpatient clinic, outpatient treatment program, telehealth treatment provider, mental health provider, etc.)</p>	<p>Your hospital is actively measuring and developing strategies to improve patient access to timely follow up care</p>	<p>Hospital has achieved its performance target on related key performance indicators, with sustained performance over a 12-month period</p> <p>Hospital continues to monitor performance but implementing strategies to ensure timely follow up care is no longer an active QI initiative</p> <p>Great job!</p>

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Overdose prevention						
Measure	Level 0 (0 pt.) <i>Getting started</i>	Level 1 (1 pt.) <i>Basic management</i>	Level 2 (2 pts.) <i>Hospital wide standards</i>	Level 3 (3 pts.) <i>Integration & innovation</i>	Level 4 (4 pts.) <i>Practice Improvement</i>	Level 5 (5 pts.) <i>Sustainability</i>
Naloxone education and distribution program Provide naloxone prescriptions and education to all patients, families, caregivers, and friends discharged with an opioid prescription and/or at risk of overdose. *Staff include 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	Hospital does not engage in overdose prevention strategies	Identify overdose prevention & other harm reduction resources within hospital, health system, and community (e.g., community access points, low/no-cost options, community pharmacies with naloxone on hand, community coalitions, safe injection sites, safe opioid disposal sites, community access points for fentanyl test strips, etc.)	Standard workflow for MDs and physician extenders in place for providing 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., naloxone incorporated into a standard order set for appropriate opioid prescriptions, and/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 Project ; this should be an ED led process in collaboration with pharmacy (see CA BRIDGE Guide to Naloxone Distribution for details)	Your hospital is actively measuring and developing strategies to improve access to naloxone & other harm reduction services	Hospital has achieved its performance target on related key performance indicators, with sustained performance over a 12-month period Hospital continues to monitor performance but providing free naloxone kits to patients and families is no longer an active QI initiative Great job!
Extra credit (1 pt.) Your hospital provides patients and families one or more of the following harm reduction services: access to low cost or no cost fentanyl test strips and safe injection kits, and information on how to properly store and dispose of opioid medications						

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Cross Cutting Opioid Management Best Practices						
Measure	Level 0 (0 pt.) <i>Getting started</i>	Level 1 (1 pt.) <i>Basic management</i>	Level 2 (2 pts.) <i>Hospital wide standards</i>	Level 3 (3 pts.) <i>Integration & innovation</i>	Level 4 (4 pts.) <i>Practice Improvement</i>	Level 5 (5 pts.) <i>Sustainability</i>
Organizational Infrastructure Opioid stewardship is a strategic priority with multi-stakeholder buy in and programmatic support to drive continued/sustained improvements in appropriate opioid use and treatment (e.g., executive leadership, Pharmacy, Emergency Department, Inpatient Units, General Surgery, Information Technology, etc.)	Opioid stewardship is not a quality improvement priority	Multi-stakeholder team identified opioid stewardship as a strategic priority and set improvement goals in one or more of the following areas: safe and effective opioid use, identifying and treating patients with OUD, overdose prevention, applying cross-cutting opioid management best practices (e.g., opioid stewardship committee, medication safety committee, a dedicated quality improvement team, subcommittee of the Board, etc.) Executive sponsor/project champion identified	Communicated program, purpose, goal, key performance indicators, and progress to goal to appropriate staff (e.g., a dashboard, all staff meeting, annual competencies, etc.) Opioid stewardship is included in strategic plan Hospital/health system leadership plays an active role in reviewing data, advising and/or designing initiatives to address gaps	Hospital participates in local opioid coalition or learning collaborative Hospital has an accurate and automated process to collect data on appropriate PDMP utilization and safe use of opioids (eCQM)	Hospital is actively measuring and developing strategies that support opioid stewardship as an organizational priority Hospital benchmarks performance against publicly available data such as the California Overdose Surveillance Dashboard , Healthy Places Index , Opioid Care Honor Roll results , Bridge Navigator Program metrics , etc.	Hospital has achieved its performance target on related key performance indicators, with sustained performance over a 12-month period Hospital continues to monitor performance but enhancing organizational infrastructure is no longer an active QI initiative Great job!

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Cross Cutting Opioid Management Best Practices						
Measure	Level 0 (0 pt.) <i>Getting started</i>	Level 1 (1 pt.) <i>Basic management</i>	Level 2 (2 pts.) <i>Hospital wide standards</i>	Level 3 (3 pts.) <i>Integration & innovation</i>	Level 4 (4 pts.) <i>Practice Improvement</i>	Level 5 (5 pts.) <i>Sustainability</i>
Address stigma with physicians and staff Hospital culture is welcoming and does not stigmatize substance misuse. Hospital actively addresses stigma, including but not limited to, through the education and promotion of the medical model of addiction, trauma informed care, motivational interviewing, and by offering harm reduction services across all departments to facilitate disease recognition, greater access to patient partnerships, and the use of non-stigmatizing language/behaviors (e.g., words matter).	Hospital does not address stigma with physicians and staff	Provides passive, general education on hospital opioid prescribing guidelines in at least 2 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., MME flag for providers, 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.)	Trains appropriate providers and staff on, some combination of, the medical model of addiction, harm reduction principles, motivational interviewing and trauma informed care to normalize OUD and treatment (e.g., stigma reduction training, M&M, lunch and learns, CME requirements, RN annual competencies, etc.) Regularly assesses stigma among providers and staff (e.g., audit of existing materials for stigmatizing language including medical records and patient forms, annual survey , focus groups, focused leader rounding, etc.)	Your hospital is actively measuring and developing strategies to addresses physician and staff stigma towards OUD patients	Hospital has achieved its performance target on related key performance indicators, with sustained performance over a 12-month period Hospital continues to monitor performance but addressing stigma is no longer an active QI initiative Great job!

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Cross Cutting Opioid Management Best Practices						
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Patient and family engagement Actively engage patients, families, and friends in appropriately using opioids for pain management (opioid prescribing, treatment, and overdose prevention via naloxone, harm reduction services provided by the hospital and within the community, risk associated with illicit fentanyl use, hospital quality improvement initiatives, etc.)	Patients and families are not actively engaged in OUD prevention/treatment, and/or quality improvement initiatives	Provides general education to all patients, families, and friends in at least 2 service lines (e.g., ED, Burn Care, General Medicine, Behavioral Health, OB, Cardiology, Surgery, etc.) regarding opioid risk including risk associated with illicit fentanyl, alternatives, and overdose prevention strategies (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 pain management strategies on website or portal, etc.)	Provides focused education to opioid naïve and opioid tolerant patients via conversations with care providers (e.g., MAT options, opioid risk and alternatives, naloxone use, etc.) Patients are part of a shared decision-making process for acute and/or chronic pain management (e.g., establish realistic pain trajectory and pain management plan with a special focus on managing pain associated with common procedures such as c-sections and hip/knee, risk and side effects associated with opioid use, etc.)	Provides opportunities for patients and families to engage in hospital wide opioid management activities (Patient Family Advisory Council, Youth Advisory Council, volunteer or paid peer navigator positions, program design, etc.)	Your hospital is actively measuring and developing strategies to improve patient and family engagement Measurement includes patient experience and/or patient reported outcomes (e.g., patient states that they were given education on the risk/benefits associated with long term opioid use, treatment options, etc.)	Hospital has achieved its performance target on related key performance indicators, with sustained performance over a 12-month period Hospital continues to monitor performance but addressing stigma is no longer an active QI initiative Great job!

Additional hospital information:

Open ended responses:

1. Briefly describe the steps your hospital has taken to improve opioid stewardship across the 4 domains assessed in the 2023 Opioid Management Hospital Self-Assessment.
2. What would you like to learn more about in 2024 that would help you to close a gap in your work?
3. What else do you want us to know?

Optional responses: This data will help us to understand and align future iterations of the *Opioid Management Hospital Self-Assessment* and program resources with the work that you are doing. For the most recent 12 months we invite you to share the following metrics:

1. Number of OUD related ED visits / total ED volume
2. Number of OUD related inpatient admissions / total inpatient admissions
3. Number of naloxone doses prescribed, dispensed, and/or distributed

Other:

1. Is your hospital part of a hospital system? If yes, what is the name of the hospital system?
2. Select YES to opt IN sharing your assessment results and open-ended responses with others in the program for the purposes of spreading bright spots and lessons learned. If yes, please let us know if you would like us to include your contact information so that others in the program can reach out to learn more. Your responses and contact information will be visible only to others in the program.
3. Select YES to opt IN data sharing with our improvement partners, CA Bridge, and the Health Services Advisory Group.

2023 Opioid Management Hospital Self-Assessment Results:

Measures	Score
Safe & effective opioid use	
Appropriate opioid discharge prescribing guidelines	
Alternatives to opioids for pain management	
Identification & treatment	
Medication Assisted Treatment (MAT)	
Timely follow-up care	
Overdose prevention	
Naloxone education and distribution program	
Cross cutting opioid management best practices	
Organizational infrastructure	
Address stigma with physicians and staff	
Patient and family engagement	
"Hon-rolled" a friend <i>Share the Opioid Care Honor Roll opportunity with another hospital that has not yet participated in our program. If they apply for the 2023 Opioid Care Honor Roll you both get 1 additional point.</i>	Provide hospital name(s)
Total score (out of 42 points)	