2024 OPIOID MANAGEMENT HOSPITAL SELF-ASSESSMENT

Background: To address California's ongoing opioid epidemic, accelerate care redesign in service of reducing opioid related deaths, and recognize hospitals for their performance Cal Hospital Compare (CHC) launched the Opioid Care Honor Roll Program in 2019. All California, adult and pediatric, acute care hospitals are eligible to participate in this program. At its core, the Opioid Care Honor Roll is a vehicle to celebrate hospitals for their innovative efforts meeting the changing needs of their community and patients. Whether it is thru opioid stewardship or opioid optimization, medication assisted treatment or medications for opioid use disorder program, the Opioid Care Honor Roll recognizes, honors, and elevates the various strategies our hospitals have taken to address the opioid epidemic.

CHC uses 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. Harm reduction
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.

2024 Opioid Care Honor Roll Program

Performance period: April 2023 – March 2024

Assessment period: January 1, 2024 – March 31, 2024

Submit your responses from this assessment on the form here: https://calhospitalcompare.org/programs/opioid-care-honor-roll/

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

Safe & Effective Opioid Use						
Measure	**Level 0 (0 pt.)** *Getting started*	**Level 1 (1 pt.)** *Basic management*	**Level 2 (2 pts.)** *Hospital wide standards*	**Level 3 (3 pts.)** *Innovation*	**Level 4 (4 pts.)** *Practice Improvement*	**Level 5 (5 pts.)** *Integration*

Appropriate Opioid Discharge Prescribing Guidelines
 	
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.
 	
Service line prescribing guidelines should address the following:
• 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:
  ○ Limit initial prescription (e.g., <5 days)
  ○ Use immediate release vs. long acting
• For patients on opioids for chronic pain:
  ○ For acute pain, prescribe short acting opioids sparingly
  ○ Avoid providing opioid prescriptions for patients receiving medications from another provider
	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.)	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; these guidelines may be department specific	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	Your hospital is actively **measuring and developing strategies to improve** appropriate opioid prescribing at discharge	Appropriate opioid prescribing is **embedded** into clinical and operational workflows (e.g., the same attention is put on managing opioid prescribing as all other controlled substances, sustained performance on key performance indicators over a 12-month period, hospital continues to monitor performance, but this is not a standalone QI initiative)
						
						Great job!

Safe & Effective Opioid Use						
Measure	**Level 0 (0 pt.)** *Getting started*	**Level 1 (1 pt.)** *Basic management*	**Level 2 (2 pts.)** *Hospital wide standards*	**Level 3 (3 pts.)** *Innovation*	**Level 4 (4 pts.)** *Practice Improvement*	**Level 5 (5 pts.)** *Integration*
Alternatives to Opioids for Pain Management Use an evidence based, multi-modal, non-opioid approach to analgesia for patients with acute and chronic pain. Guidelines should address the following: • 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)	Your hospital **does not** have a standardized approach to providing alternatives to opioids for pain management	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.)	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.) Hospital offers at least at least **1 non-pharmacologic alternative** for pain management	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.) **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.)	Your hospital is actively **measuring and developing strategies to improve** use of opioid alternatives for pain management	The consistent use of alternatives to opioids for pain management is **embedded** into clinical and operational workflows (e.g., patients actively ask for alternatives to opioids for pain, multi-modal pain management strategies are the go-to for providers, sustained performance on key performance indicators over a 12-month period, hospital continues to monitor performance, but this is not a standalone QI initiative) **Great job!**

Identification and Treatment						
Measure	**Level 0 (0 pt.)** *Getting started*	**Level 1 (1 pt.)** *Basic management*	**Level 2 (2 pts.)** *Hospital wide standards*	**Level 3 (3 pts.)** *Innovation*	**Level 4 (4 pts.)** *Practice Improvement*	**Level 5 (5 pts.)** *Integration*
Medication Assisted Treatment (MAT) or Medications for Opioid Use Disorder (MOUD) Provide MAT for patients (adults and youth) identified as having OUD, or in withdrawal, and continue MAT for patients in active treatment. Components of a MAT program should include: • 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 *Guidelines on how to universally offer MAT • Do not screen select patients for OUD; quick screen of all patients is appropriate • Do not ask patients if they are interested in MAT services rather do let patients know that your site offers MAT during the exam so that patients can choose to disclose whether and when they need support • Do promote MAT services using signage in waiting and exam rooms, badge flare, and patient forms	Methadone and buprenorphine on hospital **formulary**	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.) Hospital **provides support to care teams** in understanding **risk, benefits, and evidence of buprenorphine** in MAT for adults and youth	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.) Hospital **provides support to care teams** in understanding **risk, benefits, and evidence of buprenorphine** in MAT for adults and youth	MAT is **universally offered*** to all patients (adults and youth) presenting to the hospital One or more **hospital staff** has the time and skills to **engage with patients** (adults and youth) 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.)	Your hospital is actively **measuring and developing strategies to improve** access to MAT	MAT is **embedded** into clinical and operational workflows (e.g., substance use navigation is a core service, buprenorphine is a treatment option like insulin, or warfarin, sustained performance on key performance indicators over a 12-month period, hospital continues to monitor performance, but this is not a standalone QI initiative) **Great job!**

Identification & Treatment						
Measure	**Level 0 (0 pt.)** *Getting started*	**Level 1 (1 pt.)** *Basic management*	**Level 2 (2 pts.)** *Hospital wide standards*	**Level 3 (3 pts.)** *Innovation*	**Level 4 (4 pts.)** *Practice Improvement*	**Level 5 (5 pts.)** *Integration*
Timely follow up care Hospital actively coordinates follow up care for patients initiating MAT within 72 hours, either in the hospital or outpatient setting.	Hospital identifies providers within the hospital and/or within the community that **routinely** prescribe buprenorphine 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.)	Hospital provides **support to practitioners in the ED and IP units with buprenorphine. prescribing** (e.g., provides updates on changes to x-waiver & DEA licensure process, provides education on how to prescribe buprenorphine in special populations, hospital's process for providing MAT, etc.) Hospital is actively **building relationships and coordinating with outpatient, and long term care services to enhance care transitions**	Hospital has an agreement in place with **at least one community provider to provide timely follow up care**	**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.) **Hospital actively partners with primary care and specialty clinics affiliated with the hospitals on** coordinating ongoing care and pain management in accordance with hospital policies	Your hospital is actively **measuring and developing strategies to improve** patient access to timely follow up care	Providing timely follow up care for MAT patients is **embedded** into clinical and operational workflows (e.g., care transitions for MAT patients are prioritized in the same way as all other high needs patients requiring timely follow up care, sustained performance on key performance indicators over a 12-month period, hospital continues to monitor performance, but this is not a standalone QI initiative) **Great job!**

Harm Reduction						
Measure	**Level 0 (0 pt.)** *Getting started*	**Level 1 (1 pt.)** *Basic management*	**Level 2 (2 pts.)** *Hospital wide standards*	**Level 3 (3 pts.)** *Innovation*	**Level 4 (4 pts.)** *Practice Improvement*	**Level 5 (5 pts.)** *Integration*
Hospital practices harm reduction informed care Hospitals meet patients where they are by practicing harm reduction (HR) informed care. In addition, hospitals provide patients and families access to no cost/low-cost HR services or supplies to lessen harms associated with drug use and related behaviors that increase the risk of infectious diseases, including HIV, viral hepatitis, and bacterial and fungal infections. HR principles: patients feel heard and take the lead in their care, care is tailored to patient's capacity and capability, patients understand the risk and benefits of their behaviors and all available treatment options. HR services/supplies may include one or more of the following: • Overdose reversal education and training services • Substance use navigation • Free naloxone via California Naloxone Distribution Project; we recommend this be an ED led process in collaboration with pharmacy (see Guide to Naloxone Distribution for details) • Fentanyl test strips • Safe injection kits and or information on where to access • Information on how/where to dispose of opioids	Hospital **does not practice HR reduction informed care** and does not provide HR services or supplies	**Educate providers and staff on HR principles**, your hospital's approach to HR, hospital-based HR services/supplies, and where patients can access HR services/supplies in the community. Education can be embedded in annual competencies, lunch and learns, CME opportunities, etc.)	**Creates a welcome and comfortable physical space for patients to receive stigma-free care** (e.g., ensure signage does not include stigmatizing language, providers and staff avoid using stigmatizing language, information on treatment and community services is readily available, any screening for substance misuse is provided appropriately and without judgement, etc.)	**Standing order** in place allowing providers and staff to provide HR supplies and services at no or low cost to all patients and families while in the healthcare setting (e.g., naloxone is co-prescribed with long term opioid prescriptions, patients are actively referred to low or no cost HR distribution centers, naloxone vending machine in place, providers/staff hand out free naloxone as needed, free access to fentanyl test strips, education provided on how to use harm reduction supplies, etc.)	Your hospital is actively **measuring and developing strategies to foster a HR culture and increase access** to HR services/supplies	Practicing HR informed care is **embedded** into clinical and operational workflows (e.g., HR informed care extends beyond patients with substance misuse, sustained performance on key performance indicators over a 12-month period, hospital continues to monitor performance, but this is not a standalone QI initiative) **Great job!**

Cross Cutting Opioid Management Best Practices						
Measure	**Level 0 (0 pt.)** *Getting started*	**Level 1 (1 pt.)** *Basic management*	**Level 2 (2 pts.)** *Hospital wide standards*	**Level 3 (3 pts.)** *Innovation*	**Level 4 (4 pts.)** *Practice Improvement*	**Level 5 (5 pts.)** *Integration*
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, governance committees, 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, harm reduction, 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 and governance plays an active role** in reviewing data, advising and/or designing initiatives to address gaps	Actively **engages and spreads opioid stewardship best practices to primary and specialty care clinics** affiliated with the hospital Hospital participates in **local opioid coalition, learning collaborative** or other forum to coordinate efforts with outpatient providers and services, law enforcement, school systems, etc. 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.	Opioid stewardship is **embedded** into clinical and operational workflows (e.g., opioid stewardship is standing agenda item at meetings, dedicated resources and people, resources are not grant dependent, sustained performance on key performance indicators over a 12-month period, hospital continues to monitor performance, but this is not a standalone QI initiative) **Great job!**

Cross Cutting Opioid Management Best Practices						
Measure	**Level 0 (0 pt.)** *Getting started*	**Level 1 (1 pt.)** *Basic management*	**Level 2 (2 pts.)** *Hospital wide standards*	**Level 3 (3 pts.)** *Innovation*	**Level 4 (4 pts.)** *Practice Improvement*	**Level 5 (5 pts.)** *Integration*
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 harm reduction 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.) **Elevates** any providers and staff with training as program champions, peer to peer trainers, coaches, etc.	Your hospital is actively **measuring and developing strategies** to addresses physician and staff stigma towards OUD patients **Regularly assesses stigma** among providers and staff (e.g., audit of existing materials for stigmatizing language including signage and medical records, annual survey, focus groups, focused leader rounding, etc.)	Opioid stewardship program is **embedded** into clinical and operational workflows (e.g., hospital addresses stigma with physicians and staff across multiple diagnoses, organization hires individuals with lived experience, performance on key performance indicators over a 12-month period, hospital continues to monitor performance, but this is not a standalone QI initiative) **Great job!**

Cross Cutting Opioid Management Best Practices						
Measure	**Level 0 (0 pt.)** *Getting started*	**Level 1 (1 pt.)** *Basic management*	**Level 2 (2 pts.)** *Hospital wide standards*	**Level 3 (3 pts.)** *Innovation*	**Level 4 (4 pts.)** *Practice Improvement*	**Level 5 (5 pts.)** *Integration*
Patient and family engagement **Actively empower, educate, and 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, harm reduction services/supplies (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 and share stories to accelerate the adoption of HR informed care (Patient Family Advisory Council, Youth Advisory Council, HR training, 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.)	Patient and family engagement is **embedded** into clinical and operational workflows, from the bedside to the boardroom (e.g., patients tell us they feel safe and heard, hospital continues to grow relationship with its patients, actively seeking feedback from patients, sustained performance on key performance indicators over a 12-month period, hospital continues to monitor performance, but this is not a standalone 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 2024 Opioid Management Hospital Self-Assessment.
2. What would you like to learn more about that would help you to close a gap in your work?
3. What else do you want us to know?

Other:

1. 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.
2. Select YES to opt IN data sharing with our improvement partners, CA Bridge, and the Health Services Advisory Group.

2024 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	
Harm Reduction	
Hospital practices harm reduction informed care	
Cross cutting opioid management best practices	
Organizational infrastructure	
Address stigma with physicians and staff	
Patient and family engagement	
"Hon-rolled" a friend *Share the Opioid Care Honor Roll opportunity with another hospital that has not yet participated in our program. If they apply for the 2024 Opioid Care Honor Roll you both get 1 additional point.*	Provide hospital name(s)
Total score *(out of 41 points)*	