Healthcare Organizations Leading SUD Care - Hospital Self-Assessment

Background: Healthcare organizations across California are constantly collaborating and innovating to care for individuals with Substance Use Disorder (SUD). During the 2026 assessment period, we encourage hospital teams to continue to hardwire their work around opioid use disorder (OUD), weave in clinical protocols and workflows to provide care and treatment for opioid and alcohol misuse, and lay the groundwork for a fully comprehensive SUD care program that considers the unique needs of the patients you serve.

All California, adult and pediatric, acute care hospitals are eligible to participate in this program. At its core, the Healthcare Organizations Leading SUD Care Honor Roll Program is a vehicle to celebrate hospitals and their partners for their innovative efforts to address SUD in their communities.

CHC uses the *SUD Care Hospital Self-Assessment* to assess performance and progress across the following 4 domains of care:

1. Safe and effective opioid use
2. Recognizing and treating patients with SUD
3. Harm reduction strategies
4. Applying cross-cutting management best practices for SUD care

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. Extra credit points are available at all levels, they are just listed in the level these activities are most likely to occur. Each extra credit opportunity is equal to one additional point. CHC recommends each hospital convene a multi-stakeholder team to complete the *SUD Care 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 Healthcare Organizations Leading SUD 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.

Key Dates:

Performance period: July 2025 – June 2026

Assessment period: July 1, 2026 – July 31, 2026

Stay tuned for information on how to submit your 2026 self-assessment results!

Questions? Contact the Cal Hospital Compare team at calcompare@convergencehealth.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:
• History: opioid naïve vs tolerant, pain level, mental health, current medications - prescribed and illicit
• Provider, patient, and family functional expectations post-discharge
• Adverse medication interactions (e.g. benzodiazepine and opioids)
• For opioid naïve patients:
  ○ Limit initial prescription (e.g., <5 days)
  ○ Use immediate release vs. long acting
  ○ For longer term prescriptions, naloxone is co-prescribed
• 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 discharge prescribing guidelines in **1 service line**, the Emergency Department **OR** 1 Inpatient Unit (e.g., Burn Care, Labor & Delivery, General Medicine, Behavioral Health, Cardiology, etc.)	Developed and implemented evidence-based discharge prescribing guidelines across **2 service lines**, the Emergency Department **AND** 1 Inpatient Unit (e.g., Burn Care, Labor & Delivery, General Medicine, Behavioral Health, Cardiology, etc.)
		
		Extra Credit: Discharge prescribing guidelines in place for 1 or more other commonly abused prescription drugs
			Developed and implemented **hospital wide** discharge prescribing guidelines; these guidelines may be department specific	Developed and implemented evidence-based discharge prescribing **guidelines for surgical patients in at least one surgical specialty** as part of an Enhanced Recovery After Surgery (ERAS) program
				
				Developed and implemented a process to **support substance exposed birthing persons and newborns** (example – DHCS's Plan of Safe Care, CMQCC's Mother and Baby Substance Exposure Toolkit)
					Your hospital has seen **measurable improvement from baseline for** one or more related measures over the past 12 months because of active process improvement; including PDMP utilization and safe use of opioids eCQM
					
					Extra Credit: For the Safe Use of Opioids eCQM, your hospital meets or exceeds the CA average of 14%; lower is better
						Appropriate 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, 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, Labor & Delivery, General Medicine, General Surgery, Behavioral Health, 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, Labor & Delivery, General Medicine, General Surgery, Behavioral Health, Cardiology, etc.) Hospital offers 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 has seen **measurable improvement from baseline for** one or more related measures over the past 12 months because of active process improvement Your hospital uses its processes and data to show how this work meets or exceeds the Joint Commission's Pain Assessment and Management Standards	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!**

Recognition 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*
Medications for Addiction Treatment Offer on-demand MAT and continue MAT for patients in active treatment. Components of a MAT program should include: • Treatment is accessible in the emergency department, and in all other hospital departments for opioids, alcohol, tobacco, and other commonly misused substances, for adults and youth • 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 ask patients if they are interested in MAT services rather 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 the availability of on-demand MAT services using signage in triage, waiting, and exam rooms, badge flares, patient forms, etc.	Medications for SUD treatment are on hospital **formulary**; this include but are not limited to buprenorphine, naltrexone, gabapentin, methadone, etc. Opioid and alcohol **withdrawal protocols** in place	Offer on-demand MAT for OUD in all areas of the emergency department and urgent care areas without requirement of urine drug screen or specialist consultation Offer methadone initiation and rescue dosing 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, Labor & Delivery, Cardiology, etc.)	MAT for OUD 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, Labor & Delivery, Cardiology, etc.) Hospital **provides support to care teams** in understanding **risk, benefits, and evidence of medications for addiction treatment** for adults and youth	MAT for 2 or more commonly misused substances is **universally offered*** to all patients presenting to the hospital **1+ FTE SUD Navigator** has the capacity and capability to provide SBRIT (e.g., a hospital employee or RN embedded within either an ED or an inpatient setting to help patients begin and remain in treatment – commonly known as a Navigator, Peer Navigator, Community Health Worker, Case Manager, Social Worker, Chaplain, etc.)	Your hospital has seen **measurable improvement from baseline for** one or more related measures over the past 12 months because of active process improvement; including number of offered/initiated MAT while in the hospital	MAT is **embedded** into clinical and operational workflows (e.g., 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!**

Recognition & 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** care for patients with SUD 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 prescribing MAT and other medications at discharge for SUD** (e.g., provides updates on DEA licensure process, provides education on how to prescribe in special populations, hospital's process for providing MAT, medication alternatives, etc.) Hospital is actively **building relationships and coordinating with outpatient, and long-term care services to enhance care transitions**	**Hospital actively partners with 1 or more hospital affiliated primary care and/or specialty clinics** to coordinate ongoing care and pain management in accordance with hospital policies	**Hospital or health system provides SUD Navigation services to support the recognition, linkage to care & ongoing treatment for SUD** (e.g., primary care, outpatient clinic, outpatient treatment program, telehealth treatment provider, mental health provider, etc.) Hospital has an agreement in place with **at least one community provider to provide timely follow up care**	Your hospital has seen **measurable improvement from baseline for** one or more related measures over the past 12 months because of active process improvement; including successful follow ups **Extra credit:** Social determinants of health information is included in your data collection and analysis **Extra credit**: Real-time tracking of early recognition and referral to resources, linkage to care and treatment	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 strategies						
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 • Navigation • Free naloxone and fentanyl test strips via California Naloxone Distribution Project; we recommend this be an ED led process in collaboration with pharmacy (see Guide for details) • Offer safer using supplies 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, and any screening for substance misuse is provided appropriately and without judgement, etc.)	**Standing order** in place allowing providers and staff to provide free naloxone, fentanyl test strips, and safer using supplies at no or low cost to all patients and families while in the healthcare setting Distribution process **may be provider and/or staff led, or automated** e.g., a vending machine.	Your hospital has seen **measurable improvement from baseline for** one or more related measures over the past 12 months because of active process improvement; number of supplies provided, and high-level information as to who is distributing and receiving supplies to ensure equitable access **Extra credit:** How many harm reduction supplies have been distributed in the last in the last 12 months? 0-100, 100-200, 200-300, 300-400,400+ units	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 management best practices for SUD care						
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 Caring for patients with a substance use disorder* is a strategic priority with multi-stakeholder buy in and programmatic support to drive continued/sustained improvements in care Key stakeholders: executive leadership, pharmacy, emergency medicine, inpatient units, general surgery, information technology, quality, registration, finance, etc. Possible governance infrastructure: opioid stewardship/SUD committee, medication safety committee, a dedicated quality improvement team, subcommittee of the Board, etc. *For the 2026 assessment period, we continue to encourage teams to focus on OUD and AUD to start as they build their fully comprehensive SUD care program	Caring for patients with substance use disorder is **not a quality improvement priority**	**Multi-stakeholder team** identified treating patients for SUD as a strategic priority and set improvement goals in one or more of the 4 domains of care outlined in this self-assessment CFO and/or the finance have a **process in place to bill for hospital based navigation services and educate/support providers on how to bill for SUD evaluation and treatment** At least 1 **executive sponsor or physician champion** is actively involved	**Communicated program, purpose, goal, key performance indicators, and progress to goal to appropriate staff** (e.g., a dashboard, all staff meeting, annual competencies, etc.) Addressing SUD is included in the hospital's strategic plans for **quality improvement and community engagement** **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 SUD management best practices to primary and specialty care clinics** affiliated with the hospital Hospital participates in **local SUD coalitions, learning collaborative** or other forums to coordinate efforts with outpatient providers and services, EMS, law enforcement, school systems, etc. Leadership is exploring the **Community Health Worker role** and the financial benefit of navigation services being provided under this job title	Your hospital has seen **measurable improvement from baseline for** one or more related measures over the past 12 months because of active process improvement Hospital **benchmarks performance** against publicly available data such as CHCF research publications, California Overdose Surveillance Dashboard, Healthcare Organizations Leading SUD Care Honor Roll Results, CA Bridge program results, etc.	SUD care is **embedded** into clinical and operational workflows (e.g., SUD management 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 management best practices for SUD care						
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. Hospitals actively addresses stigma, including but not limited to, through the education and promotion of the medical model of addiction, trauma informed care, and motivational interviewing. Communicates the "what's in it for me?" to providers and staff. Offers harm reduction services across all departments to facilitate disease recognition and access to care, actively fosters trusting relationships with patients, and promotes the use of non-stigmatizing language/behaviors (e.g., words matter). *SUD work compliments many other QI initiatives such as care coordination/length of stay, appropriate readmissions, sepsis care, chronic disease management, social determinants of health, behavioral health, patient flow, patient experience, "meds to bed," etc.	Hospital **does not address stigma with** physicians and staff	Provides passive, **general education** on hospital opioid prescribing guidelines, SUD recognition and treatment processes, and harm reduction strategies to appropriate providers and staff (e.g., M&M, lunch and learns, flyers/brochures, CME requirements, RN annual competencies, etc.) Education includes information on how **SUD care links to hospital's community benefit program, QI and community engagement strategies***	Provides **point of care decision making support** (e.g., EHR PowerPlans for OUD/AUD withdrawal, addiction medicine consult services, 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 SUD and treatment (e.g., stigma reduction training, M&M, lunch and learns, CME requirements, RN annual competencies, etc.) **Elevates** providers and staff with training as program champions, peer to peer trainers, coaches, etc.	Your hospital has seen **measurable improvement from baseline for** one or more related measures over the past 12 months because of active process improvement **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.)	OUD and SUD care 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 management best practices for SUD care						
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 **As part of your patient and family engagement program*, actively empower, educate, and engage** patients, families, and friends in appropriately using opioids for pain management, risk associated with substance misuse including illicit fentanyl, available MAT services for SUD, harm reduction services and supplies, and connect to supportive community providers and resources. *A holistic patient and family engagement program includes activities from the "bedside to the boardroom." All providers and staff have a role to play.	**Patients and families are not actively** engaged in OUD and AUD prevention/ treatment, and/or related 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, Labor & Delivery, Cardiology, Surgery, etc.) regarding risks associated with substance misuse, including illicit fentanyl, alternatives, harm reduction services/supplies, etc. (e.g., posters about preventing or responding to an overdose or alcohol poisoning, brochures/fact sheets on opioid risks and alternative pain management strategies, behavioral health resources, general information on hospital resources on website or portal, etc.)	Provides **focused education** to patients with or at risk of SUD via conversations with providers at the bedside (e.g., MAT options, risks and alternatives, naloxone use, etc.) Patients are part of a **shared decision-making process** for their care and treatment while in the hospital (e.g., establish realistic pain trajectory and pain management plan, whether to initiative MAT while in the hospital, plan for ongoing care outside the hospital, etc.)	Provides opportunities for **patients and families to engage** in hospital wide SUD management activities and share stories to accelerate the adoption of HR informed care (e.g. Patient Family Advisory Council, Youth Advisory Council, HR training, volunteer or paid peer navigator positions, QI program design, etc.) Patients have a mechanism to provide feedback to providers and staff on how to provide **culturally adapted, SUD care** **Extra credit:** Post a relevant patient success story on our Leading SUD Care in California Listserv!	Your hospital has seen **measurable improvement from baseline for** one or more related measures over the past 12 months because of active process improvement Measurement includes **patient experience and/or patient reported outcomes for** SUD care (e.g., feedback from patient experience surveys, post-discharge follow-up phone calls, bedside rounding, 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 SUD care across the 4 domains assessed in the 2026 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.

2026 Hospital Self-Assessment Results:

Measures	Score
Safe & effective opioid use	
Appropriate opioid discharge prescribing guidelines (7 points)	
Alternatives to opioids for pain management (5 points)	
Recognition & treatment	
Medications for Addiction Treatment (5 points)	
Timely follow-up care (6 points)	
Harm reduction strategies	
Hospital practices harm reduction informed care (6 points)	
Cross cutting management best practices for SUD care	
Organizational infrastructure (5 points)	
Address stigma with physicians and staff (5 points)	
Patient and family engagement (6 points)	
"Hon-rolled" a friend *Share the Honor Roll opportunity with another hospital that has not yet participated in our program. If they apply you both get 1 additional point.*	Provide hospital name(s)
Total score *(out of 45 points)*	