

Safe & Effective Opioid Use						
Measure	Stage 0 (0 pt.) <i>Getting started</i>	Stage 1 (1 pt.) <i>Basic management</i>	Stage 2 (2 pts.) <i>Hospital wide standards</i>	Stage 3 (3 pts.) <i>Integration & innovation</i>	Stage 4 (4 pts.) <i>Practice Improvement</i>	Stage 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>