

Cross Cutting Opioid Management Best Practices						
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>Organizational Infrastructure</p> <p>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.)</p>	<p>Opioid stewardship is not a quality improvement priority</p>	<p>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.)</p> <p>Executive sponsor/project champion identified</p>	<p>Communicated program, purpose, goal, key performance indicators, and progress to goal to appropriate staff (e.g., a dashboard, all staff meeting, annual competencies, etc.)</p> <p>Opioid stewardship is included in strategic plan</p> <p>Hospital/health system leadership plays an active role in reviewing data, advising and/or designing initiatives to address gaps</p>	<p>Hospital participates in local opioid coalition or learning collaborative</p> <p>Hospital has an accurate and automated process to collect data on appropriate PDMP utilization and safe use of opioids (eCQM)</p>	<p>Hospital is actively measuring and developing strategies that support opioid stewardship as an organizational priority</p> <p>Hospital benchmarks performance against publicly available data such as NEMESIS (National EMS Information System).</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 enhancing organizational infrastructure is no longer an active QI initiative</p> <p>Great job!</p>