

Hospital Checklist for Appropriate use of Opioids

The following information was compiled by the Alabama Hospital Association's Opioid Task Force to provide information and online resources to help hospitals develop practices and policies for appropriate opioid utilization. As with any guidance, the information should be thoroughly vetted with staff, physicians and legal counsel and adapted to meet the hospital's specific challenges.

Getting Started

- **Form a multidisciplinary team** to identify areas in need of improvement and to prioritize the work. (e.g., CNO, CMO, pharmacy, ED, surgery, anesthesia, IT, PT/OT, pain specialists if available, palliative care)
- **Assess areas at highest risk for overprescribing:**
 1. Review existing, external guidelines/requirements and identify any gaps for your facility:
 - [CDC guidance](#) for prescribing opioids
 - Blue Cross Blue Shield of Alabama [policy](#)
 - Joint Commission [Requirements](#)
 - [CMS limits](#) for Medicare Part D
 2. Review hospital's utilization of reversal medications (HIIN [quality metric](#) already being collected by many hospitals – see page 3)
 3. Look at hospital data by department, by physician, etc., to identify outliers and areas needing further exploration.
 4. Identify any current pain management programs, protocols or resources at your facility.
 5. Utilize a gap analysis for physician opioid knowledge ([See sample](#) from Pennsylvania Medical Society)

Emergency Department

- Make a commitment to improve how patients in your emergency department receive care related to the use and prescribing of opioids.
- Convene a team to review your current practices and policies and identify areas needing improvement using the **gap analysis/planning tool** (ED physician, ED nurse, pharmacist, risk management, etc.).

Surgical Pain Management

- Make a commitment to improve pain management (without or with limited opioid use) in surgical patients. Protocols should be tailored not only to the patient, but also to the specific type of surgery.
- Convene a team to review your current practices and policies and identify areas needing improvement using the **gap analysis/planning tool** (surgeons, OR nurses, pharmacists, anesthesia, etc.)

Medical Floors

- Make a commitment to improve pain management in patients on medical/surgical floors. Protocols should be tailored not only to the patient, but also to the specific type of disease/injury.
- Convene a team to review your current practices and policies and identify areas needing improvement using the **gap analysis/planning tool** (physicians, nurses, respiratory therapy, pharmacy, physical therapy, etc.)

Physician Resources/Training

- [CDC Checklist for prescribing opioids for chronic pain](#)
- [Calculating](#) safe dosing
- [CDC recorded modules for physician training](#), (offers CMEs, CNEs and CEUs)
- Alabama Board of Medical Examiners [Requirement and CME Trainings](#)
- [Online toolkit for Primary Care Providers](#) - AHRQ

Additional Tips

- Be sure pharmacy is intricately involved in all projects to help with appropriate prescribing
 - [Pharmacists' Role](#) in post-operative pain management
 - Consider removing pre-populated doses of opioids from order sets.

Education of Patients and Families

- CDC [patient education](#)
- Patient education [video](#) on dangers of opioids and use of Naloxone (from Prescribe to Survive)

Comprehensive Online Toolkits

Society for Hospital Medicine – [Improving Pain Management for Hospitalized Medical Patients](#)

American Hospital Association – [Stem the Tide: Addressing the Opioid Epidemic](#)

AHRQ – [Six Building Blocks](#): A Team-based Approach to Improving Opioid Management in Primary Care

SAMHSA – [Opioid Overdose Prevention Toolkit](#)

[VA Toolkit](#) for Providers on Pain Management , [VA Catalog](#) of additional resources