

## IMPROVE APPROPRIATE OPIOID USE PROCESS IMPROVEMENT DISCOVERY TOOL

### INSTRUCTIONS:

Review a minimum of **5** and a maximum of **20** medical records. When reviewing the medical record, if documentation is found for the process, mark “**Yes**” in the box. If documentation is not found for the process, mark “**No**”. If the process being reviewed is not applicable to the medical record, mark “**N/A**”. After completing the review of all records, note the rows with the highest number of “No” responses. This will identify priority focus areas for improvement.

### FOCUS:

For this review, randomly select 5 to 10 medical records to review across ED, short stay, and inpatient settings using the following criteria:

- Patient ≥ 18 years of age
- Diagnosis or chief complaint for pain associated with headache, radiculopathy, musculoskeletal pain, renal colic, and fracture/dislocation
- Routine elective surgery of any kind (see Michigan OPEN’s opioid prescribing recommendations for routine elective surgeries - <https://michigan-open.org/prescribing-recommendations/>)

### *Exclusion Criteria*

- Admitted for drug withdrawal or overdose
- Exclude patients receiving cancer care and/or end of life care

### FINDINGS:

Take a 2 minute survey to report your findings. By submitting your findings, you will have taken the time to identify process gaps in which to focus improvement and to guide educational activities.

**CLICK HERE TO SUBMIT YOUR FINDINGS**

**Note:** Do not spend more than 20-30 minutes per medical record.

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	Pt A	Pt B	Pt C	Pt D	Pt E	Pt F	Pt G	Pt H	Pt I	Pt J
<b>Case Review</b>										
<b>Care Setting</b>										
<b>PREVENT NEW OPIOID STARTS</b>										
Evidence that non-opioid approaches were used to manage acute pain for headache, radiculopathy, musculoskeletal pain, renal colic, and fracture/dislocation										
<b><i>IF patient was prescribed an opioid at discharge.</i></b>										
Surgical patients were prescribed ≤ 12 opioid pills										
Standard opioid prescribing guidelines were followed relevant to the patient's diagnosis										
Provider checked your state's Prescription Drug Monitoring Program (PDMP)										
Patient was discharged with a short-term prescription (≤ 5 days) & ≤ 90 MME/day										
Patient was NOT concurrently prescribed benzodiazepines										
Discharge summary sent to patient's primary care provider and/or pain management specialist within 3 days										
<b>MANAGE CHRONIC PAIN RELATED OPIOID USE SAFELY</b>										
<b><i>IF patient regularly uses popioids to manage pain:</i></b>										
There is evidence that a standard process was used to evaluate whether the patient could benefit from transitioning to MAT or opioid alternatives										
If the patient received replacement opioids for lost or stolen opioids, a standard process was followed										

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Case Review	Pt A	Pt B	Pt C	Pt D	Pt E	Pt F	Pt G	Pt H	Pt I	Pt J
<b>TREAT ADDICTION EFFECTIVELY</b>										
A standard process was used to assess the patient for OUD										
For patients using long term opioids to manage pain &/or taking ≥ 100 MME/day provider discussed MAT										
<b>IF patient is identified as having OUD:</b>										
There is evidence patient & provider discussed MAT										
Patient initiated MAT while still in the hospital										
<b>IF patient initiates MAT while still in the hospital:</b>										
Patient was provided a prescription at discharge for buprenorphine										
Patient was given a "warm hand-off" to an outpatient MAT provider										
<b>OVERDOSE PREVENTION</b>										
Naloxone was co-prescribed for this patient IF they left with an opioid prescription for more than 5 days of opioids										
<b>CREATE SUSTAINABLE INFRASTRUCTURE TO SUPPORT ONGOING IMPROVEMENT</b>										
Patient's medical record does not contain stigmatizing language (e.g. drug user, addict, junkie, habit, abuse, clean, dirty)*										
Patient was asked for permission to discuss with her/his key support person (e.g., significant other, family member, friend) opioid risk, pain management alternatives, and/or MAT as appropriate										

## FINDINGS:

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