CONVERGENCE HEALTH CONSULTING

OPIOID SAFETY 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, focus on the review of medical records of patients who have received naloxone as a hospital inpatient or during an outpatient procedure. Note: Exclude Emergency Department patients.

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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Medical Records #										
Prior to initial sedation or parenteral opioid administration, an assessment to determine if the patient was opioid naïve or tolerant was performed and documented. NOTE: Opioid tolerance = 60 or more MME's daily for the last 7 consecutive days. Naïve means this criteria is not met.										
Prior to sedation or parenteral opioid administration, an assessment for obstructive sleep apnea (e.g., the STOP BANG tool) was performed and documented.										
Prior to sedation or parenteral opioid administration, an assessment for level of sedation/arousal (e.g., the Pasero/POSS or the RASS) was performed and documented.										
An assessment for level of sedation/arousal (e.g., the Pasero/POSS or the RASS) was performed and documented 15 minutes after the initial sedation or parenteral opioid administration AND every 60 minutes thereafter during the duration of medication action										
A Pasero (POSS) or RASS was performed, and the subsequent actions taken were consistent with the relevant POSS/RASS recommendations.										
Only one prescriber was managing the opioids, benzodiazepines, and hypnotics in this patient										
If benzodiazepines were administered, the period of their effectiveness did NOT overlap with that of the opioids. If no benzodiazepines ordered, "N/A"										
If hypnotics were administered the period of their effectiveness did NOT overlap with that of the opioids. If no hypnotics ordered, "N/A"										
The patient was prescribed adjunctive non-opioid medications for pain management.										
The patient was prescribed/offered non-pharmacologic "comfort" interventions for managing pain.										
The event did NOT occur following a prior naloxone administration										
If the event occurred during or subsequent to a conscious sedation event, the conscious sedation agents AND doses AND intervals were ALL appropriate for that specific patient. If not related to procedural sedation, "N/A"										
There is evidence that (1) the risks, benefits, and alternatives to opioids were discussed with the patient, (2) the patient's risk for addiction was explored and considered, (3) alternatives to opioids were discussed with and offered to the patient, AND (4) that the patient agreed with opioid therapy. (Y/N)										

FINDINGS:

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