Hospital Opioid Self - Assessment Tool & Instructions – SAMPLE

Overview:

Purpose:
The purpose of this self – assessment tool is to evaluate your internal processes and provide best practice resources related to opioid screening and prescribing, dispensing and administration, monitoring and management and discontinuance and prevention of drug diversion. It will help you identify your strengths, areas of opportunity to enhance patient care and reduce your potential liability.

Instructions for Completing the Self- Assessment:

- Scoring:
  - Met = 1 – you must meet every element in the question.
  - Not Met =0
  - N/A = not applicable
- Resource:
  The resource number listed next to the question is located within the Resource Section at the end of the self- assessment tool.
- Comment Section:
  This section can be used to make notes for follow- up.

Updated: January 2019

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Name of <Facility or Practice>:	
Assessment Date:	

	Organizational Structure				
		Resource	**Met -1 Not Met-0**	**N/A**	**Comments**
1	The organization has an interdisciplinary pain management team.	S & P 1			
2	A pharmacist is available 24/7 to review orders and dispense medications.	S & P 1			
3	The organization has invested in safe prescribing technology: bar-coding, smart pumps, computerized prescriber order entry (CPOE), automated dispensing cabinets, clinical decision support systems.	S & P 1			
4	Evidenced-based standardized protocols and/or order sets have been created for prescribing oral and parenteral opioids.	S & P 1			
5	There is a program in place to educate opioid prescribers, nurses and pharmacists on patient selection and those patients for whom opioids are contraindicated that includes defining opioid naïve and opioid tolerant patients, safe handling, side effects and equipment that may be used for medication administration.	S&P 5			

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Organizational Structure					
		Resource	**Met -1 Not Met-0**	**N/A**	**Comments**
6	Opioids are prescribed, administered, dispensed, monitored and discontinued in compliance with State law requirements and State medical, nursing and pharmacy boards.				
	Total				

Screening & Prescribing					
		Resource	**Met - 1 Not Met - 0**	**N/A**	**Comments**
1	Patients are screened for opioid-related harm risk factors using a validated assessment tool prior to receiving opioids.	S&P 1,2			
2	Multimodal (non-opioid) analgesia are used as the first line of drug therapy for acute pain management.	S&P 2			
3	The ordering provider is required to check the PMP prior to prescribing opioids.	S&P 2			
4	All presentations of pain and diminished function are documented using an approved pain scale and objective observations. (RR, HR, BP, medication history, and applicable laboratory test results).	S&P 2,5			
5	Acute pain phase patients receive no more than 0-100 MME of short acting opioids daily.	S&P 2			

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Screening & Prescribing					
		Resource	**Met - 1 Not Met - 0**	**N/A**	**Comments**
6	Long-acting opioids are restricted for use in opioid-tolerant patients and are not used for acute pain management.	S&P 2			
7	Initial prescribing for acute pain following extensive surgical procedure or major traumatic injury is limited to no more than 200 MME daily.	S&P 2			
8	Concurrent prescribing of benzodiazepines and other sedative hypnotics is limited and patients monitored for high risk reactions.	S&P 2			
9	Opioid prescribing is restricted for the following diagnosis: • Fibromyalgia • Headache, including migraine • Self-limited illness (sore throat) • Uncomplicated acute neck and back pain • Uncomplicated acute musculoskeletal pain	S&P 2			
10	Patients and caregivers are educated on pre-opioid therapy and post-discharge regarding: • Risks and benefits of opioid therapy • Proper use, storage and disposal • Use of naloxone (if prescribed for patients at risk for opioid-induced respiratory depression)	S&P 5			
	Total				

Dispensing & Administration					
		Resource	**Met - 1 Not Met - 0**	**N/A**	**Comments**
1	A pharmacist does the following before dispensing opioids to the unit: • checks all opioid orders • accesses a state monitoring database if required • may implement a hard stop if the prescription is either contraindicated or patient information is not available to evaluate the order	D&A 1			
2	Opioid infusions are either prepared by the pharmacist or pre-mixed infusions are purchased from a commercial vendor.	D&A 2			
3	There are guidelines that address the timing of opioid administration that explains when opioids are "not eligible" or are "eligible for" scheduled dosing times and a system to evaluate these administration timing policies.	D&A 2			
4	Opioids are prepared and administered in compliance with State licensure requirements and applicable hospital policies.	D&A 2			

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Dispensing & Administration					
		Resource	**Met - 1 Not Met - 0**	**N/A**	**Comments**
5	There are pre-administration guidelines for oral opioids that require an evaluation of: • the patient's level of pain • RR • HR • BP • last dose of opioids • medications that may alter the effects of opioids when applicable laboratory test results	D&A 2			
6	There are pre-administration guidelines for parenteral opioids that require capnography and pulse oximetry measurement in addition to the requirements of # 5 above.	D&A 2			
7	There are opioid post-administration guidelines that require an evaluation of: • the patient's level of pain • RR • HR • BP the medication's effects within a designated time after administration	D&A 2			

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Dispensing & Administration					
		Resource	**Met - 1 Not Met - 0**	**N/A**	**Comments**
8	There are documentation guidelines that: • prohibit pre- administration documentation, • state documentation must occur after administration • require the time of opioid administration • require the dose and route of oral and parenteral opioids • require the time, location of administration and removal of transdermal opioids	D&A 2			
9	Smart pumps are used for all PCA-administered opioids.	D&A 2			
10	There are guidelines that specifically address post-operative parenteral opioid administration that require an evaluation of the patient for somnolence and signs of respiratory depression.	D&A 2			
11	Opioid reversal agents and guidelines for use are accessible on all units.	D&A 3			
	Total				

Monitoring & Management					
		Resource	**Met - 1 Not Met - 0**	**N/A**	**Comments**
1	A process is in place to monitor the PDMP for ongoing pain management according to state guidelines and regulations.	M&M 1			
2	Post-operative and high risk for over-sedation patients (elderly, sleep apnea, pediatric, chronic opioid analgesia) receiving IV opioids are monitored for respiratory compromise.	M&M 5			
3	A controlled-substance agreement is in place for patients receiving chronic opioid therapy.	M&M 2			
4	A process is in place to assess compliance with the medication regimen such as performing random screenings or pill counts.	M&M 2			
5	A process is in place to differentiate between chronic versus acute pain and that it is defined and documented.	M&M 3			
6	Patients who are receiving opioid therapy and, with the patient's permission, their families are involved in development of the treatment plan, educated on untoward opioid side effects and instructed how to alert the nursing staff.	M&M 6			
7	Patients who are discharged on opioid therapy, and, with the patient's permission, their families are instructed on: • the plan of care, • side effects of opioids • activities that increase pain • strategies to reduce activity – related pain safe use, storage and disposal of opioids	M&M 6			

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Monitoring & Management					
		Resource	**Met - 1 Not Met - 0**	**N/A**	**Comments**
8	A process is in place to prescribe Naloxone per state guidelines.	M&M 4			
	Total				

Discontinuance/Preventing Diversion					
		Resource	**Met - 1 Not Met - 0**	**N/A**	**Comments**
1	There are guidelines that require discontinued opioids to be returned to the pharmacy within a certain timeframe.				
2	Discrepancies are resolved by two authorized health care providers within the shift / business day in which these are discovered. A processes in place	D&PD 2			
3	Limited access lock boxes are available in all procedural areas where opioids may be left unattended.	D&PD 2			
4	There are guidelines that address how to waste opioids that were opened but not used.	D&PD 1			
5	The hospital participates in a drug disposal program that complies with Federal and State laws and guidelines.	D&PD 1			
	Total				

COVERYS

Resources:

Screening & Prescribing:

1. Pennsylvania Hospital Engagement Network: Organization Assessment of Safe Opioid Practices. http://patientsafetyauthority.org/EducationalTools/PatientSafetyTools/opioids/Pages/organization.aspx
2. Minnesota Opioid Prescribing Guidelines. First edition, 2018 https://mn.gov/dhs/assets/mn-opioid-prescribing-guidelines_tcm1053-337012.pdf
3. CDC Guidelines for Prescribing Opioids for Chronic Pain https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm
4. A Provider Toolkit: Meeting the Challenges of Opioids and PAIN https://www.stratishealth.org/pip/documents/Opioid-provider-toolkit.pdf
5. Intermountain Healthcare: Acute Pain Opioid Prescribing Guidelines https://intermountainphysician.org/Documents/AcutePainOpioidPrescribing_FINAL.pdf

Dispensing & Administering:

1. The Joint Commission, Standard LD.04.03.13
2. Center for Clinical Standards and Quality/Survey & Certification Group, Ref. S&C: 14-15-Hospital, https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-14-15.pdf
3. The Joint Commission, Standard PC.01.02.07

Monitoring & Management:

1. Prescription Drug Monitoring Program http://www.deadiversion.usdoj.gov/faq/rxmonitor.htm
2. https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm
3. Massachusetts Medical Society. (2015, August). *Opioid therapy and physician communication guidelines.* Retrieved from http://www.massmed.org/Advocacy/Key-Issues/Opioid-Abuse/Opioid-Therapy-and-Physician-Communication-Guidelines-(pdf) p. 3
4. Massachusetts Medical Society. (2015, August). *Opioid therapy and physician communication guidelines.* Retrieved from http://www.massmed.org/Advocacy/Key-Issues/Opioid-Abuse/Opioid-Therapy-and-Physician-Communication-Guidelines-(pdf) p. 4
5. CMS: Ref: S&C: 14-15-Hospital https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-14-15.pdf
6. The Joint Commission, Standard PC.01.02.07

Discontinuance & Preventing Diversion:

1. Disposal Regulations, Registrant Fact Sheet, https://www.deadiversion.usdoj.gov/drug_disposal/fact_sheets/disposal_registrant.pdf

2. Mayo Clinic protocol – 77 best practices for storage, security, procurement, ordering, prescribing, preparation, dispensing, administration, inventory, recordkeeping, surveillance, investigation, education and quality improvement. http://www.premiersafetyinstitute.org/safety-topics-az/opioids/drug-diversion/

Adapted with permission from the Pennsylvania Hospital Engagement Network: Organization Assessment of Safe Opioid Practices