



Opioid Stewardship Program (OSP) Assessment for Arizona Critical Access Hospitals (CAHs)

Disclosures

The presenters
have no financial
disclosures to report.

Presenter



Claudia Kinsella, RN

Ms. Kinsella is a quality improvement specialist with Health Services Advisory Group (HSAG). She has been working in the nursing profession for 35 years providing direct care and holding leadership positions in the emergency department (ED), crisis intake, behavioral health, clinical education, school nursing, and quality consulting for group homes. Serving those with behavioral health and substance use disorders and combatting stigma have always been Ms. Kinsella's passion. She has been certified through the American Nurses Credentialing Center as a psychiatric/mental health RN for over 30 years.

Presenter



Bridget Murphy, DBH (*she, her, ella*)

Dr. Murphy has almost three decades of education and experience in behavioral health and educational research, services, and support. She has held positions in academic institutions, and community-based and private sector organizations. Her principal experience is in behavioral health: substance use; mental health; and sexual health for culturally diverse children, youth, and families in various settings. As a teen, Dr. Murphy struggled with substance use and mental health issues and participated in treatment. This experience provided the foundation for her academic and professional direction.



Land Acknowledgements

U of A: We respectfully acknowledge the University of Arizona is on the land and territories of Indigenous peoples. Today, Arizona is home to 22 federally recognized tribes, with Tucson being home to the O'odham and the Yaqui. Committed to diversity and inclusion, the University strives to build sustainable relationships with sovereign Native Nations and Indigenous communities through education offerings, partnerships, and community service.

NAU: Northern Arizona University sits at the base of the San Francisco Peaks, on homelands sacred to Native Americans throughout the region. We honor their past, present, and future generations, who have lived here for millennia and will forever call this place home.

Session Objectives

- Provide results of the most and least frequently implemented OSP elements in acute care and ED settings.
- Describe technical assistance underway to implement, enhance, and evaluate OSPs.



OSPs

- Continued effort is necessary to decrease opioid misuse and death.
- OSPs provide a framework to identify gaps in quality.
- OSPs implement changes impacting culture and provider practice.





How do you know if your opioid stewardship efforts are hitting the mark?

OSP Assessment

- A multidisciplinary team's guide to assessing the current state of an OSP.
- 11 questions grouped into 4 subcategories.
- Once completed, serves as a gap analysis to determine priority areas to implement strategies.

Opioid Stewardship Program (OSP) Implementation
Acute Care Provider OSP Assessment

Quality Improvement Organizations | **HSAG** HEALTH SERVICES ADVISORY GROUP

Facility Name: _____ CCN: _____ Assessment Date: _____ Completed by: _____

Work with your department leadership team to complete the following assessment. Each item relates to OSP elements that should be in place for a successful OSP in your facility. This OSP implementation assessment is supported by published evidence and best practices including, but not limited to, the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS), The Joint Commission (TJC) National Quality Forum (NQF), Institute for Healthcare Improvement (IHI), and state government recommendations. Select the level of implementation status on the right for each assessment item. Once this form is complete, please go online and enter your answers.

Assessment Items	Not implemented/ no plan	Plan to implement/ no start date set	Plan to implement/ start date set	In place less than 6 months	In place 6 months or more
A. Commitment					
1. Your facility has an OSP leadership team in place with representatives from various departments and disciplines (e.g., administration, emergency department, informatics, surgery, pharmacy, internal medicine, behavioral health, case management). ¹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Your facility has a workflow that facilitates required Prescription Drug Monitoring Program (PDMP) review for discharging providers prescribing opioids. ⁶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Your facility utilizes Enhanced Recovery After Surgery (ERAS) protocols (such as in areas like perioperative, inflammatory, musculoskeletal, and neuropathic injury settings). ⁸	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Your facility provides treatment for opioid withdrawal. ⁹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Action					
5. Your facility has an established method to identify patients who may require OUD treatment (e.g., opioid risk tool, single screening questions, clinical opiate withdrawal scale [COWS] score). ⁷	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Your facility refers for medication-assisted treatment (MAT)/substance use disorder treatment (i.e., buprenorphine or methadone in combination with behavioral health therapies). ⁴	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Acute, ED, and SNF Assessments Available

Designed to address distinct, facility-type characteristics relating to opioids.

Opioid Stewardship Program (OSP) Implementation
Acute Care Provider OSP Assessment

Quality Improvement Organizations
HSAG

Facility Name: _____ CCN: _____ Assessment Date: _____

Work with your department leadership team to complete the following assessment. Each item relates to OSP elements that should be in place for a successful OSP in your facility. This OSP implementation assessment is supported by published evidence and best practices including but not limited to the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS), The Joint Commission (TJC) National Quality Forum (NQF), Institute for Healthcare Improvement (IHI), and state government recommendations. Select one of the implementation status options on the right for each assessment item. Once this form is complete, please go online and enter your answers.

Assessment Items	Not implemented/no plan	Plan to implement/no start date set	Plan to implement/start date set	In place less than 6 months	In place 6 months or more
A. Commitment					
1. Your facility has an OSP leadership team in place with representatives from various departments and disciplines (e.g., administration, surgery, pharmacy, internal medicine, behavioral medicine, and medical director)—who are responsible for pain management and safe opioid practices. ¹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Your facility has a workflow that facilitates requires Prescription Drug Monitoring Program (PDMP) review prior to prescribing opioids. ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Your facility utilizes Enhanced Recovery After Surgery (ERAS) protocols in perioperative, inflammatory, musculoskeletal, and other high-risk areas. ³	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Your facility provides treatment for opioid withdrawal. ⁴	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Action					
5. Your facility has an established method to identify patients who may require OUS treatment (e.g., opioid risk tool, single screening questions, Clinical Opiate Withdrawal [COW] scale). ⁵	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Your facility refers for medication-assisted treatment (i.e., buprenorphine or methadone therapies). ⁶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Opioid Stewardship Program (OSP) Implementation
Emergency Department OSP Assessment

Quality Improvement Organizations
HSAG

Facility Name: _____ CCN: _____ Assessment Date: _____

Work with your department leadership team to complete the following assessment. Each item relates to OSP elements that should be in place for a successful OSP in your facility. This OSP implementation assessment is supported by published evidence and best practices including but not limited to the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS), The Joint Commission (TJC) National Quality Forum (NQF), Institute for Healthcare Improvement (IHI), and state government recommendations. Select one of the implementation status options on the right for each assessment item. Once this form is complete, please go online and enter your answers.

Assessment Items	Not implemented/no plan	Plan to implement/no start date set	Plan to implement/start date set	In place less than 6 months	In place 6 months or more
A. Commitment					
1. The emergency department (ED) has presence within your organization's opioid stewardship initiatives. ¹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The ED has a workflow that requires Prescription Drug Monitoring Program (PDMP) review prior to prescribing opioids. ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The ED provides treatment for opioid withdrawal. ³	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Action					
4. The electronic health record (EHR) has embedded safety alerts (e.g., PDMP review prior to prescribing opioids, patients at higher risk for concomitant use of benzodiazepines and opioids, patients at higher risk for drug events [ADEs] related to opioids, naloxone prescription upon discharge). ⁴	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The ED offers alternatives to opioids (ALTO) for pain management as a first line treatment for identified diagnoses (e.g., ED protocols with use of non-opioid analgesics, renal colic, musculoskeletal pain, lower back pain, headache, fracture/joint dislocation). ⁵	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The ED has an established method to identify patients who may require OUS treatment (e.g., opioid risk tool, single screening questions, Clinical Opiate Withdrawal [COW] scale). ⁶	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pain Assessment & Management Program (PAMP) Implementation
Skilled Nursing Facility (SNF) PAMP Assessment

Quality Improvement Organizations
HSAG

Facility Name: _____ CCN: _____ Assessment Date: _____ Completed by: _____

Work with your interdisciplinary leadership team to complete the following assessment. Each item relates to PAMP elements that should be in place for a successful PAMP in your facility. The PAMP assessment is supported by published evidence and best practices including but not limited to the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS), The Joint Commission (TJC) National Quality Forum (NQF), Institute for Healthcare Improvement (IHI), and state government recommendations. Select one of the implementation status options on the right for each assessment item. Once this form is complete, please go online and enter your answers.

Assessment Items	Not implemented/no plan	Plan to implement/no start date set	Plan to implement/start date set	In place less than 6 months	In place 6 months or more
A. Commitment					
1. A facility-wide leadership team is in place with representatives from various departments and disciplines—including administrators, nursing, activities, social services, and medical director—who are responsible for pain management and safe opioid practices. ¹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The medical director/nurse practitioner/physician assistant of your facility are required to review the Prescription Drug Monitoring Program (PDMP) database prior to prescribing or renewing opioids. ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Your facility uses screening tools to identify residents who are or may have been at risk for OUD. ³	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Action					
4. Your facility has defined criteria to screen, assess, and reassess pain that are consistent with the patient's age, condition, and ability to understand. ⁴	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.1 Your facility reassesses/responds to the resident's pain through the following:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Evaluation and documentation of response(s) to pain intervention(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Progress toward pain management goals including functional ability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Side effects of treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Risk factors for adverse events caused by the treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4 Subcategories



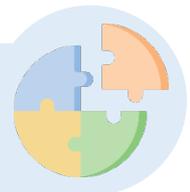
Commitment



Action



Track and
Report



Education
and Expertise

Levels of Implementation

For each question, determine whether your facility has the corresponding strategy in place using the following criteria:

Not implemented/ no plan	Plan to implement/ no start date set	Plan to implement/ start date set	In place less than 6 months	In place 6 months or more
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ED Assessment Example Question

Commitment Section

“The ED has presence within your organization’s opioid stewardship initiatives.”

Not implemented/ no plan	Plan to implement/ no start date set	Plan to implement/ start date set	In place less than 6 months	In place 6 months or more
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rationale and References for Each Question

1. The ED has presence within your organization's opioid stewardship initiatives.ⁱ



i **Rationale:** Leadership engagement in the oversight of pain management supports safe and effective practice and sustainable improvements across the system involved in pain assessment, management, and opioid prescribing.

Reference: https://www.jointcommission.org/assets/1/18/R3_Report_Issue_11_Pain_Assessment_2_11_19_REV.pdf

– <https://store.qualityforum.org/products/national-quality-partners-playbook%E2%84%A2-opioid-stewardship>

ii **Rationale:** Clinicians should review the patient's history of controlled substance prescriptions through PDMP review to determine whether the patient is receiving opioid dosages or dangerous combinations that put him or her at high risk for overdose (>90 MME, combinations of opioids and Benzodiazepines). EHRs should integrate PDMPs to eliminate barriers to accessing PDMP data, especially when these data points are mandated.

Reference: <https://www.azdhs.gov/documents/audiences/clinicians/clinical-guidelines-recommendations/prescribing-guidelines/hospital-discharge-opioids.pdf>

– <https://www.azdhs.gov/documents/audiences/clinicians/clinical-guidelines-recommendations/prescribing-guidelines/az-opioid-prescribing-guidelines.pdf>

– https://www.mbc.ca.gov/licensees/prescribing/pain_guidelines.pdf

– <https://www.cdc.gov/mmwr/volumes/65/rr/pdfs/rr6501e1.pdf>

– <https://www.hhs.gov/sites/default/files/pain-mgmt-best-practices-draft-final-report-05062019.pdf>

– <https://store.qualityforum.org/products/national-quality-partners-playbook%E2%84%A2-opioid-stewardship>

iii **Rationale:** Research shows that a combination of medication and therapy can successfully treat these disorders, and for some people struggling with addiction, MAT can help sustain recovery.

Reference: <https://www.samhsa.gov/medication-assisted-treatment/treatment>

– <https://store.qualityforum.org/products/national-quality-partners-playbook%E2%84%A2-opioid-stewardship>

– <https://www.chcf.org/publication/pay-mat-emergency-department/>

Acute Assessment Example Question

Track and Report

“Your facility tracks and trends opioid quality measures on a dashboard that is shared with an interdisciplinary team (e.g., MME prescribing, naloxone administration, co-prescribing with benzodiazepines).”

Not implemented/ no plan	Plan to implement/no start date set	Plan to implement/ start date set	In place less than 6 months	In place 6 months or more
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SNF Assessment Example Question

Education and Expertise

“Your facility provides education regarding pain management; pain treatment plans; and the safe use of opioid medications to residents, families, and caregivers.”

Not implemented/ no plan	Plan to implement/no start date set	Plan to implement/ start date set	In place less than 6 months	In place 6 months or more
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OSP Assessment for Arizona CAHs

17
CAHs



Purpose: Evaluate the presence of OSP elements within each CAH

Results Used to Strengthen OSPs

- Categorize gaps in current programs
- Develop data-driven approaches
- Identify strategies, tactics, and resources



OSP Assessment Results

Most Frequently Implemented OSP Elements Reported

 Acute Care		 Emergency Department	
88%	PDMP review incorporated into discharge workflow (for opioid-prescribing providers)	94%	PDMP review incorporated into discharge workflow (for opioid-prescribing providers)
82%	Provider/staff educational resources/programs offered to improve <ul style="list-style-type: none"> • Pain assessment • Pain management • Safe use of opioid medications 	88%	ALTOs offered for first line of treatment for pain management for identified diagnoses
82%	Patient/caregiver education <ul style="list-style-type: none"> • Opioid risks/benefits • ALTOs 	71%	Patient/caregiver education <ul style="list-style-type: none"> • Opioid risks/benefits

Least Frequently Implemented OSP Elements Reported

 Acute Care		 Emergency Department	
41%	Have a method to identify/treat opioid withdrawal	29%	Have a mechanism to track/trend opioid quality measures on a shared dashboard
53%	Have a mechanism to track/trend opioid quality measures on a shared dashboard	41%	Have a method to identify patients who may require OUD treatment
53%	Prescribe, track, or trend naloxone at discharge	35%	Prescribe, track, or trend naloxone at discharge



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Center for Rural Health



OSP Assessment for Arizona CAHs (cont.)

Common Interest Areas Identified

- Creating an opioid dashboard with identified opioid measures.
- Adopting OUD risk and opioid withdrawal assessment tools.
- Embedding safety alerts into the EHR.



Interventions

 **One-on-One Technical Assistance:** Guides intervention priorities and facilitates community relationships to link recovery treatment options.

 **OSP Quickinar Series:** Provides tactics, strategies, and information needed for a successful OSP (www.hsag.com/osp-quickinars).

 **OSP Resource Website:** Provides guidance and information from safe and appropriate opioid prescribing to navigating the complex issues associated with OUD (www.hsag.com/osp-resources).

OSP Relevance: Meet Amy

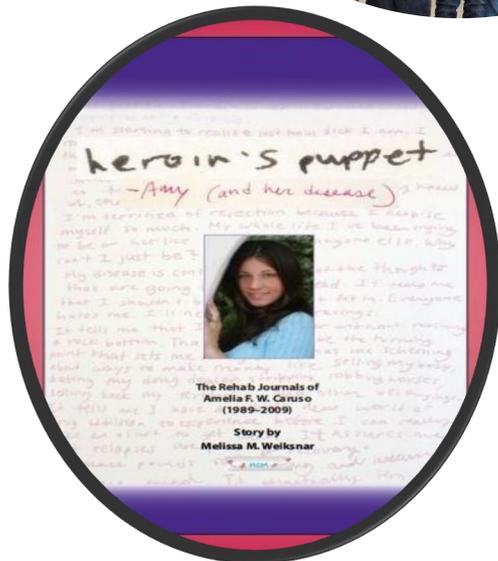


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OSP Relevance: Effective and Promising Responses

“Opioid stewardship is intended to be an encompassing term that considers **judicious** and **appropriate** opioid prescribing, appropriate opioid disposal, diversion prevention, and management of the effects of the use of opioids, including identifying and treating opioid use disorder and reducing mortality associated with opioid overdoses. Opioid stewardship programs have been **described as coordinated programs that promote appropriate use of opioid medications, improve patient outcomes and reduce misuse of opioids.**”

Evidence-based solutions to address substance use, misuse, and addiction

Adverse Childhood Experiences (ACEs) common and preventable

Cultural and Linguistically Appropriate Service Standards (CLAS)

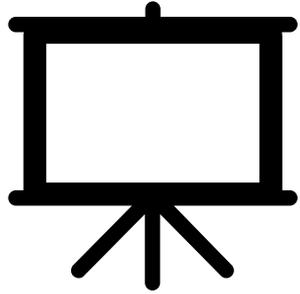
Promising strategies to address stigma

More than **22 million** people resolved their alcohol and other drug problems

Quote from: American Hospital Association. *Stem the tide: Opioid stewardship measurement implementation guide*. Chicago, IL. 2020. Accessed December 13, 2021. www.aha.org/opioids



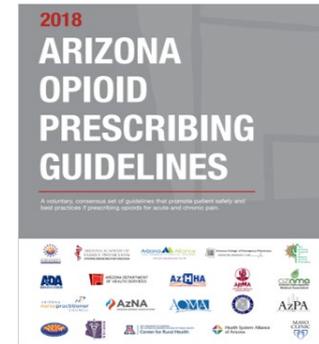
OSP Tactics



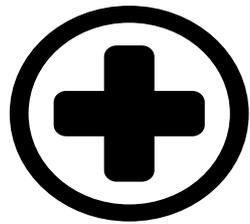
Screening, Brief Intervention, & Referral to Treatment



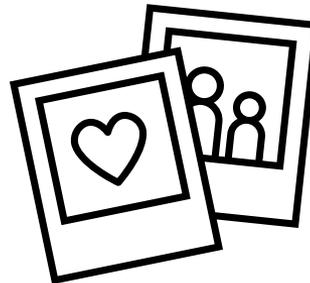
Controlled Substance Prescription Monitoring Program



Whole Person Health



Medication-Assisted Treatment



Family and Peer Support



Naloxone



Community Supports

OSP Implementation Guide Pilot

Commitment Goal 1: An OSP leadership team is in place with representatives from various departments and disciplines (e.g., administration, emergency department, informatics, surgery, pharmacy, internal medicine, behavioral health, case management). Implementation Level: Not implemented/no plan.

Implementation Plan				Progress Measurement			
Strategy	Tactic (CLAS Standard)	Metric	Lead	2022		2023	
				Current	Goal	Data	Done
Develop an interdisciplinary team.	Within two months a X number person team comprised of clinical director, chief of nursing, pharmacy, individual in recovery, and billing/finance reflective of the cultural and linguistic diversity of the organization will convene. (3)	First meeting convened within two months. Two additional meetings occur during the year. A roster of the team members will be kept to ensure cultural and linguistic diversity of the organization is represented.	Clinical director	Does not exist	Meet three times per year	Met three times in 2022	Yes.
	By the third meeting a working goal statement will be drafted and available in the languages of the patient population, easy to understand, and accessible. (8)	Opioid goal statement drafted, translated, assessed for readability, accessibility, and shared with decisions makers.	Chief of nursing	Does not exist	Draft working goal statement	Goal statement finalize and incorporated throughout XXX	Yes.
	By the third meeting, designate who and how personnel will participate in opioid safety, prescribing, and treatment of OUD training that includes information about cultural and linguistic factors. (3)	A one-year training plan will be outlined, reviewed and approved.	Clinical director	Does not exist	Training plan reviewed, approved, and planned	Training plan complete.	Yes.

The OSP Journey Continues

Where to next?

- Continue to work towards **eliminating opioid overdoses** in Arizona.
- Pilot** the implementation guide – Summer 2022.
- Revise** implementation guide based on pilot feedback – Fall 2022.
- Implement** with other CAHs – Spring 2023.

What can we all do?

- Learn more about effective strategies to **build resilience** and **prevent** substance misuse.
- Reduce and eliminate stigma** by looking for and changing stigmatizing language.
- Work towards **culturally and linguistically appropriate healthcare services**.
- Engage people who use drugs or are in recovery in helping and include their families.
- Implement OSPs.

Resources

- U.S. Department of Health and Human Services (HHS). Office of Minority Health. *New CLAS Implementation Guide*. Accessed January 6, 2021.
<https://www.minorityhealth.hhs.gov/minority-mental-health/clas/>
- Greenbaum Z. The stigma that undermines care. *Monitor on Psychology*. 2019 June; 50(6): 14. <https://www.apa.org/monitor/2019/06/cover-opioids-stigma>
- HHS. Office of the Surgeon General, Facing Addiction in America: The Surgeon General's report on alcohol, drugs, and health. Washington, DC: HHS, November 2016.
- HHS. Overdose prevention strategy. Accessed May 12, 2022.
<https://www.hhs.gov/overdose-prevention/>



Contributions

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Thank you!



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