

Opioid Stewardship Goals 2020



Goals Set: June – August 2020
Approved: August 25, 2020 (Opioid Provider Task Force)

- Goal 1** Technology-Based methods to alert, engage and improve patient care provided by clinical staff
- Goal 2** Harm Reduction and Safety Optimization related to patient access to medications to help patients with opioid abuse/use
- Goal 3** Enhance, conduct and prepare education for medical staff related to opioid use disorders
- Goal 4** Evaluate, propose and implement a lasting and efficient method to document check of the WI PDMP prior to prescribing opioids

- Opioid Stewardship Efforts should include aims to enhance and improve:
- Prevention
 - Research and Evaluation
 - Education
 - Culture Change
 - Resource Development
 - Specific goals and goal reassessment

Behavior Goals	Details	Actions	Timeline/Updates
Technology-Based methods to alert, engage and improve patient care provided by clinical staff	Explore and implement technology-based functionality (within the electronic health record) to assist in alerting nursing and pharmacy staff to the existence of opioid treatment plans and provider/patient agreements.	EHR-based Care Plan Alert – Lead: ED Lead Viewing Opioid Treatment Plan Details – Education Lead: Pharmacist/Hospitalist Lead OB PPA Workflow more visible to all care team members – Lead: Clinical Pharmacy Lead and OB Lead Outside Information on Treatment Plan – Process for add to EHR Lead: <NEED>	
Harm Reduction and Safety Optimization related to patient access to medications to help patients with opioid abuse/use	Develop and promote harm reduction to optimize safety in people with addictions. (increase prescribing and access to naloxone kits and initiate co-prescribing process for high risk patients. Increase access to	Increase access to buprenorphine (inpatient stay) Lead: Clinical Pharmacy Lead and OB Lead Naloxone Statewide Standing Order Education/Update Lead: Pharmacy	

	<p>buprenorphine for hospitalized patients, concurrent with provider education of when this is allowed by the DEA</p>	<p>Share Offerings related to Naloxone Community Training Events Lead: <NEED></p> <p>Create plan to interview patients at all visits related to naloxone in possession, from standing order or community event Lead: Clinical Pharmacy Lead (Med History team)</p>	
<p>Enhance, conduct and prepare education for medical staff related to opioid use disorders</p>	<p>Focus areas this year:</p> <ul style="list-style-type: none"> • Opioids are not first-line therapy – • When Opioids are needed, they should be prescribed at the lowest effective dose, for the shortest effective duration. (Using caution anytime the dose would exceed 50 MME/Day) • Concurrent opioid and benzodiazepine prescribing should be avoided, when possible. 	<p>Using the Stages of Learning Model starting at foundational knowledge – provide focused education. Focused education areas: OB MSP/ICU Emergency Services/Urgent Care Primary Care Ortho Family Medicine</p> <p>Start: obtain provider insight on the best method to educate and provide education. Lead: Clinics – **Clinic lead Inpatient: <NEED></p> <p>Look at prescribing picture in the ED/Urgent Care area and collaborate with ED Providers to look at tenants of ALTO (alternates to opioid therapy) Lead: (PGY1 Resident)/ED Lead</p>	
<p>Evaluate, propose and implement a lasting and efficient method to document check of the WI PDMP prior to prescribing opioids</p>	<p>Engage providers to create a lasting and efficient method to document the evaluation/check of the WI PDMP within the electronic health record.</p>	<p>Lead:</p>	