

Adverse Drug Event Gap Analysis for Opioids



The following checklist assesses a hospital's compliance with best practice strategies to reduce opioid-related adverse drug events.

EVIDENCE BASED BEST PRACTICE FOR OPIOIDS	IMPLEMENTATION STATUS			ACTION PLAN/NEXT STEPS List specific activities your team will seek to accomplish to fully implement each practice recommendation.
	FULLY	PARTIALLY	NONE	
HOSPITAL LEADERSHIP AND OVERSIGHT				
Hospital has a leader or leadership team that is responsible for safe opioid prescribing and development and monitoring of performance improvement activities related to opioids.				
Hospital routinely tracks and trends opioid usage and ADE data and information.				
Hospital routinely provides departments and physicians with opioid usage data and information such as: <ul style="list-style-type: none">• referrals to medication-assisted treatment;• percent of patients discharged on opioids with Narcan prescriptions;• percent of patients with 90 MME or greater dosing;• percent of patients on co-occurring benzodiazepines; and• percent of patients on two or more opioids simultaneously.				
PATIENT RISK ASSESSMENT				
Standardized assessments are utilized throughout the hospital to assess the patient's: <ul style="list-style-type: none">• opioid status (naïve v. tolerant);• respiratory risk factors;• sedation levels; and• risk of sleep apnea.				
A full patient history and assessment of current medications (prescription and over the counter) is completed, including screening for existing opioid and benzodiazepine prescriptions.				
The Prescription Drug Monitoring Program database is checked to verify current patient prescriptions before writing new ones.				
PAIN ASSESSMENT AND MANAGEMENT				
Non-opioid pain management treatments are considered and discussed with patient pre-opioid prescription.				
Standardized pain assessments are used throughout the facility.				
The provider develops patient-specific pain treatment plans centered around evidence-based practices and the patient's clinical condition, past medical history and pain management goals.				

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OPIOID PRESCRIBING				
Protocols indicate that when patients are newly prescribed opioids, immediate-release options are tried first.				
When patients are prescribed opioids, protocols indicate the use of the lowest effective dose first.				
Acute pain prescriptions are written for short durations. The parameters are established in the hospital protocols.				
Naloxone is prescribed for all patients on opioids during hospital stay and at discharge.				
Hospital has opioid prescribing protocols that address the avoidance of co-occurring opioids and opioid and benzodiazepines.				
PROTOCOLS				
Provide regular guidance on dosing for opioid naïve, opioid tolerant and patients with conditions at high-risk for opioid ADEs and includes titration guidelines for appropriate and safe clinical response.				
Define patient monitoring and actions associated with opioid-related side effects (i.e., pruritis, delirium, constipation, allergic reaction).				
Define alarm thresholds for monitoring respiratory depression and associated staff actions.				
Protocols and standard order sets include the provision of emergency administration of all appropriate antidotes, reversal agents and rescue agents used in the facility and have directions for use/administration readily available in all clinical areas where the antidotes, reversal agents and rescue agents are used.				
Includes protocols around use of alternative medications (meaning medical staff divisions routinely explore and develop protocols for the safe and effective use of alternative pain management approaches).				

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CARE TEAM				
The hospital empowers all care team members to share responsibility for opioid treatment and management, including pharmacy professionals, nursing staff, clinical staff and providers.				
Pharmacy has protocols for concurrently monitoring MME, co-occurring opioids and dual opioid and benzodiazepines medications that include discussion and intervention steps.				
INPATIENT TRANSITIONS OF CARE				
A standard handoff/transition communication process is in place for all patients receiving opioids, which includes the patient’s opioid status (naïve or tolerant); recent pain assessment, sedations score and medications administered; drug and dose history from previous shift; and history of snoring, obesity and sleep apnea.				
The post-anesthesia care unit discharge process includes a stabilization period after patient receives an opioid dose to ensure the patient is stable upon transfer.				
DISCHARGE PLANNING				
Patients who are identified to have opioid use disorder are counseled and referred to a MAT treatment center, behavioral health or other addictionologist as agreed upon.				
Hospital has an automatic stop on patients being discharged on opioids that includes a pharmacy review and other interventions if needed.				
Hospital has guidelines for how much opioid-based medicines (dose, number of pills and refills) can be prescribed: <ul style="list-style-type: none">• from ED; and• at discharge.				