



# CHECKLIST TO MINIMIZE OPIOID RELATED RISK



## PRESCRIBING PRACTICES

- ✓ Has the organization developed policies and procedures and educated staff on their implementation detailing safe opioid and other controlled substance prescribing that reflect current best practices?
- ✓ Have emergency department providers been apprised of evidence-based practices related to opioid use for pain management, and are they using alternative forms of pain management for injuries treated in the emergency department?
- ✓ Do all prescribers have the ability to provide follow-up care to monitor the efficacy of the controlled substance as a treatment of the patient's medical condition and to taper off use of the controlled substance when lesser pain management is warranted? (If the prescriber is unable to provide for follow-up care, they should have the ability to refer to a primary care provider or to another licensed prescriber who is geographically accessible to the patient.)
- ✓ Are there limitations on prescriptions, and are these limitations monitored? (Limitations should restrict the number of refills prescribed, prohibit distributing or dispensing of opioids or other controlled substances for other than a legitimate medical purpose, and prohibits the filling or refilling an opioid or other controlled substance more than 6 months after the date of the original prescription.)

## DISPENSING PRACTICES

- ✓ Does the organization have a policy that prohibits the filling of a prescription more than 90 days after the date the prescription was ordered?
- ✓ Is the organization registered with the Department of Health and Human Services to dispense opioid antagonists (such as Buprenorphine), and are the policies and practices associated with that registration monitored for compliance?
- ✓ Is the Chief Medical Officer who will be writing the standing orders for Buprenorphine aware of and trained in the proper use and administration of opioid antagonists?
- ✓ Is the pharmacist who will be dispensing opioid antagonists aware of and trained in the proper use and administration of opioid antagonists?
- ✓ Is there an electronic medication order entry system (CPOE) that tracks prescribing by patient and prescriber?
- ✓ Is the CPOE linked to a statewide or local data base that can be queried to track prescriptions filled by patients? Dispensing pharmacies should flag those prescriptions written by prescribers on their own behalf for opioids or other powerful pain medications.

## HUMAN RESOURCE PRACTICES

- ✓ Does the organization provide information on the impact of substance use / misuse on quality and patient safety?
- ✓ Is there a specific program or a program within the organizations existing Employee Assistance Program (EAP) that offers help and support during recovery and that can determine fitness for duty when an employee seeks to return to work?
- ✓ Is on-going support following recovery available for all employees who are returning to work following treatment for addiction?
- ✓ Does the organization work with the state's medical licensing, nursing, and pharmacy boards to identify services that may be available to HCP's and their families related to addiction, treatment, and recovery?
- ✓ Does the organization have a policy whereby prescribers cannot write prescriptions for opioids or powerful pain medications on their own behalf?
- ✓ Does the organization have a policy allowing for random mandatory drug testing?