Opioid Prescribing PDSA
(PLAN, DO, STUDY, ACT)
SAMPLE WORKSHEET

This sample is designed to provide facilities with a framework and ideas for developing facility-specific content and action steps. This form can be modified or utilize a blank template (Alliant Health Solutions Blank PDSA Worksheet) to create the facility-specific PDSA plan.

Facility Name: _____

CCN#: _____ Date: _____

Goal Setting: Describe the problem to be solved	
State the problem. Who, what when, where, and how long?	Opioids can effectively alleviate pain and maintain function for residents receiving care or who have severe acute, subacute or chronic pain that has not been successfully managed through or responded to non-opioid analgesics or non- pharmacologic measures. The use of opioid analgesics outside of current CDC (Centers for Disease Control and Prevention) opioid prescribing guidelines recommends cautioning residents on risk and benefits of opioids therapies. Fifteen patients/residents (change to reflect your facility patient/ resident number) who are not receiving end-of-life care currently have active orders for an opioid analgesic. Current orders for 10 of the 15 patients/residents (change to reflect your facility patient/ resident numbers) exceed the current CDC opioid prescribing recommendation of no more than 50 morphine milligram equivalents (MME) daily. Example: The number of patients taking high dose opioids (>50MME) has gone up by 10% over the past 6 months. Example: After reviewing patient MARs, it was determined that there are patients receiving opioids and benzodiazepines at the same time.
What do you want to accomplish/ what idea do you want to test? Identify the goal and estimated time frame for resolution.	Goal: When benefits do not outweigh risks of continued opioid therapy, clinicians should optimize other therapies and work closely with patients to gradually taper to lower dosages. Reduce the number of patients/residents with opioid analgesic orders exceeding the CDC recommendation of no more than 50 MME daily or duration of greater than X days (insert facility-specific goal for number _____ of days). Idea(s) to test: 1. Implementing a comfort menu, providing education on CDC guidelines, and establishing a process for ongoing surveillance by a QAPI (Quality Assurance and Performance Improvement) team will increase awareness.

	2. Establish pain treatment goals with patient as tapering efforts are more successful if patient agrees with tapering plans 3. Offer flexibility in tapering plan to reflect 2022 guidelines 4. Offer a plan in which patients are given a full benefits vs risk analysis 5. Initiation of a dose reduction plan to patients who met the criteria of tapering within 90 days of identification of a patient/resident on opioids exceeding 50 MME daily, will result in a decrease in orders exceeding the recommended limit of 50 MME daily.
What changes will result in improvement? e.g., safety, effectiveness, patient-centered care, timely, efficiency, equitability, etc.	*What are you going to change based on your RCA (root cause analysis) that you feel will result in improvement?* Changes will be made to the admission process, staff education process, care plan process and surveillance process.
Who will be affected by accomplishing the goal?	Staff, Prescribers, Patients and Residents

Plan: Describe the change (intervention) to be implemented

What exactly will be done?
 	
e.g., initial intervention(s), expected outcome for each intervention, goal(s), and expected overall outcome goal rate in a percentage format
	List interventions you will provide and your expectations for improvement rates.
	
	1. Establish a QAPI team (recommended composition includes pharmacist, Medical Director or designated prescriber, nurse leader, front line staff, patient/resident and/or family representative) by (insert date) to:
	 a. Conduct a review of current patients and residents with active opioid analgesic orders (Note: the review should include:
	   i. Indication, dose, directions, start and stop date, MME
	   ii. Whether patient/resident is also prescribed a benzodiazepine
	   iii. Evidence of previous opioid use
	   iv. Prescribing physician (note: recommendation to have only 1 prescriber managing the patient/resident's opioid and benzodiazepine prescriptions)
	   v. Diagnosis that would exclude patient/resident from opioid reduction, such as sickle cell anemia, cancer, or end-of-life care
	 b. Establish a baseline to measure improvement.
	 c. Identify any trends in prescribing above the recommended limit of 50 MME daily or stop dates of greater than X days (insert date established in collaboration with the Medical Director).
	 d. Conduct ongoing surveillance of opioid analgesic orders and care plans for comfort menu interventions and non-opioid pain medications (ongoing surveillance could include an interdisciplinary review of patient X days prior to renewal).
	2. Implement a comfort menu (e.g., Alliant Health Solutions Comfort Menu) of non-pharmacologic pain management interventions and utilize it on all units by (insert date).

	3. Collaborate with facility Medical Director to educate prescribing staff by (insert date) on CDC guidelines, AMDA (The Society for Post- Acute and Long-Term Care Medicine) recommendations and facility goals to implement a comfort menu and minimize the use of opioid analgesics when appropriate.
	
	4. Provide training for all clinical staff by (insert date) and incorporate training on opioid prescribing guidelines, black box warnings, use of the comfort menu, signs of opioid overdose, dose tapering and the use of Naloxone into:
	   a. New hire orientation
	   b. Annual competency reviews
	
	5. Review Emergency boxes inventory to ensure Naloxone is available in Emergency boxes on all units by (insert date).
	
	6. Establish a process for quarterly review of Emergency boxes to ensure Naloxone is not expired
	
	7. Collaborate with the Medical Director to establish a process for the prior approval or review of new opioid analgesics of over 50 MME daily or stop dates of longer than X days (insert number of days). Process to include discharge orders to next level of care.
	
	8. Revise admission process by (insert date) to include identification of:
	   a. Indication, dose, start and stop date and MME
	   b. Whether patient/resident is also prescribed a benzodiazepine
	   c. Evidence of previous opioid use
	   d. Prescribing physician (note: recommendation is to have only 1 prescriber managing the patient/resident's opioid and benzodiazepine prescriptions)
	   e. Diagnosis that would exclude patient/resident from opioid reduction such as sickle cell anemia, cancer, or end-of-life care.
	   f. Interdisciplinary team members to notify (nurse leader, Medical Director or QAPI team member) of any new admission with an opioid analgesic order.
	
	9. Develop and implement a plan to communicate initiative goals to referring hospitals by (insert date). (Note: Consider transfer process that includes Physician- to-Physician communication for care management/discharge planning).
	
	10. Develop and implement a plan to communicate initiative goals to patients, residents, families, health care agents and care partners by (insert date).
	
	11. Establish a schedule for review of opioid prescribing data by the QAPI committee.

Who will be responsible for implementing the change?	*Usually, leadership for QAPI methodology. This person will support and supervise the process the team is working on.*
Where will it take place?	*Where and when will you provide the interventions listed?*
What will be measured? Describe the measure(s) to determine if prediction succeeds.	*What data or outcome will you measure?* Number of patients with orders exceeding 50 MME daily. Number of patients/residents with orders for greater than X number of days.
Who will be responsible for measuring the data?	*This can be a group or an individual.*

How will the data be collected/computed/analyzed?	*Identify process owner(s) for data collection and schedule for review and analysis*
What is the current data figure for that measure? e.g., count, percent, rate, etc.	*Baseline*
What should the number increase/decrease to in order to meet the goal?	*Goal rate should show improvement from baseline.*
Did you base the measure or figure you want to attain on a particular best practice/average score/ benchmark?	*Based on CDC guidelines for opioid prescribing.* CDC Clinical Practice Guideline for Prescribing Opioids for Pain

Do: Implement Change

Enrollment in upcoming learning collaborative. The learning collaboratives will provide group technical assistance using a data-driven, action-oriented approach. Unlike individual learning, people engaged in learning collaboratives capitalize on one another's resources and skills.

Was the plan executed?	*Yes, on (what date did you do the first audits)*
How long was the plan executed?	*You will answer this at the conclusion of your project.*
Document any unexpected events or problems	*Put employee comments, change in staff and any other events that affected the outcomes here.*
Describe what actually happened when you ran the test e.g., the indicators measured, the adoption of the change by staff, process change, etc.	*Did you see improvement in reducing opioids? What feedback did the team observe/receive around the use of the comfort menu?*

Study: Review and Reflect on Results of the Change

Scheduled monthly check-in with Alliant Health Solutions will include data analysis and building sustainability.

Describe the measured results and how they compared to the predictions State at least 1 or more interventions that contributed to the improvement of the problem	*Did you see the outcome you expected? What interventions made the improvement possible?*
Graphically illustrate data improvement comparison from baseline to current data in percentages.	Baseline= % Weekly or monthly audits = %
Is this change likely to continue? Identify at least one or more of the continued sustainable interventions that addresses the problem	*Answer here if your intervention(s) led to an improvement in opioid prescribing practices and reduction efforts.*

Act: Determine the Action Needed Based on Results of the Change

Monitor data and adjust interventions/tactics.

What will you take forward from this PDSA?	*Answer here (later) if you will Adopt, Adapt, or Abandon this Plan.*
Describe what modifications to the plan will be made from what you learned	*If you make changes or additions to this process, add changes here as an adaptation*

Intervention/Improvement Details: *(sample action steps)*

Action Step	Start Date	Target Completion Date	Person Responsible	Monitoring Strategy	Findings and Lessons Learned	Outcome, Recommendations and Next Steps
Conduct review of all current orders for opioids			Nurse Managers	QAPI to review		
Develop strategy to establish framework for opioid reduction initiative (e.g. all clinical managers will view **https://www.youtube.com/watch?app=desktop&v=m_KfyK-cDKD0**)			ED/DNS	QAPI to review in-service records		
Randomly select 10% of staff (include staff from all shifts, staff, agency...) and interview to determine how staff find, select nonpharmacological interventions to increase patient/resident comfort/alleviate stress. Identify 5-6 interdisciplinary team members to conduct the interviews.			Director, Social Services	Scheduler to audit selection to ensure inclusive of weekend staff, all shifts, PRN and contract agency staff.		

Findings from the Root Cause Analysis:

Category	Barriers Identified

Additional Resources:

1. The Society for Post-Acute and Long-Term Care Medicine™ (AMDA) Opioids in LTC resources:
   https://paltc.org/opioids-ltc-resources
2. CMS State Operations Manual: SOM - Appendix PP (cms.gov)
3. Alliant Health Solutions tools and resources: https://www.alliantquality.org/
4. Alliant Health Solutions YouTube channel: https://www.youtube.com/channel/UC4uFyOABx6fHiXkz2lLbF7g
5. Alliant Health Solutions webinar: Neuroscience of Addiction: Disease or Decision? https://bit.ly/DiseaseorDecision
6. CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022
   https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm?s_cid=rr7103a1.htm_w
7. Alliant Comfort Menu: https://quality.allianthealth.org/wp-content/uploads/2022/04/Comfort-Menu-QIN-QIO_508.pdf
8. ISMP: https://www.ismp.org/sites/default/files/attachments/2018-01/EntireAssessmentWorkbook.pdf
9. Consumer Med Safety High-Alert Guides: https://www.consumermedsafety.org/high-alert-medications

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