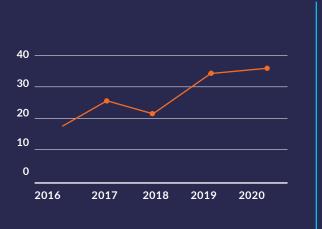
Together, we can go further, faster.

INPATIENT OPIOID SAFETY & OVERSEDATION PREVENTION

A STRATEGY GUIDE



Cynosur



- Find out how naloxone use data is collected and reported in your organization
- Review your organization's naloxone ise data. Is one unit or one diagnosis over-represented?
- Do you have fewer than 5 excessive inpatient anticoagulation events per year in your organization? Try the Infrequent Events Calculator to see trends and shifts in oversedation INR events more clearly

NEXT STEPS

Review the Adverse Drug Events (ADEs) Change Package

Have team members complete the <u>"How Do We Improve</u>" learning modules in the <u>Building Blocks of Quality and Patient Safety</u> course

Review posts about Adverse Drug Events from your peers in the <u>Patient Safety Focus Areas</u> CLIC Community





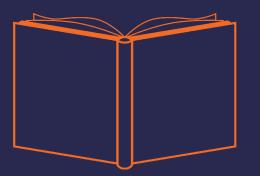
CREATE

• An account on <u>CLIC</u>

WATCH

- "How do we improve"
- Opioid Safety <u>Drivers for Improvement</u>





READ

- ADEs Change Package
- <u>Patient Safety Focus Areas</u> CLIC Community



MAP YOUR IMPROVEMENT PLAN

GFT





GET SET

READY TO START PLANNING FOR IMPROVEMENT AND IDENTIFYING WHERE TO START?

WATCH

- Discovery Tool overview video
- Opioid Safety Improvement <u>Discovery Tool</u> instructional video
- Opioid Safety <u>Drivers for Improvement videos</u>





PLAN

- Host a Focus Group for patients and family caregivers from your hospital to learn about their inpatient glycemic control experience to identify opportunities for improvement
- See if your knowledge is up to date! Take the <u>Opioid</u> <u>Knowledge Self-Assessment</u>
- Select a test of change from the <u>Adverse Drug Events</u> <u>Change Package</u> and plan the test using the <u>Quality</u> Improvement Project Planning Worksheet
- Download and complete the <u>Opioid Safety Event Process</u> <u>Improvement Discovery Tool</u>

RESOURCES

- The <u>STOP-BANG questionnaire</u> that helps identify patients at moderate and high risk for obstructive sleep apnea during sedation
- Why and how we should all be using the Pasero Opioid-Induced Sedation Scale (POSS)
- The use of the <u>Richmond Agitation Sedation Scale (RASS) in the ICU</u>





MAP YOUR IMPROVEMENT PLAN

GFT

SET



GFT

READY TO STOP PLANNING AND START DOING?

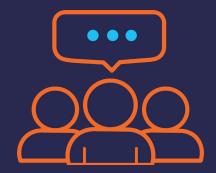


PRIORITIZE

 Complete the <u>Opioid safety Event Process</u> <u>Improvement Discovery Tool</u> for 5-10 readmitted patients to identify your target processes for improvement

COLLABORATE

- Engage a patient family advisor to participate on your improvement team
- Set up a coaching call with an Improvement Advisor that specializes in Hypoglycemia Prevention by using the Coaching Sign Up link in CLIC
- Report out on tests of change successes and challenges with your improvement advisor coach.
- Share tools, resources, innovations, and ideas that your team develops in a post on the <u>Patient Safety</u> <u>Focus Areas Community</u> in CLIC



GFT

RE-INVIGORATED



LEARN

 <u>Register</u> to participate in an ADE collaborative learning session when available











GET RE-INVIGORATED

IMPROVEMENT IS NOT LINEAR. NEED A FRESH PERSPECTIVE OR IDEA FROM YOUR TEAM?

RE-CALIBRATE

Be sure to watch the <u>Discovery Tool Overview Video</u>, as well as the Opioid Safety Event Process Improvement <u>Discovery Tool Instructional Video</u>, then download and complete the <u>Opioid Safety Discovery Tool</u>. Look at 5-10 charts where hypoglycemia occurred (if events are rare, just use the tool for the next ten patients on insulin). Scan for themes where best practices are not embedded. Tackle 1, 2, or 3 of those with process improvement teams.

GET

SET





COLLABORATE

- Engage a patient family advisor or former patient/family member to participate on your improvement team
- Set up a coaching call with an Improvement Advisor that specializes in Hypoglycemia Prevention by using the Coaching Sign Up link in CLIC

LEARN

- Watch the Opioid Safety <u>Drivers for Improvement</u> video modules with your team.
- <u>Register</u> to participate in an ADE collaborative learning session when available.

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