Review a minimum of **5** and a maximum of **10** medical records across ED, Short Stay, & Inpatient Settings.

Focus:

For this review, randomly select 5 to 10 medical records to review across ED, short stay, and inpatient settings using the following criteria:

- Patient ≥ 18 years of age
- Diagnosis or chief complaint for pain associated with headache, radiculopathy, musculoskeletal pain, renal colic, and fracture/dislocation
- Routine elective surgery of any kind (see Michigan OPEN's opioid prescribing recommendations for routine elective surgeries - https://michigan-open.org/prescribing-recommendations/)

Exclusion Criteria

- Admitted for drug withdrawal or overdose
- Exclude patients receiving cancer care and/or end of life care

Instructions:

When reviewing the medical record, if documentation is found for the process, mark "**Yes**" in the box. If documentation is not found for the process, mark "**No**". If the process being reviewed is not applicable to the medical record, mark "**N/A.**" After completing the review of all records, note the rows with the highest number of "*No*" responses. This will identify priority focus areas for improvement.

Note: Do not spend more than 20-30 minutes per medical record.

SUBMIT YOUR DISCOVERY TOOL FINDINGS WHEN COMPLETE: Take a 2 minute survey to report your findings. By submitting your findings, you will have taken the time to identify process gaps in which to focus improvement and to guide educational activities.

CLICK HERE TO SUBMIT YOUR FINDINGS

Case Review	Pt A	Pt B	Pt C	Pt D	Pt E	Pt F	Pt G	Pt H	Pt I	Pt J
Care Setting										
Prevent new opioid starts										
Evidence that non-opioid approaches were used to manage acute pain for headache, radiculopathy, musculoskeletal pain, renal colic, and fracture/dislocation										
IF patient was prescribed an opioid at discharge:										
Surgical patients were prescribed ≤ 12 opioid pills										
Standard opioid prescribing guidelines were followed relevant to the patient's diagnosis										
Provider checked your state's Prescription Drug Monitoring Program (PDMP)										
Patient was discharged with a short-term prescription (≤ 5 days) & ≤ 90 MME/day										
Patient was NOT concurrently prescribed benzodiazepines										
Discharge summary sent to patient's primary care provider and/or pain management specialist within 3 days										
Manage chronic pain related opioid use safely										
IF patient regularly uses opioids to manage pain:										
There is evidence that a standard process was used to evaluate whether the patient could benefit from transitioning to MAT or opioid alternatives										
If the patient received replacement opioids for lost or stolen opioids, a standard process was followed										

Improve Appropriate Opioid Use Process Improvement Discovery Tool

Treat addiction effectively										
A standard process was used to assess the patient for OUD										
For patients using long term opioids to manage pain &/or taking ≥ 100 MME/day provider discussed MAT										
IF patient is identified as having OUD:										
There is evidence patient & provider discussed MAT										
Patient initiated MAT while still in the hospital										
IF patient initiates MAT while still in the hospital:										
Patient was provided a prescription at discharge for buprenorphine										
Patient was given a "warm hand-off" to an outpatient MAT provider										
Overdose prevention										
Naloxone was co-prescribed for this patient IF they left with an opioid prescription for more than 5 days of opioids										
Create sustainable infrastructure to support ongoing improvement										
Patient's medical record does not contain stigmatizing language (e.g. drug user, addict, junkie, habit, abuse, clean, dirty)*										
Patient was asked for permission to discuss with her/his key support person (e.g., significant other, family member, friend) opioid risk, pain management alternatives, and/or MAT as appropriate										

** Expanded list of recommended terms to reduce stigma and negative bias when talking about addiction (NIH)*

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