

# Colorado's Opioid Solution: Clinicians United to Resolve the Epidemic (CO's CURE)

*Co-sponsored by Colorado Hospital Association, Colorado Medical Society  
and the Colorado Consortium for Prescription Drug Abuse Prevention*

## Hospital Medicine Pilot PRE-LAUNCH CHECKLIST

Based on the Rocky Mountain Chapter of the Society of Hospital Medicine  
***2019 Opioid Prescribing and Treatment Guidelines***

# CO's CURE

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## Project Champion

### Role:

Sets the direction for the implementation of the CO's CURE Hospitalist Pilot by effectively developing an Opioid Safety Team, establishing goals, timelines, project tracking, an implementation schedule, a communication plan, performance improvement plan and assures effective use of resources. The project champion is responsible for translating the executive team's opioid safety goals and expectations into an action plan.

### 5 months prior:

- ☐ Read and understand the Rocky Mountain Chapter of the Society of Hospital Medicine *2019 Opioid Prescribing and Treatment Guidelines*.
- ☐ Work with the executive team to clearly identify goals and expectations.
- ☐ Present to the hospital board of directors as requested.
- ☐ Identify champions. Recommended team members include:
  - Executive sponsor
  - Hospitalist leader
  - Nursing
  - Pharmacy
  - Quality
  - Communications/marketing
  - Clinical educator
  - Information technology/data
  - Patient experience
  - Other members based on organizational culture and clinical workflow

### 4 months prior:

- ☐ Work with the team to identify scope of work and quality metrics based on executive team goals.
- ☐ Work with quality team to set up a performance improvement strategy.
  - *Resources on how to successfully manage a quality improvement project can be found [here](#).*

- ☐ Review electronic medical records for data pulling capabilities.
- ☐ Work with communications and marketing to develop an internal and external communication plan.

### 3 months prior:

- ☐ Follow up with team action items as outlined below:
  - Ensure the internal communication plan is launched
  - Project status update for the executive team

### 2 months prior:

- ☐ Continue working with quality champion to solidify data collection and quality improvement processes.
- ☐ Ensure all team members are trained, ready for launch and key turnover issues, if any, are mitigated.

### 1 month prior:

- ☐ Ensure all necessary supplies and equipment are ready and available.
- ☐ Work with organization and/or system IT champion and data champion to beta test reports.
- ☐ Ensure all training is complete.
- ☐ Beta test launch including all reports.

### 1 week prior:

- ☐ Hold the final planning meeting.
- ☐ Check for and remove remaining barriers.
- ☐ Attend final quality improvement readiness meetings.

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## Hospitalist Champion

### **Role:**

Develop an effective provider system and process for implementation and sustainment of the pilot. Responsible for physician education and practice compliance. Ensure advanced practice providers are trained as well. Together with nursing leadership, ensure ongoing hospital-wide communication about the pilot. Responsible for pilot data, communicating to key stakeholders and removing barriers to change.

### **4 months prior:**

- ☐ Read and understand the Rocky Mountain Chapter of the Society of Hospital Medicine *2019 Opioid Prescribing and Treatment Guidelines*.
- ☐ Work with champions to coordinate roles and responsibilities.
- ☐ Develop an inpatient provider implementation plan.
- ☐ Present implementation plan at Medical Executive Committee.
- ☐ Begin communications and building support with inpatient providers.

### **3 months prior:**

- ☐ Conduct in-person provider education.
- ☐ Review high-risk policies to ensure medications such as ketamine and IV lidocaine drip can be given for pain in the inpatient unit; have policies approved one month prior to launch.
  - *Sample high risk policies can be found [here](#)*
- ☐ Assist in developing a communication plan.
- ☐ Cover specific education on trigger point injections/IV nerve blocks.
  - *Trigger point education videos can be found [here](#)*
- ☐ Work with the medical staff office to develop a strategy for house-wide and inpatient provider education.

### **2 months prior:**

- ☐ Continue education, communication and support.
- ☐ Review baseline data.
- ☐ Check order set progress.
- ☐ Develop an orientation and education process for new providers, locum tenens, residents or fellows as applicable.

### **1 month prior:**

- ☐ Review and finalize high risk medication policies.
- ☐ Ongoing provider training and communication.
- ☐ Beta test data collection and all new pilot workflow processes.

### **1 week prior:**

- ☐ Attend the final planning meeting.
- ☐ Check for and remove remaining barriers.
- ☐ Attend final quality improvement readiness meetings.

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## Providers

### Role:

Assist with the design and implementation of an effective provider workflow for the pilot. Work with other providers and nursing staff to ensure patients receive the best pain management possible using ALTOS as a first line of defense and opioids as a rescue drug. Educate patients, family members, hospital staff and other providers on the importance and benefits of using ALTOS.

### 4 months prior:

- ☐ Read and understand the Rocky Mountain Chapter of the Society of Hospital Medicine *2019 Opioid Prescribing and Treatment Guidelines*.
- ☐ Research, ask questions and discuss concerns.
- ☐ Identify potential barriers to implementing the CO's CURE initiative and discuss with inpatient medical director.

### 3 months prior:

- ☐ Attend in-person provider education.
- ☐ Utilize online provider education resources.
- ☐ Assist with communication and provider training as needed.
- ☐ Collaborate with nurses and key care team members to ensure consistent messaging to patients and family members.

### 2 months prior:

- ☐ Collaborate with the hospitalist champion to develop educational materials, assist with education and training as needed.

### 1 month prior:

- ☐ Test process, tools, order sets – ensure all necessary supplies and equipment are ready and available.

### 1 week prior:

- ☐ Attend the final planning meeting.
- ☐ Check for and remove remaining barriers.
- ☐ Attend final quality improvement readiness meetings.

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## Inpatient Nurse Director (per inpatient unit)

### **Role:**

Develop an effective system and process for the implementation and sustainment of the pilot. Responsible for nurse education, including patient and family engagement. Together with clinician leadership, ensure ongoing hospital-wide communication. Responsible for educating float pool staff. Responsible for checking data reports prior to submission. Partnership with clinical educators and patient experience team is recommended.

### **4 months prior:**

- ☐ Read and understand the Rocky Mountain Chapter of the Society of Hospital Medicine *2019 Opioid Prescribing and Treatment Guidelines*.
- ☐ Work with the hospitalist champion to develop an implementation plan.
- ☐ Begin communication with the inpatient staff and building support for the pilot.

### **3 months prior:**

- ☐ Work with hospitalists, anesthesia and pharmacy and therapeutics committee to change high-risk policies to meet nursing scope of practice.
  - *Sample high risk policies can be found [here](#)*
- ☐ Design nurse education and develop schedules (nurse training materials are available).
- ☐ Develop float pool/traveling nurse education process to ensure sustainment of ALTO work.
- ☐ Attend appropriate training sessions.

### **2 months prior:**

- ☐ Educate nursing staff on ALTO medications:
  - Administration
  - Side effects
- ☐ Role play: Opioid/ALTO nurse-patient scripting.
- ☐ Review data.

- ☐ Listen to challenges and remove barriers.

- ☐ Review and coach staff on patient satisfaction and communication skills.

### **1 month prior:**

- ☐ Test process, tools, order sets and patient rounding.
- ☐ Continue role playing with opioid/ALTO nurse-patient scripting.
- ☐ Review communication plan to ensure internal clinical and non-clinical staff have been educated on the CO's CURE initiative.
- ☐ Consider making leadership rounds outside the pilot site to check for house-wide understanding of the CO's CURE initiative.
- ☐ Ensure all necessary supplies and equipment are ready and available.
- ☐ Collaborate with providers and key care team members to ensure consistent messaging to patients and family members.

### **1 week prior:**

- ☐ Attend the final planning meeting.
- ☐ Check for and remove remaining barriers.
- ☐ Attend final quality improvement readiness meetings.

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## Floor Nurse

### Role:

Assist with the design and implementation of an effective clinical nurse process for the pilot. Work with other nursing staff and providers to ensure patients receive the best pain management possible using ALTOs as a first line of defense and opioids as a rescue drug. Educate patients, family members, other nurses and colleagues on the benefits of using ALTOs.

### 4 months prior:

- ☐ Read and understand Rocky Mountain Chapter of the Society of Hospital Medicine *2019 Opioid Prescribing and Treatment Guidelines*.
- ☐ Research, ask questions and discuss concerns.
- ☐ Identify potential barriers to implementation and discuss with nursing director.

### 3 months prior:

- ☐ Attend in-person nursing education.
- ☐ Utilize online nurse education resources.
- ☐ Assist with communication and nurse training.
- ☐ Collaborate with providers and key care team members to ensure consistent messaging to patients and family members.

### 2 months prior:

- ☐ Develop additional role play and scripting materials to assist in nurse and patient/family communication.
- ☐ Assist with developing float pool/traveler education process.

### 1 month prior:

- ☐ Test process, tools, order sets – ensure all necessary supplies and equipment are ready and available.
- ☐ Role play: Opioid/ALTO nurse-patient scripting.

### 1 week prior:

- ☐ Attend the final planning meeting.
- ☐ Check for and remove remaining barriers.
- ☐ Attend final quality improvement readiness meetings.

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## Pharmacy Director

### Role:

Develop an effective system and process for the implementation and sustainment of the pilot. Responsible for pharmacist education and integrating the education with providers and nursing staff. Responsible for ALTO medication management as outlined below.

### 4 months prior:

- ☐ Read and understand the Rocky Mountain Chapter of the Society of Hospital Medicine Opioid 2019 Prescribing and Treatment Guidelines, focusing on the ALTO section.
- ☐ Facilitate product acquisition and availability to nursing staff – the goal is to stock all medications in the order set in inpatient automated dispensing machines to facilitate quick delivery.
  - Any medication that cannot be stocked in automated dispensing machines (i.e., must be made in IV room, lidocaine gtt) – treat as STAT orders and make/take immediately to the unit.
- ☐ Work with inpatient director, anesthesia, pharmacy and therapeutics committee, nursing, regulatory and all other key stakeholders to facilitate appropriate administration of medications.
  - High risk medication administration policy should reflect that low-dose ketamine bolus/drips and IV lidocaine at the appropriate dose can be transferred to a non-ICU area.
  - Procedural sedation policy should reflect dosing cutoffs for when ketamine administration requires a “timeout.”
  - Sample high risk policies can be found [here](#)

### 3 months prior:

- ☐ Collaborate with organization and/or system IT Champion and Data Champion to create order entries in the computerized physician order entry that will facilitate easy ordering of medications. This means clearly labeled individual order entries versus creating an order set.

### 2 months prior:

- ☐ Secure medication approval and stock medications for use on the unit. Check the Rocky Mountain Chapter of the Society of Hospital Medicine ALTO Pathways for a list of medications.
- ☐ Update smart pump medication libraries to reflect offered medication therapies including standard drip concentration, dosages and maximum dose limits.
- ☐ Educate pharmacy staff on ALTO therapies.

### 1 month prior:

- ☐ Test process, tools and order sets.
- ☐ Ensure all necessary supplies and equipment are ready and available.
- ☐ Work with organization and/or system IT champion and data champion to beta test reports.

### 2 weeks prior:

- ☐ Ensure provider questions are answered.
- ☐ Ensure stocking is complete.
- ☐ Ensure smart pumps are working.

### 1 week prior:

- ☐ Attend the final planning meeting.
- ☐ Check for and remove remaining barriers.
- ☐ Attend final quality improvement readiness meetings.

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## Quality Improvement Champion

### **Role:**

Develop an effective quality improvement system and process for implementation and sustainment of the using an evidenced-based model for improvement. Together with the project champion, ensure ongoing hospital-wide communication about quality metrics and performance improvement progress toward goal. Responsible for quality data analysis, including patient experience data. Works closely with the data champion to ensure data integrity prior to submission.

- *Resources on how to successfully manage a quality improvement project can be found [here](#)*

### **4 months prior:**

- ☐ Read and understand Rocky Mountain Chapter of the Society of Hospital Medicine Opioid 2019 Prescribing and Treatment Guidelines, focusing on the ALTO section.
- ☐ Work with the project champion to understand organization goals for ALTO work and align with ongoing quality improvement work.
- ☐ Identify model of improvement for the integration of the ALTO change initiative and set up performance improvement work, quality metrics design and tracking.
- ☐ Identify and collect baseline data.
- ☐ Ensure all high-risk medication policies meet regulatory compliance.

### **3 months prior:**

- ☐ Train in performance improvement tools and techniques as needed.
- *Resource: IHI's An Introduction to the Model for Improvement can be found [here](#)*

### **2 months prior:**

- ☐ Continue launch prep.
- ☐ Work with a data champion to identify how quality metrics will be collected.

### **1 month prior:**

- ☐ Hold the quality improvement pre-launch meeting.
- ☐ Ensure all process and quality improvement tools are ready for launch.
- ☐ Begin to utilize quality improvement huddles.
- *Resource: Quality Improvement Huddles: Huddle Up can be found [here](#)*

### **2 weeks prior:**

- ☐ Continue huddles.
- ☐ Ensure metrics and dashboards are ready.
- ☐ Coordinate with clinical lead to ensure all data fields populate correctly.

### **1 week prior:**

- ☐ Attend the final planning meeting.
- ☐ Check for and remove remaining barriers.
- ☐ Host final quality improvement readiness meetings.

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## Communications and Marketing Director

*One of the most important lessons learned: Develop an intentional, ongoing communication and marketing strategy.*

### **Role:**

Develop an effective system and process for the implementation and sustainment of an ongoing communication strategy for the pilot. Major audiences to consider include, but are not limited to hospital and system-wide clinical and nonclinical staff, the media, the community at large, hospital owned clinics and specialty offices.

### **4 months prior:**

- ☐ Read and understand Rocky Mountain Chapter of the Society of Hospital Medicine *2019 Opioid Prescribing and Treatment Guidelines*, focusing on the ALTO section.
- ☐ Identify key stakeholders, messages and key take-aways.
- ☐ Develop internal, external and community communication plan.

### **3 months prior:**

- ☐ Develop consistent messaging for clinical, non-clinical and community settings.
- ☐ Develop key talking point fact sheets for distribution to managers, directors and staff.
- ☐ Identify how to communicate with the community, patients and families.

### **2 months prior:**

- ☐ Continue consistent and positive messages for all associates.

### **2 weeks prior:**

- ☐ Begin scheduled leadership rounding to enhance ALTO pilot communications, quality improvement work and to show leadership support.
  - *Resources on the 5 Benefits of Leadership Rounding can be found [here](#)*
- ☐ Create a "Top 10 Most Commonly Asked Questions" document about the CO's CURE pilot.
  - This Information can be shared at staff meetings, huddles and in newsletters. The goal is to help alleviate concerns over change and keep communication channels open for those not directly involved in the pilot.

### **1 week prior:**

- ☐ Attend final planning meeting.
- ☐ Check for and remove remaining barriers.
- ☐ Attend final quality improvement readiness meetings.

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## Information Technology

### Role:

Serve as the point person to build reports needed to retrieve correct data out of the system. Includes creating order entries in the computerized physician order entry that will facilitate easy ordering of medications; building reports to facilitate access to inpatient setting data to include specific opioid and ALTO fields and reports that will filter medication administration-specific data.

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### 4 months prior:

- ☐ Read and understand the Rocky Mountain Chapter of the Society of Hospital Medicine *2019 Prescribing and Treatment Guidelines*, focusing on the ALTO section.
- ☐ Begin work on creating ALTO order set.
- ☐ Identify data report writing point contact (if other than IT Champion).

### 3 months prior:

- ☐ Complete first draft ALTO order set.

### 2 months prior:

- ☐ Conduct a test run of the data report to ensure all fields populate correctly (e.g., dates, medications, doses, dosing units, etc.).
- ☐ Obtain final approval for the order set.

### 1 month prior:

- ☐ Work with data support to beta test reports.

### 1 week prior:

- ☐ Attend final planning meeting.
- ☐ Check for and remove remaining barriers.
- ☐ Attend final quality improvement readiness meetings.

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## Data Support

### Role:

Serves as the point person for collecting, organizing and submitting data. Responsible for ensuring the data is clinically checked for quality integrity prior to submission.

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### 4 months prior:

- ☐ Read and understand Rocky Mountain Chapter of the Society of Hospital Medicine *2019 Prescribing and Treatment Guidelines*, focusing on the ALTO section.
- ☐ Work with project and quality champions to understand the scope of project and specific role and responsibilities.

### 3 months prior:

- ☐ Check in with IT as reports are written to make sure questions are answered during report build.

### 2 months prior:

- ☐ Coordinate with pharmacist and clinical lead to conduct a test run and validate data.

### 1 month prior:

- ☐ Attend data software report training session if applicable.
- ☐ Work with IT, nurse director and hospitalist champion to beta test reports.

### 1 week prior:

- ☐ Attend final planning meeting.
- ☐ Check for and remove remaining barriers.
- ☐ Attend final quality improvement readiness meetings.