

STANDARD OPIOID PRESCRIBING SCHEDULES

KEY FINDINGS FOR CRITICAL ACCESS AND SMALL RURAL HOSPITALS

Critical Access and Small Rural Hospitals have a unique set of challenges and opportunities when working to implement the Standard Opioid Prescribing Schedules (SOPS) toolkit in their hospital. These key findings are based on challenges identified through a focus group and listening sessions with hospital clinicians. Also included are recommendations for consideration to identified challenges.

As more sites begin to adopt these standards, the North Carolina Healthcare Foundation (NCHF) will update these key findings with new challenges and recommendations.

| CHALLENGES TO SOPS IMPLEMENTATION | RECOMMENDATIONS |
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| <ul style="list-style-type: none">Hospitals that are part of a larger health system are unable to add updates or reference lists directly into the EHR. This is a system wide decision. | <ul style="list-style-type: none">Hospitals that are unable to update the EHR with the SOPS reference list can add it to their hospital intranet, SharePoint site, or simply share with targeted prescribing clinicians via email. |
| <ul style="list-style-type: none">Small rural hospitals have a greater need for ED SOPS than the post-operative recommendations based on patient volume. | <ul style="list-style-type: none">Smaller hospitals may select the ED as a good place to start this work. EDs can utilize the standard on the reference list: patients with an acute pain condition necessitating opioids are prescribed 0-10 doses. Starting small to clinician adherence in one department is a good tip to start.In the ED, the reference list can be attached to a cart for quick access and no delays in the patient's treatment. |
| <ul style="list-style-type: none">Hospitals that are part of a larger health system may be unable to create dashboards within the EHR. This can be a system wide decision and IT build within the EHR. A dashboard can be helpful to track opioid prescribing adherence over time. | <ul style="list-style-type: none">A dashboard to monitor adherence and success is helpful but not required. The hospital champion leading this work can work with the IT department to determine existing tools to monitor prescribing (e.g. NC Controlled Substances Reporting System and/or NC Prescription Drug Monitoring Program). |
| <ul style="list-style-type: none">Hospitals are unsure how to get this work started or need buy-in from leadership. | <ul style="list-style-type: none">CAH and Small Rural Hospitals can set implement prescribing guidelines as one of their quality improvement goals. Read more here. |