

Recommendations for Adoption: Opioid Prescribing for Acute Pain

Quality
Standards

Recommendations to enable widespread adoption of this quality standard

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About This Document

This document summarizes recommendations at local practice and system-wide levels to support the adoption of the quality standard for opioid prescribing for acute pain.

At the local and regional levels, health care professionals and organizations in all applicable settings, local health integration networks (LHINs), and other health system partners are encouraged to use the quality standard as a resource for quality improvement. While many organizations and providers may be offering the care described in this quality standard, the statements, related measures, and adoption supports are designed to help organizations determine where there are opportunities to focus their improvement efforts. The [Getting Started Guide](#) outlines how to use this quality standard as a resource to deliver high-quality care.

An important next step will be to put the recommendations included in this document into action. In some situations, this may require a more detailed plan or new resources, or it may require leveraging or expanding existing programs. Many aspects of the quality standard represent care that can and should be made available today.

A monitoring and evaluation strategy is included in the final section, with suggested measures to monitor and track progress. Health Quality Ontario's Quality Standards Committee will review these regularly, including the actions needed to support implementation.

Opioid Prescribing for Acute Pain Quality Standard

This quality standard provides guidance on the prescribing, monitoring, and tapering of opioids to treat acute pain for people aged 15 years of age and older in all care settings. It does not address opioid prescribing for chronic pain or end-of-life care, nor does it address the management of opioid use disorder in depth. Please refer to Health Quality Ontario's *Opioid Prescribing for Chronic Pain* quality standard and *Opioid Use Disorder* quality standard for detailed quality statements related to these topics.

While the scope of this quality standard includes adolescents between 15 and 17 years of age, it should be noted that the statements in this standard are based on guidelines whose evidence is derived primarily from studies conducted on adult (aged 18 years and older) populations. Health Quality Ontario's Opioid Prescribing for Acute Pain Quality Standard Advisory Committee members agreed that the guidance in this quality standard is equally relevant and applicable to people between 15 and 17 years of age. However, health care professionals should take into account that specialized skills and expertise may be required when providing treatment for special populations, including adolescents with acute pain for whom opioid therapy has been prescribed or is being considered. If treatment of this or other special populations is beyond a health care professional's expertise, the health care professional should consult or work with a health care professional with appropriate expertise.

The Opioid Prescribing for Acute Pain Quality Standard Advisory Committee agreed that it is important to include adolescents between 15 and 17 years of age in the scope of this quality standard because of the increased risk of harm opioids pose to this population. Adolescents report higher rates of nonmedical opioid use¹ and intentional poisonings,² and suffer a disproportionately higher rate of opioid-related deaths than the general adult population.³ These higher rates of harm stress the importance of providing guidance on the careful and appropriate prescribing of opioids for acute pain in youth.

This quality standard includes 9 quality statements addressing areas identified by Health Quality Ontario's Opioid Prescribing for Acute Pain Quality Standard Advisory Committee as having high potential for improving the quality of care in Ontario for people with acute pain who have been prescribed or are considering opioids.

Click [here](#) to access the quality standard.

The Recommendations for Adoption

These recommendations were developed to support the use of quality standards to promote practice improvement among health care professionals.⁴⁻⁶

Click [here](#) to download the detailed process and methods guide for a description of how the quality standard and recommendations for adoption were developed.

The recommendations for adoption were developed after a review of the available evidence and a scan of existing programs, as well as extensive consultation with the Opioid Prescribing for Acute Pain Quality Standard Advisory Committee, key stakeholders and organizations that work in this area, interviews with clinicians, and public comment on the quality standard. (See [Appendix A](#) for further detail on the development of these recommendations.) These recommendations are designed to bridge the gaps between current care and the care outlined in the quality statements.

These consultations highlighted some common themes:

- The need for better access to non-opioid therapies
- The need for real-time opioid prescribing data for both prescribers and dispensers
- The need to improve availability of and access to provider education and training
- The need to improve access to patient education

Ontario is implementing a comprehensive strategy to prevent opioid addiction and overdose by enhancing data collection, modernizing prescribing and dispensing practices, and connecting people with opioid use disorder with high-quality addiction treatment services. The quality standards related to opioid prescribing and opioid use disorder have been developed to support Ontario's opioid strategy. The recommendations for adoption accompanying the quality standards will complement the existing initiatives led by Ontario, and suggest additional areas for consideration.

Equity considerations: A number of complex equity considerations were identified that are related to social factors, including low income, homelessness, history of trauma, stigma, linguistic and cultural barriers, and lack of adequate transportation in rural and remote areas. These factors are known as the social determinants of health. In many cases, the social determinants of health that lead to health inequities are interrelated and intermingled, which increases difficulty in determining causality. Specific adoption strategies should not reinforce the current state of inequity and inequality. Where possible, they should contribute to improvements or highlight areas of opportunity for equity and equality.

The adoption recommendations are organized as follows:

- Integrating the quality standard into practice
 - Access to care
 - Access to data
 - Quality improvement
- Education and training
- Policy and system planning

We describe three time frames for adoption: immediate (less than 1 year); medium term (1–3 years); and long term (more than 3 years).

Note that the organizations, programs, and initiatives described in this document are examples for consideration. They do not reflect all organizations, programs, or initiatives doing work in this area.

[Appendix B](#) provides a list of these recommendations aligned to specific organizations and groups.

References

1. Canadian Medical Association. Harms associated with opioids and other psychoactive prescription drugs [Internet]. Ottawa (ON): The Association; 2015 [cited 2017 Nov]. Available from: <http://policybase.cma.ca/dbtw-wpd/Policypdf/PD15-06.pdf>
2. Canadian Institute for Health Information. Substance use surveillance e-newsletter [Internet]. Ottawa (ON): The Institute; 2017 Jan [cited 2017 Nov]. Available from: https://www.cihi.ca/sites/default/files/document/sus_enewsletter_issue_2_en.pdf
3. Centre for Addiction and Mental Health. Prescription opioid policy framework [Internet]. Toronto (ON): The Centre; 2016 Oct [cited 2017 Nov]. Available from: https://www.camh.ca/en/hospital/about_camh/influencing_public_policy/Documents/CAMHopioidpolicyframework.pdf
4. French SD, et al. Developing theory-informed behaviour change interventions to implement evidence into practice: a systematic approach using the Theoretical Domains Framework. *Implementation Sci.* 2012;7:38. Available from: <https://implementationscience.biomedcentral.com/track/pdf/10.1186/1748-5908-7-38?site=implementationscience.biomedcentral.com>
5. Bero LA, Grilli R, Grimshaw JM, Harvey E, Oxman AD, Thomson M. Closing the gap between research and practice: an overview of systematic reviews of interventions to promote the implementation of research findings. *BMJ.* 1998;315:465-68.
6. National Implementation Research Network. Implementation Drivers. Chapel Hill (NC): FPG Child Development Institute, University of North Carolina [Internet]. [cited 2017 Feb]. Available from <http://nirn.fpg.unc.edu/learn-implementation/implementation-drivers>

Integrating the Quality Standard into Practice - Access to Care

Gap: Opioid prescribing practices vary in postoperative settings. Often, patients are not reassessed for pain in a timely fashion.

Recommendations	Quality Statements	Action Needed By	Time Frame
Create mechanisms for postoperative follow-up and reassessment for patients who experience pain beyond 7 days.	#3: Opioid Dose and Duration	Hospitals	Medium term

Integrating the Quality Standard into Practice - Access to Data

Gap: Data required on prescribing practices to help prescribers inform decisions at the point of care and plan for quality improvement at the practice level are inconsistently accessible across disciplines.

Recommendations	Quality Statements	Action Needed By	Time Frame
Expand access to practice-level opioid prescribing data for all physicians, nurse practitioners and dentists. This includes assessing the mechanisms to ensure the data is easily accessible to all clinicians.	#6: Acute Pain in People With Opioid Use Disorder #7: Prescription Monitoring Systems #8: Tapering and Discontinuation	Health Quality Ontario	Medium term

Integrating the Quality Standard into Practice - Access to Data (continued)

Gap: There is no reliable way to identify people with pain using provincial administrative data, unless they receive a prescription for a pain management drug, such as an opioid.

There is no way to distinguish between opioid prescriptions for chronic pain and those for acute pain. Therefore, further calculations, such as the percentage of people with chronic pain who are prescribed an opioid, cannot be made.

Current data measures, such as rates of opioid use, use the general population as the denominator rather than the pain population, rendering the data less meaningful.

Recommendations	Quality Statements	Action Needed By	Time Frame
Develop a methodology and algorithms to identify people with pain (as a symptom), including methods to distinguish between chronic and acute pain, allowing interventions to be compared.	All	Institute for Clinical Evaluative Sciences Ontario Drug Policy Research Network Health Quality Ontario	Medium term

Adoption Considerations:

- Health Quality Ontario will provide reports to physicians that show how their opioid prescribing compares to that of their peers and to best practices. The [MyPractice: Primary Care reports](#) are available to family physicians, with additional prescriber groups to follow.

Quality Improvement

Gap: There is a lack of practical tools to help providers and organizations integrate the quality standard into daily practice. Such tools could help inform decisions at the point of care.

Recommendations	Quality Statements	Action Needed By	Time Frame
Increase awareness and uptake of the program of supports available for prescribers to care for people with pain and opioid use disorder.	All	Opioid Pain Management Partnered Supports Program	Immediate
When available, access the real-time Narcotics Monitoring System (NMS) at the point of prescribing and dispensing.	All	Health care providers	Medium term
Assess the care provided against the quality standard using Health Quality Ontario's Getting Started Guide , and refer to the Action Plan Template and Indicator Guide as tools to support quality improvement.	All	Health care organizations	Medium term
Assess the capacity and resources needed to support appropriate pain management, addictions, and mental health. Ensure resources are well integrated and accessible across sectors in the region.	All	LHINs	Medium term
Leverage or develop validated tools for: <ul style="list-style-type: none"> • Conducting comprehensive assessments • Monitoring a trial of opioid therapy • Guiding and monitoring the tapering and discontinuation of opioid therapy • Identifying and diagnosing opioid use disorder Ensure these tools prompt discussion between patient and prescriber on how family and other supports might be involved in the person's care plan.	All	Health Quality Ontario Opioid Pain Management Partnered Supports Program and other system partners	Medium term

Quality Improvement (continued)

Gap (continued): There is a lack of practical tools to help providers and organizations integrate the quality standard into daily practice. Such tools could help inform decisions at the point of care.

Recommendations	Quality Statements	Action Needed By	Time Frame
Embed the quality standard into existing digital health tools, such as order sets, information systems, and/or electronic medical records and clinical pathways.	All	Health care organizations Opioid Pain Management Partnered Supports Program and other system partners	Medium term
Integrate relevant quality standard indicators for opioid prescribing for acute pain into quality improvement plans.	All	Health Quality Ontario Health care organizations	Immediate
Implement Choosing Wisely recommendations that align to the opioid prescribing quality standards.	All	Health care organizations	Medium term

Adoption Considerations

- An [Opioid Pain Management Partnered Supports Program](#) is available for prescribers
- The recommendation pertaining to the Narcotics Monitoring System aligns with the narcotics monitoring arm of [Ontario's strategy to prevent opioid addiction and overdose](#): "Make Narcotics Monitoring System (NMS) data readily available to health care professionals, including physicians and pharmacists, so they have access to up-to-date medication dispensing information for their patients when making decisions concerning opioid prescribing."
- Examples of point-of-care tools:
 - [Digital Health Drug Repository](#)
 - [Mentoring, Education, and Clinical Tools for Addiction: Primary Care–Hospital Integration \(META-PHI\) Tools and Resources](#)
 - [Essential Clinical Skills for Opioid Prescribers](#) (Institute for Safe Medication Practices Canada)
 - [Key Opioid Prescribing Messages](#) (Institute for Safe Medication Practices Canada)

Education and Training

Gap: There is variation in opioid prescribing practices within acute care settings (i.e., emergency departments, postoperative settings).

Provider-specific education and knowledge gaps include (but are not limited to):

- Facilitating behavioural change in patients and sharing tools on pain management and self-management
- Managing acute pain in people who regularly take opioids or have a history of substance use disorder
- Tapering long-term opioid therapy for chronic pain when necessary before surgery
- Appropriate opioid type and dosage for acute pain and postsurgical pain
- Identifying candidates at high risk for opioid dependency
- Developing a plan for reducing opioid tapering after surgery
- Effective ways of communicating and coordinating with opioid agonist treatment program prescribers to maintain people on their medication during acute pain events or planned procedures
- Available multimodal management options

Recommendations	Quality Statements	Action Needed By	Time Frame
Increase awareness and uptake of the program of supports available for prescribers to manage people with pain and opioid use disorder.	All	Opioid Pain Management Partnered Supports Program	Intermediate
Increase clinician capacity to prescribe opioids appropriately for acute pain, particularly in emergency department and postoperative settings.	All	Opioid Pain Management Partnered Supports Program LHINs Hospitals	Medium term
Align and integrate the quality standard into credentialing programs, medical training, residency programs, other health professional education, and colleges.	All	Educational institutions	Intermediate

Education and Training (continued)

Gap (continued): There is variation in opioid prescribing practices within acute care settings (i.e., emergency departments, postoperative settings).

Provider-specific education and knowledge gaps include (but are not limited to):

- Facilitating behavioural change in patients and sharing tools on pain management and self-management
- Managing acute pain in people who regularly take opioids or have a history of substance use disorder
- Tapering long-term opioid therapy for chronic pain when necessary before surgery
- Appropriate opioid type and dosage for acute pain and postsurgical pain
- Identifying candidates at high risk for opioid dependency
- Developing a plan for reducing opioid tapering after surgery
- Effective ways of communicating and coordinating with opioid agonist treatment program prescribers to maintain people on their medication during acute pain events or planned procedures
- Available multimodal management options

Recommendations

Quality Statements

Action Needed By

Time Frame

Engage with professional colleges and continuing medical education programs to define the knowledge, skills, and training needed for clinicians to prescribe opioids and to identify who should receive evidence-based and unbiased education on opioid prescribing.

All

Educational institutions
Continuing Professional Development Ontario
Professional colleges

Intermediate

Adoption Considerations:

- *The recommendations on education align with the appropriate prescribing arm of [Ontario's strategy to prevent opioid addiction and overdose](#): "Develop new, evidence-based training modules and academic programs in conjunction with educational institutions that will provide modernized training to all health care providers who prescribe or dispense opioids."*
- *The Opioid Pain Management Partnered Supports Program for prescribers can be found [here](#).*

Education and Training (continued)

Gap: Patients do not have access to unbiased and evidence-based information in formats they can understand on the benefits and harms of opioid therapy and appropriate pain management.

Patient-specific education and knowledge gaps include (but are not limited to):

- The benefits and harms of opioid therapy for acute pain
- Alternative non-opioid pharmacotherapies and nonpharmacological therapies for acute pain, including costs and appropriate usage
- How to create a pain management plan and realistic goals of pain management
- A plan for tapering opioids when pain resolves
- When to follow up with a primary care provider if pain does not resolve
- The signs and symptoms of physical dependence and withdrawal
- Associated risk factors for opioid use disorder and for overdose and death
- How to recognize and respond to an opioid overdose
- The safe storage and disposal of opioids to prevent diversion and reduce safety risks in the community

Recommendations

Quality Statements

Action Needed By

Time Frame

Promote use of the patient reference guide for [Opioid Prescribing for Acute Pain](#), including in clinician offices.

#4: Information on Benefits and Harms of Opioid Use and Shared Decision-Making

Health Quality Ontario
Health care organizations

Intermediate

Education and Training (continued)

Gap (continued): Patients do not have access to unbiased and evidence-based information in formats they can understand on the benefits and harms of opioid therapy and appropriate pain management.

Patient-specific education and knowledge gaps include (but are not limited to):

- The benefits and harms of opioid therapy for acute pain
- Alternative non-opioid pharmacotherapies and nonpharmacological therapies for acute pain, including costs and appropriate usage
- How to create a pain management plan and realistic goals of pain management
- A plan for tapering opioids when pain resolves
- When to follow up with a primary care provider if pain does not resolve
- The signs and symptoms of physical dependence and withdrawal
- Associated risk factors for opioid use disorder and for overdose and death
- How to recognize and respond to an opioid overdose
- The safe storage and disposal of opioids to prevent diversion and reduce safety risks in the community

Recommendations

Quality Statements

Action Needed By

Time Frame

Leverage existing patient education resources from stakeholder organizations.

#4: Information on Benefits and Harms of Opioid Use and Shared Decision-Making

Health care organizations

Intermediate

#8: Tapering and Discontinuation

Adoption Considerations:

- These recommendations align with the patient education arm of [Ontario's strategy to prevent opioid addiction and overdose](#): "Improve access to important medication information, including a patient guide, for all patients prescribed opioids to help them better understand the associated risks."
- Leverage existing resources, such as handouts from the Institute for Safe Medication Practices Canada (e.g., [Opioid Pain Medicines: Information for Patients and Families](#)), the [Pain BC Toolbox](#) (British Columbia), and [My Opioid Manager](#) (University Health Network).
- Free provincial online self-management programs are available [here](#).

Policy and System Planning

The recommendations for adoption include those needed at the system level. In accordance with Health Quality Ontario's mandate, set out in the *Excellent Care for All Act*, the board of directors has formally provided the following recommendations about the *Opioid Prescribing for Acute Pain* quality standard to the Minister of Health and Long-Term Care.

Recommendation

Time Frame

1. Accelerate access for prescribers to the real-time Narcotics Monitoring System at the point of prescribing and dispensing.

Immediate

Measurement and Reporting

Health Quality Ontario will develop a monitoring, evaluation, and reporting plan for these recommendations as part of the broader quality standards evaluation. This plan may require the development of measures and/or a resource plan to support data collection and monitoring. The evaluation will include the following components.

1. Use existing databases for ongoing monitoring of the key indicators identified for this quality standard. Note identified gaps and areas for improvement. For this standard, the outcome indicators below are currently measurable and have been prioritized by the Opioid Prescribing for Acute Pain Quality Standard Advisory Committee. The Committee has recommended indicators that are specific to people with acute pain. Given current data limitations, it is not possible to restrict the denominator to this population. The data access recommendations for adoption describe the data advancement necessary to refine the indicators so that they align with the Quality Standard Advisory Committee recommendations:

- Prescribing:
 - Population rate of people prescribed opioid therapy
 - Population rate of opioid prescriptions dispensed
 - Number of opioid tablets and patches dispensed per population

- Rate of opioid-related deaths
- Urgent hospital use:
 - Rate of opioid-related emergency department visits
 - Rate of opioid-related hospital admissions

2. Monitor the uptake of the recommendations for adoption.

A plan to measure the impact of specific recommendations related to clinical care and improvement will be defined. The RE-AIM Framework, which measures reach, effectiveness, adoption, implementation, and maintenance, provides a useful approach for the larger-scale improvement interventions that are proposed. This approach could leverage uptake process measures that can be collected from embedded tools, such as order sets or clinical pathways.

Health Quality Ontario will recommend that the Ontario Quality Standards Committee receive twice-annual updates on the progress of the recommendations and review any additional measurement that may be needed to assess impact.

Appendix A: Process and Methods for Developing the Recommendations for Adoption

The development of the recommendations for adoption involved extensive consultation with stakeholders from across the province and from a variety of professional roles and perspectives. During the public consultation process, we received 24 responses and considered them in the development of these recommendations.

The following organizations and groups were consulted in the development of these recommendations:

- Addictions and Mental Health Ontario Community of Practice
- Association of Family Health Teams of Ontario
- Centre for Addiction and Mental Health
- Centre for Effective Practice
- College of Physicians and Surgeons of Ontario
- Health Quality Ontario: Opioid Prescribing for Acute Pain Quality Standard Advisory Committee
- LHIN/Health Quality Ontario Clinical Quality Leads
- Ministry of Health and Long-Term Care
- Nurse Practitioners' Association of Ontario
- Ontario College of Family Physicians

- Ontario Pharmacists Association
- OntarioMD
- Project ECHO
- Registered Nurses' Association of Ontario
- South Riverdale Community Health Centre
- Toronto East Detention Centre
- University of Toronto

Note: Between November 2016 and September 2017, Health Quality Ontario connected with various individuals and organizations in primary care, community care, long-term care, research, mental health, LHINs, educational institutions, and professional associations from across the province. We engaged these individuals and organizations through public comment, structured meetings, targeted interviews, focus groups, and a virtual town hall, in which 87 people participated. We also conducted two site visits: one at the Toronto East Detention Centre and one at the South Riverdale Community Health Centre. We used the results of these engagements to inform the gaps and recommendations outlined in this document.

Appendix B: Summary Recommendations for Health Sector Organizations and Other Entities

Continuing Professional Development Ontario/Educational Institutions

Time Frame

Align and integrate the quality standard into credentialing programs, medical training, residency programs, other health professional education, and colleges.

Immediate

Engage with professional colleges and continuing medical education programs to define the knowledge, skills, and training needed for clinicians to prescribe opioids and to identify who should receive evidence-based and unbiased education on opioid prescribing.

Immediate

Health Care Providers and Organizations

Time Frame

Create mechanisms for postoperative follow-up and reassessment for patients who experience pain beyond 7 days (hospitals).

Medium term

When available, access the real-time Narcotics Monitoring System (NMS) at the point of prescribing and dispensing.

Medium term

Assess the care provided against the quality standard using Health Quality Ontario's [Getting Started Guide](#), and refer to the [Action Plan Template](#) and Indicator Guide as tools to support quality improvement.

Immediate

Embed the quality standard into existing digital health tools, such as order sets, information systems, and/or electronic medical records and clinical pathways.

Medium term

APPENDIX B CONTINUED

Integrate relevant quality standard indicators for opioid prescribing for acute pain into quality improvement plans.	Immediate
Implement Choosing Wisely recommendations that align with the opioid prescribing quality standards.	Medium term
Increase clinician capacity to prescribe opioids appropriately for acute pain, particularly in emergency department and postoperative settings (hospitals).	Medium term
Promote use of the patient reference guide for Opioid Prescribing for Acute Pain , including in clinician offices.	Immediate
Leverage existing patient education resources from stakeholder organizations.	Immediate

Health Quality Ontario

Time Frame

Expand access to practice-level opioid prescribing data for all physicians, nurse practitioners, and dentists. This includes assessing the mechanisms to ensure the data is easily accessible to all clinicians.	Medium term
Develop a methodology and algorithms to identify people with pain (as a symptom), including methods to distinguish between chronic and acute pain, allowing interventions to be compared.	Medium term
Leverage or develop validated tools for: <ul style="list-style-type: none">• Conducting comprehensive assessments• Monitoring a trial of opioid therapy• Guiding and monitoring the tapering and discontinuation of opioid therapy• Identifying and diagnosing opioid use disorder Ensure these tools prompt discussion between patient and prescriber on how family and other supports might be involved in the person's care plan.	Medium term

APPENDIX B CONTINUED

Integrate relevant quality standard indicators for opioid prescribing for acute pain into quality improvement plans.

Immediate

Promote use of the patient reference guide for [Opioid Prescribing for Acute Pain](#), including in clinician offices.

Immediate

Institute for Clinical Evaluative Sciences

Time Frame

Develop a methodology and algorithms to identify people with pain (as a symptom), including methods to distinguish between chronic and acute pain, allowing interventions to be compared.

Medium term

Local Health Integration Networks

Time Frame

Assess the capacity and resources needed to support appropriate pain management, addictions, and mental health. Ensure resources are well integrated and accessible across sectors in the region.

Medium term

Increase clinician capacity to prescribe opioids appropriately for acute pain, particularly in emergency department and postoperative settings.

Medium term

Ontario Drug Policy Research Network

Time Frame

Develop a methodology and algorithms to identify people with pain (as a symptom), including methods to distinguish between chronic and acute pain, allowing interventions to be compared.

Medium term

APPENDIX B CONTINUED

Opioid Pain Management Partnered Supports Program	Time Frame
Increase awareness and uptake of the program of supports available for prescribers to manage people with pain and opioid use disorder.	Immediate
Increase clinician capacity to prescribe opioids appropriately for acute pain, particularly in emergency department and postoperative settings.	Medium term
Leverage or develop validated tools for: <ul style="list-style-type: none">• Conducting comprehensive assessments• Monitoring a trial of opioid therapy• Guiding and monitoring the tapering and discontinuation of opioid therapy• Identifying and diagnosing opioid use disorder Ensure these tools prompt discussion between patient and prescriber on how family and other supports might be involved in the person's care plan.	Medium term
Embed the quality standard into existing digital health tools, such as order sets, information systems, and/or electronic medical records and clinical pathways.	Medium term
Professional Colleges	Time Frame
Engage with professional colleges and continuing medical education programs to define the knowledge, skills, and training needed for clinicians to prescribe opioids and to identify who should receive evidence-based and unbiased education on opioid prescribing.	Immediate

APPENDIX B CONTINUED

System Partners	Time Frame
<p>Leverage or develop validated tools for:</p> <ul style="list-style-type: none">• Conducting comprehensive assessments• Monitoring a trial of opioid therapy• Guiding and monitoring the tapering and discontinuation of opioid therapy• Identifying and diagnosing opioid use disorder <p>Ensure these tools prompt discussion between patient and prescriber on how family and other supports might be involved in the person's care plan.</p>	Medium term
<p>Embed the quality standard into existing digital health tools, such as order sets, information systems, and/or electronic medical records and clinical pathways.</p>	Medium term

For more information:

Website: hqontario.ca/QualityStandards

Email: qualitystandards@hqontario.ca

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