

**Bree Collaborative Implementation Survey Results | Hospitals
Agency Medical Directors Guideline on Prescribing for Pain**

This report summarizes adoption of the Washington State Agency Medical Directors Guideline on Prescribing for Pain, endorsed by the Bree Collaborative, completed by Washington State hospitals in 2016. We measured adoption of specific recommendations using 0-3 point scale, self-assessed by each hospital.

Results: 6 Hospitals Responding (In 2 Systems)

0 -No action taken; 1 -Actively considering adoption; 2 -Some/similar adoption; 3 -Full adoption

	AVERAGE SCORE
All pain phases	
Non-opioid therapies are used, such as behavioral intervention, physical activity and non-opioid analgesics when appropriate	3.00
Opioids are avoided if the patient has significant respiratory depression, current substance use disorder, history of prior opioid overdose, or a pattern of aberrant behaviors	2.83
Function and pain are assessed and documented using a validated tool at each visit where opioids are prescribed	2.83
Opioids are not prescribed with benzodiazepines, carisoprodol, or sedative-hypnotics	2.83
Acute phase (0–6 weeks)	
The state’s Prescription Monitoring Program (PMP) is checked before prescribing	2.83
Opioids are not prescribed for non-specific back pain, headaches, or fibromyalgia	2.83
The lowest necessary dose is prescribed for the shortest duration	2.83
Perioperative pain	
Patients are evaluated thoroughly preoperatively: the PMP is checked and the patient is assessed for over-sedation and difficult-to-control pain risk	2.00
Patient is discharged with acetaminophen, NSAIDs, or very limited supply (2–3 days) of short-acting opioids for some minor surgeries	1.17
Patients on chronic opioids have doses tapered to preoperative levels or lower within 6 weeks following major surgery	1.17
Subacute phase (6–12 weeks)	
Patients are not continued on opioids without clinically meaningful improvement in function and pain	2.83
Patients are screened for comorbid mental health conditions and risk for opioid misuse using validated tools	2.83
If opioids are prescribed beyond 6 weeks, PMP is rechecked and a baseline urine drug test is administered	1.17
Chronic phase (>12 weeks)	

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Opioids are continued to be prescribed only if there is sustained clinically meaningful improvement in function and pain, and no serious adverse events, risk factors, or contraindications	2.83
PMP checked and urine drug test are rechecked at frequency determined by the patient's risk category	2.00
Opioids are prescribed in 7-day multiples to avoid ending supply on a weekend	2.83
120 mg/day morphine equivalent dose is not exceeded without a pain management consultation	3.00

Scale

We measured adoption of specific recommendations using 0-3 point scale, self-assessed by each hospital.

0 - No action taken	<ul style="list-style-type: none"> No leadership awareness of Bree Collaborative Topics No team formed
1 - Actively considering adoption	<ul style="list-style-type: none"> Bree topics, aims and components have been discussed Education, assessment, information gathering Changes planned but not tested Information gathering and baseline measurement begun
2 - Some/similar adoption	<ul style="list-style-type: none"> Initial test cycles completed for more than one element Quality metrics and data available demonstrating adoption/effectiveness Other similar (Bree-like) changes adopted for this topic
3 - Full adoption	<ul style="list-style-type: none"> Changes implemented in all areas All components integrated into care process (i.e. orders, etc.) Partial or complete closure of gap between baseline & target outcomes

Participating Hospitals

CHI Franciscan Health Highline Medical Center St. Elizabeth Hospital St. Francis Hospital St. Joseph Medical Center Harrison Medical Center	Mary Bridge Children's Hospital University of Washington Harborview Valley Medical Center Northwest Hospital University of Washington Medical Center
Confluence Health-Central Washington Hospital	Swedish
The Everett Clinic (surgical bundle topics)	First Hill Cherry Hill Issaquah Ballard Edmonds
MultiCare Tacoma General Hospital Good Samaritan Hospital Auburn Medical Center Covington Hospital	Virginia Mason Medical Center