

Measuring success metrics



Based on what you are trying to achieve through implementing the 6 Building Blocks, let's consider potential metrics you can use to assess success. It is motivating both to you as a team and to the clinic as a whole to see how a metric that you choose changes over time. Whatever metric you select, we encourage you to share it during staff and clinician meetings.

Here is a list of suggested metrics. You might look at the list and think, all of these are important to us. And while we do hope that all of these will improve with your implementation of the Six Building Blocks, we want to be respectful of your time. It takes effort and resources to conduct these measurements, so we suggest that you select just one to measure at first. You can add to it over time as your capacity to track grows. What metric is both important to your organization AND reasonable to measure with your existing resources?

If you have no feasible way to identify the majority of your patients on chronic opioid therapy in order to track one of the below metrics, consider a) using a representative sample from each provider, b) tracking the first metric as it applies to a new, *revised* patient agreement (starting at n=0), or c) manually tracking a measure of importance, such as number of early refill calls. There is always *something* that can be measured and reported to encourage program participation and track progress from baseline. It is just a matter of deciding on what is feasible to do on a regular basis.

Suggested metrics (bring this list as a handout or a slide)

1. XX% of patients on COT have reviewed and signed an updated **patient agreement** that reflects our policies by this DATE.
2. Provide a **dashboard of measures** that track our improvement to the opioid improvement team and to clinicians and staff quarterly by DATE.
3. By DATE, **identify care gaps** for all patients on COT and discuss them during morning huddles.
4. Develop, train, and implement **new workflows** that support our revised policies by DATE.
5. Have an **MED on record** for all patients on chronic opioid therapy by DATE.
6. Reduce the number of patients with an **MED of 50/90** or higher by XX% by DATE.
7. Reduce the number of patients on **concurrent sedatives** and opioids by XX% by DATE.

Prioritized metric:

How will you begin measuring and reporting this metric? What are the next steps? Even if the approach is not perfect, that is okay. We suggest that by 4 months after the Kickoff event you select the best possible approach to tracking and monitoring the prioritized measure of success and sticks with it. It will not be perfect, but it is worth trying to regularly review and share data about patients on chronic opioid therapy as soon as possible. You can always continue working on a more perfect approach and adding other success measures while using the less perfect one.

