Six Building Blocks Action Plans

This resource includes two Action Plan templates and an Action Plan example to help you when creating Six Building Blocks Action Plans. When creating Action Plans, remember to include:

* Clear, attainable steps
* Who is responsible
* When it will be done

We suggest maintaining an Action Plan through the Design & Implement stage. You can revisit the Action Plan at each opioid improvement team meeting to assess how things are going and determine next steps on current activities. If the clinic has the capacity to take on additional activities, refer to the [*Six Building Blocks Milestones*](https://depts.washington.edu/fammed/improvingopioidcare/wp-content/uploads/sites/12/2019/06/Six-Building-Blocks-Milestones-with-resources_2019-06-11.docx) and [*Tips to Achieving the Six Building Blocks Milestones*](https://depts.washington.edu/fammed/improvingopioidcare/wp-content/uploads/sites/12/2019/05/Tips-for-Achieving-the-Six-Building-Blocks-Milestones.docx) to identify new activities and approaches to add to the Action Plan.

Clinics sometimes make the mistake of putting too much into an Action Plan. When creating Action Plans, prioritize just a few activities and focus on doing them well. Also, don’t forget to call on others from the clinic for tasks. Get people involved and make sure to include all roles in the work.

# Action Plan Templates

A more complete template can be found in the Design and Implement Workbook.

### Detailed Action Plan

Activity:

Manager of this process:

Date for completion:

|  |  |  |
| --- | --- | --- |
| **List the steps necessary to achieve this goal (What)** | **Person responsible (Who)** | **When** |
|  |  |  |
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### Simple Action Plan

|  |  |  |
| --- | --- | --- |
| Activity | Manager of process | Date for completion |
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### Milestones

We recommend including notes on progress toward identified milestones at the end of the Action Plan. See the below example for more information.

# Example First Action Plan

This Action Plan is to guide your work over the next three months (through DATE). It outlines the activities we discussed during our Action Plan Meeting and includes clear steps, responsible parties, due dates, and supporting resources.

## Leadership & Consensus Activities

Activity: **Regularly emphasize project importance and solicit feedback**

Manager of this process: **Steve**

Date for completion: **Continuous, but plan in place by February 28**

Relevant resources:

* [Opioid harm stories](https://www.cdc.gov/rxawareness/stories/index.html)
* [Motivating slow to adopt providers](https://www.improvingopioidcare.org/wp-content/uploads/2018/07/Motivating-slow-to-adopt-providers_2018-07-10.pdf)
* [Levers of motivation guide](https://www.improvingopioidcare.org/wp-content/uploads/2018/10/Levers-of-Motivation-guide_2018-10-02.pdf)

|  |  |  |
| --- | --- | --- |
| **List the steps necessary to achieve this goal (What)** | **Person responsible (Who)** | **When** |
| Add a thermometer or other visual about the Six Building Blocks work to quality boards in the hallway downstairs. First thermometer will record progress on getting correct chronic pain diagnosis in chart. | May | By early Feb |
| Add Six Building Blocks work as a standing item at meetings (ideas: share success stories, discuss difficult cases, update on success measure, share other data) | Ruth | By late Feb |

Activity: Offer clinical education opportunities to staff and clinicians

Manager of this process: Steve

Date for completion: Continuous, but TelePain access begun by March

Relevant resources:

* [UW TelePain resources](https://depts.washington.edu/anesth/care/pain/telepain/)
* [CDC training and webinars](https://www.cdc.gov/drugoverdose/training/index.html)

|  |  |  |
| --- | --- | --- |
| **List the steps necessary to achieve this goal (What)** | **Person responsible (Who)** | **When** |
| Register with TelePain | June | By early Feb |
| Set up in the main room with the big tv and let people know they can join | Steve | By late Feb |
| Distribute TelePain didactic slides each month to clinic | June | Once a month |
| Add to Lunch and Learns; identify topics and organize (include a training by Bruce on Motivational Interviewing) | May, Steve, May | By late Feb |

## Policies, Patient Agreement, and Workflow Activities

Activity: **Revise our policy to align with evidence-based guidelines and WA 1427**

Manager of this process: **May**

Date for completion: **April**

Relevant resources:

* [Policy model](https://www.improvingopioidcare.org/wp-content/uploads/2018/10/Model-opioid-policy_2018-10-02.docx)
* [CDC Guideline](https://www.cdc.gov/drugoverdose/prescribing/guideline.html)
* [Veterans Affairs (VA) taper decision tool](https://www.improvingopioidcare.org/wp-content/uploads/2018/02/VA-Opioid-Taper-Decision-Tool.pdf)
* [Tips for patients](https://www.improvingopioidcare.org/wp-content/uploads/2019/02/Patients-on-legacy-prescriptions_2019-02-15.pdf) on legacy prescriptions

|  |  |  |
| --- | --- | --- |
| **List the steps necessary to achieve this goal (What)** | **Person responsible (Who)** | **When** |
| Identify initial revisions after reviewing the Six Building Blocks model and 1427 and send these revision ideas to Heather  | May | January |
| Draft initial edits for policy and send to core working group | Steve | January |
| Review new draft to make additional edits before bringing to the larger Opioid Improvement Team (include Mike) | Core working group (May, Steve, Bob, Joy?) | February |
| Opioid Improvement Team will review draft and make additional edits before sending on to the clinicians for review | Opioid Improvement Team | February |
| Clinicians will review and provide feedback | May | March |
| Staff will review and provide feedback | Steve | March |
| Final edits | Steve | April |
| Approval process | May | April |

Activity: **Revise our patient agreement to support our policy & educate patients about risks**

Manager of this process: **Bob**

Date for completion: **May**

Relevant resource:

* [Patient agreement model](https://www.improvingopioidcare.org/wp-content/uploads/2018/10/Model-patient-agreement_2018-10-02.docx)

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| --- | --- | --- |
| **List the steps necessary to achieve this goal (What)** | **Person responsible (Who)** | **When** |
| Based on policy drafted for provider review, identify initial revisions to the patient agreement and send these revision ideas to Heather  | Bob | February |
| Draft initial edits for agreement and send to core working group  | May | February |
| Review new draft and make additional edits before bringing to the larger Opioid Improvement Team (include Mike) | Core working group (Bob, May, June, Joy?) | March |
| Opioid Improvement Team will review draft and make additional edits before sending on to the clinicians for review | Opioid Improvement Team | March |
| Clinicians will review and provide feedback | Bob | April |
| Staff will review and provide feedback | May | April |
| Final edits | May | May |
| Approval process | Bob | May |

## Tracking & Monitoring Patient Care Activities

Activity: **Identify patients using long-term opioid therapy with the diagnosis (F11.90) in the EHR**

Manager of this process: **Heather**

Date for completion: **February**

|  |  |  |
| --- | --- | --- |
| **List the steps necessary to achieve this goal (What)** | **Person responsible (Who)** | **When** |
| Give each provider (and their MA) their list of patients who should have F11.90 in the chart and those who have it but should not (NOTE: this clinic had already identified who their patients were through the state prescription drug monitoring program and provider checks) | Heather | mid-January |
| Advertise that this is the first success measure for the Six Building Blocks project | Ron (and June with thermometer in hall?) | mid-January |
| MAs guide clinicians and ensure that they assign the correct diagnosis of chronic pain (F11.90) in the problem list for appropriate patients | Heather | January 31 |

Activity: **Develop EHR pain visit templates to cover key elements of the pain visit as outlined in the revised policy**

Manager of this process: **Smith**

Date for completion: **After policy revision**

Relevant resources:

* [Pain Tracker](https://www.improvingopioidcare.org/wp-content/uploads/2018/02/PainTracker_PatientVersion.pdf)

|  |  |  |
| --- | --- | --- |
| **List the steps necessary to achieve this goal (What)** | **Person responsible (Who)** | **When** |
| Develop Epic smart sets to support the policy | Smith | March |

## Milestones for Next Time

Calculating MED consistently is possible and easy for clinicians

## Success Measure

By February 2019, all patients using chronic continuous opioids (F11.90) have this diagnosis in the chart and those who are not using chronic continuous opioids do not have this diagnosis in the chart.

# Six Building Blocks Milestones

Below are the key milestones you plan to work to achieve through implementing the Six Building Blocks along with (hyperlinked) relevant resources to support your work toward achieve these milestones, and notes on the work you have done or plan to do. When developing action plans and assessing progress, it is a good idea to do a quick check on where you are at in the process by updating this worksheet. The chart is color-coded to show your progress. NOTE: some of those items in red you might be doing, but have not tackled improving them through this project.

## Key

* Green: complete
* Yellow: in progress and in this action plan
* Red: plan to do in the future
* Grey: not a priority

| Milestone | Status | Relevant website resources | Date completed & notes |
| --- | --- | --- | --- |
| **Leadership & consensus** |  |  |  |
| Protecting time for improvement team to meet and work | [x]  Complete[ ]  In progress[ ]  Plan to do in the future[ ]  Not a priority |  | Continuous, began in January 2019June has protected time for tracking & monitoringTeam does quick weekly check-ins and in-depth discussions 4th Mondays @ 12 |
| Regularly emphasizing project importance and soliciting feedback during staff & clinician meetings | [x]  Complete[ ]  In progress[ ]  Plan to do in the future[ ]  Not a priority | [*Opioid harm stories*](https://www.cdc.gov/rxawareness/stories/index.html)[*Motivating slow to adopt providers*](https://www.improvingopioidcare.org/wp-content/uploads/2018/07/Motivating-slow-to-adopt-providers_2018-07-10.pdf)[*Levers of motivation guide*](https://www.improvingopioidcare.org/wp-content/uploads/2018/10/Levers-of-Motivation-guide_2018-10-02.pdf) | Continuous, began in January 2019 |
| Clinical education opportunities offered to staff and providers | [ ]  Complete[x]  In progress[ ]  Plan to do in the future[ ]  Not a priority | [*UW TelePain resources*](https://depts.washington.edu/anesth/care/pain/telepain/)[*CDC training and webinars*](https://www.cdc.gov/drugoverdose/training/index.html)*Future resource: compilation of educational opportunities by learning style* | Began in February, expanding to residents |
| **Policies, patient agreements, & workflows** |  |  |  |
| Policy revised to align with evidence-based guidelines (e.g., CDC, AMDG) | [ ]  Complete[x]  In progress[ ]  Plan to do in the future[ ]  Not a priority | [*Policy model*](https://www.improvingopioidcare.org/wp-content/uploads/2018/10/Model-opioid-policy_2018-10-02.docx)[*CDC Guideline*](https://www.cdc.gov/drugoverdose/prescribing/guideline.html)[*AMDG Guideline*](http://agencymeddirectors.wa.gov/Files/2015AMDGOpioidGuideline.pdf)[*VA taper decision tool*](https://www.improvingopioidcare.org/wp-content/uploads/2018/02/VA-Opioid-Taper-Decision-Tool.pdf)*Tips for patients on legacy* [*prescriptions*](https://depts.washington.edu/fammed/sixbuildingblocks/wp-content/uploads/sites/12/2019/02/Patients-on-legacy-prescriptions_2019-02-15.pdf) | Expected to be complete April 2019. Last step is provider review. |
| Patient agreement revised to support revised policy and educate patients about risks | [x]  Complete[ ]  In progress[ ]  Plan to do in the future[ ]  Not a priority | [*Patient agreement model*](https://www.improvingopioidcare.org/wp-content/uploads/2018/10/Model-patient-agreement_2018-10-02.docx) | March 2019Using new agreement as patients need annual review |
| Workflows written to support policies | [ ]  Complete[ ]  In progress[x]  Plan to do in the future[ ]  Not a priority | [*Chronic pain appointment workflow*](https://depts.washington.edu/fammed/sixbuildingblocks/wp-content/uploads/sites/12/2018/09/Chronic-Pain-Appointment-Workflow_2018-09-19.docx)*[Opioid refill workflow](https://depts.washington.edu/fammed/sixbuildingblocks/wp-content/uploads/sites/12/2018/09/Opioid-Refill-Workflow_2018-09-19.pdf)*[*Opioid list manager workflow*](https://depts.washington.edu/fammed/improvingopioidcare/wp-content/uploads/sites/12/2019/03/Opioid-List-Manager-Workflow_2018-10-02.docx) | Will begin this work this quarter. |
| Training conducted on policies, agreement, workflows, and supporting EHR templates | [ ]  Complete[ ]  In progress[x]  Plan to do in the future[ ]  Not a priority | *Future resource: Training on workflows tip sheet* |  |
| **Tracking & monitoring patient care** |  |  |  |
| Patients on long-term opioid therapy identified and labeled with appropriate diagnosis in the chart | [x]  Complete[ ]  In progress[ ]  Plan to do in the future[ ]  Not a priority | [*Approaches to identifying patients on chronic opioids*](https://depts.washington.edu/fammed/sixbuildingblocks/wp-content/uploads/sites/12/2019/01/Approaches-to-identifying-patients.pdf)[*Opioid names*](https://depts.washington.edu/fammed/sixbuildingblocks/wp-content/uploads/sites/12/2018/02/List-of-opioid-names_Bree-collaborative.pdf) | January 2019~300 patients identified through chart review, ~250 LtOT and 50 MATPlan to do ~twice yearly checks to make sure new patients are getting diagnosis put in the chart |
| All clinicians signed up for the prescription monitoring program | [x]  Complete[ ]  In progress[ ]  Plan to do in the future[ ]  Not a priority | [*List of PMPs*](http://www.pdmpassist.org/content/state-pdmp-websites) | Pre-Six Building Blocks |
| Calculating MED consistently is possible and easy for clinicians and staff | [ ]  Complete[ ]  In progress[x]  Plan to do in the future[ ]  Not a priority | [*AMDG MED calculator*](http://www.agencymeddirectors.wa.gov/calculator/dosecalculator.htm) |  |
| Can see a dashboard of key measures for all patients on long-term opioid therapy | [ ]  Complete[x]  In progress[ ]  Plan to do in the future[ ]  Not a priority | [*Data to consider tracking*](https://www.improvingopioidcare.org/wp-content/uploads/2018/09/Data-to-consider-tracking_2018-09-19.docx)[*Tracking and monitoring example spreadsheet*](https://www.improvingopioidcare.org/wp-content/uploads/2018/02/Tracking-and-monitoring-example-spreadsheet_2018-01-31.xlsx) | Added an FYI into Epic to record risk level and the plan for surveillance and medication. The FYI tab puts the patient into the opioid database in Epic. Patient contract data can be pulled through the EHR, but will also require chart audit for any patients that do not show an up-to-date patient contract. |
| **Planned, patient-centered visits** |  |  |  |
| Using data for pre-visit planning | [ ]  Complete[ ]  In progress[x]  Plan to do in the future[ ]  Not a priority | [*Purposes of tracking and monitoring*](https://depts.washington.edu/fammed/sixbuildingblocks/wp-content/uploads/sites/12/2018/10/Purposes-of-Tracking-and-Monitoring_2018-10-02.pdf) |  |
| Using data to monitor high-risk patients and clinical variation | [ ]  Complete[ ]  In progress[x]  Plan to do in the future[ ]  Not a priority | [*Purposes of tracking and monitoring*](https://depts.washington.edu/fammed/sixbuildingblocks/wp-content/uploads/sites/12/2018/10/Purposes-of-Tracking-and-Monitoring_2018-10-02.pdf)[*Chronic pain management teams*](https://depts.washington.edu/fammed/sixbuildingblocks/wp-content/uploads/sites/12/2018/11/Chronic-pain-management-teams_2018-11-15.pdf) |  |
| EHR pain visit templates in place to cover key elements of the pain visit as outlined in the revised policy | [ ]  Complete[x]  In progress[ ]  Plan to do in the future[ ]  Not a priority | [*Pain Tracker*](https://depts.washington.edu/fammed/sixbuildingblocks/wp-content/uploads/sites/12/2018/02/PainTracker_PatientVersion.pdf) | Smart Set developed to ensure in compliance with 1427. Does it support providing desired care as outlined in policy? |
| Standardized pre-visit planning and pain visits occurring | [ ]  Complete[ ]  In progress[x]  Plan to do in the future[ ]  Not a priority | [*Chronic pain appointment workflow*](https://depts.washington.edu/fammed/sixbuildingblocks/wp-content/uploads/sites/12/2018/09/Chronic-Pain-Appointment-Workflow_2018-09-19.docx)[*Care plan model*](https://depts.washington.edu/fammed/sixbuildingblocks/wp-content/uploads/sites/12/2019/02/Care-Plan_2019-02-20.pdf)[*Pain Tracker*](https://depts.washington.edu/fammed/sixbuildingblocks/wp-content/uploads/sites/12/2018/02/PainTracker_PatientVersion.pdf)[*Turn the Tide pocket guide for clinicians*](https://depts.washington.edu/fammed/sixbuildingblocks/wp-content/uploads/sites/12/2018/10/TurnTheTide_PocketGuide-a.pdf) |  |
| Patients receiving education on chronic pain management and opioid risks | [ ]  Complete[ ]  In progress[x]  Plan to do in the future[ ]  Not a priority | [*CDC patient education example*](https://depts.washington.edu/fammed/sixbuildingblocks/wp-content/uploads/sites/12/2018/02/CDC-patient-education_6BB.CME_.pdf)[*Patient letter*](https://depts.washington.edu/fammed/sixbuildingblocks/wp-content/uploads/sites/12/2018/05/Patient-letter_2018-05-23.docx)[*Chronic pain self-management resources*](https://depts.washington.edu/fammed/sixbuildingblocks/wp-content/uploads/sites/12/2019/02/Chronic-Pain-Self-Management-Resources_2019-02-06.pdf)*Future resource: Patient education resources* |  |
| Training offered to staff and clinicians in patient engagement (e.g., difficult conversations, motivational interviewing) | [ ]  Complete[x]  In progress[ ]  Plan to do in the future[ ]  Not a priority | [*Empathetic communication resources*](https://depts.washington.edu/fammed/sixbuildingblocks/wp-content/uploads/sites/12/2019/02/Empathic-Communication-Resources_2019-02-13.pdf)[*Provider guide to difficult conversations*](https://depts.washington.edu/fammed/sixbuildingblocks/wp-content/uploads/sites/12/2018/02/Principles-and-language-suggestions-for-talking-with-patients.pdf)[*Staff guide to difficult conversations*](https://depts.washington.edu/fammed/improvingopioidcare/wp-content/uploads/2018/09/Difficult-Conversations-for-Staff_2018-09-19.docx)[*Difficult conversations video vignette*](https://www.youtube.com/watch?v=KvlQuaOogUE&feature=youtu.be) | Beginning with Lunch and Learns for staff |
| Alternatives to opioids integrated into care processes | [ ]  Complete[ ]  In progress[x]  Plan to do in the future[ ]  Not a priority | [*CDC Alternative treatments fact sheet*](https://depts.washington.edu/fammed/sixbuildingblocks/wp-content/uploads/sites/12/2018/10/nonopioid_treatments-a.pdf)[*Evidence on non-opioid approaches to chronic pain*](https://depts.washington.edu/fammed/sixbuildingblocks/wp-content/uploads/sites/12/2018/08/Complementary-and-Alternative-Medicine-for-Chronic-Pain_2018-08-13_new.pdf) |  |
| **Caring for complex patients** |  |  |  |
| Tools selected and in use to identify complex patients, such as those at high risk (e.g., PTSD) or those with OUD | [ ]  Complete[ ]  In progress[x]  Plan to do in the future[ ]  Not a priority | [*Assessment tools webpage*](https://depts.washington.edu/fammed/improvingopioidcare/helpful-resources/recommended-assessments/)*Risk stratification resource* |  |
| Clear referral pathways in place for complex patient resources | [ ]  Complete[ ]  In progress[x]  Plan to do in the future[ ]  Not a priority | [*Buprenorphine information from SAHMSA*](https://www.samhsa.gov/medication-assisted-treatment/treatment/buprenorphine)[*Naloxone information from SAHMSA*](https://www.samhsa.gov/medication-assisted-treatment/treatment/naloxone) | One of the largest MAT providers in county. 12 transfers already and 50 on the list for transfer as of March. |
| **Measuring success** |  |  |  |
| Success metric identified | [ ]  Complete[x]  In progress[ ]  Plan to do in the future[ ]  Not a priority | [*Measuring success metrics*](https://depts.washington.edu/fammed/improvingopioidcare/wp-content/uploads/sites/12/2018/09/Measuring-success-metrics_2018-09-19.docx)[*Six Building Blocks milestones*](https://depts.washington.edu/fammed/improvingopioidcare/wp-content/uploads/sites/12/2019/03/Six-Building-Blocks-Milestones-with-resources_2019-03-26.docx) | No overarching metric yet, but assessing process aims, starting in January 2019Can pull **MEDs** from EHR, but they are unreliable.Can pull **UDTs**, but some scanned in and it wouldn’t pick those up.Can pull **pain contract**. |
| Success metric regularly reviewed and reported at the clinician level | [ ]  Complete[x]  In progress[ ]  Plan to do in the future[ ]  Not a priority | [*Purposes of tracking and monitoring*](https://depts.washington.edu/fammed/sixbuildingblocks/wp-content/uploads/sites/12/2018/10/Purposes-of-Tracking-and-Monitoring_2018-10-02.pdf)[*Chronic pain management teams*](https://depts.washington.edu/fammed/sixbuildingblocks/wp-content/uploads/sites/12/2018/11/Chronic-pain-management-teams_2018-11-15.pdf)*DIY* [*run*](https://depts.washington.edu/fammed/improvingopioidcare/wp-content/uploads/sites/12/2019/03/DIY-run-chart-tool.xls) *chart*[*Six Building Blocks milestones*](https://depts.washington.edu/fammed/improvingopioidcare/wp-content/uploads/sites/12/2019/03/Six-Building-Blocks-Milestones-with-resources_2019-03-26.docx) | No overarching metric yet, but sharing data on mural starting in February 2019 |