# Sustainability

The following are things to consider when making a sustainability plan for your opioid management improvement work. The concepts were adapted from: [*How To Build Sustainability Into the Innovation Process | AHRQ Health Care Innovations Exchange.*](https://innovations.ahrq.gov/perspectives/how-build-sustainability-innovation-process)

## **Engagement**

Continue to keep leadership, staff, and clinicians engaged in the process by:

* Continuing to share data and promote success stories (both about patients and about improved work life) to remind everyone of the **value** of the work.
* Checking in that the processes are still working and that any new changes are in fact improvements.
* Continuing to **adapt** and improve in response to feedback. Ensure there are compelling reasons for any changes and that changes are supported.

## **Education**

Continue to educate staff and clinicians by:

* Integrating opioid management training into regular staff meetings, trainings, newsletters, etc. Training is not “one and done”.
* Including opioid management training in onboarding. Make sure new staff understand the key opioid policies and processes and why they are important.
* Continuing to provide opportunities for staff and clinicians to receive education on opioid management. Evidence-based medicine evolves. See the [Clinical Education Opportunities](https://depts.washington.edu/fammed/improvingopioidcare/wp-content/uploads/sites/12/2019/05/Clinical-Education-Opportunities-on-Opioids.pdf) resource for ideas.
* Continuing to **adapt** and improve in response to new evidence-based guidelines. Educate clinicians and staff about the compelling reasons for any changes and involve them in developing and iterating new workflows to support the changes.

## **Culture**

If possible, integrate opioid management into a culture of continuous improvement at your organization. One way to do this is to make measurement a regular part of clinic activities.

## **Measurement**

By continuing to monitor and share quality improvement data with key stakeholders (e.g., leadership, involved staff and clinicians), you are able to:

* Encourage continual buy-in for the processes.
* Identify if there is an issue that needs further investigation and adjustment.

## **Infrastructure**

Identify ways to “hardwire” your changes. You’ve done much of this already by writing policies and workflows and updating your EHR templates. You might also consider including opioid management tasks in job descriptions.

## **Staffing**

Your opioid improvement team has been instrumental in keeping this work moving forward. But what if one of you leaves? It is important to have a back-up for key roles.