# Preparatory Work Ahead of Orientation and Assessment Meeting

### Build an opioid improvement team

The opioid improvement team works in the clinic to support the implementation of opioid management improvements through the Six Building Blocks program. The team is responsible for leading the work, such as revising policies, developing and implementing workflows, and tracking progress. In addition, they will participate in monthly Shared Learning Calls with other organizations, and at least monthly calls with each other. We suggest you keep the team small enough to be a working group (e.g., 3-6).

The following table gives more information about team membership. You might also consider including a patient on the opioid improvement team. (See [IHI](http://www.ihi.org/communities/blogs/make-patients-on-the-qi-team-the-norm-not-the-exception) for more information on including patients in QI work.)

Once you identify your team membership, please tell the Practice Facilitator.

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| **Position** | **Time Commitment Estimates** | **Role Characteristics** | **Responsibilities** |
| QI project lead (required) | 2-8 hours per month | * QI experience helpful * Interest in this topic | * Leads the day-to-day work * Organizes meetings * Oversees quality improvement processes on site (e.g., plan, do, study, act) |
| Clinical champion (required) | 2-4 hours per month | * Interest in this topic * Critical to success * Sway in the organization | * Builds consensus among clinicians and staff * Maintains leadership support for program * Lead clinical voice on the team |
| Tracking and Monitoring Lead | Highly variable depending on your system, 4+ hours per month | * Protected time for tracking and monitoring * Skills in clinical data and technology * Ready access to prescription and refill data | * Works with data to develop and generate reports |
| Others, as desired (medical assistant, nurse, social worker, behavioral health provider, clinic manager, pharmacist, MAT team member, patient) | 2-4 hours per month |  | * Represents roles important to team-based care of patients on long-term opioid therapy |

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### Schedule upcoming meetings

Work with the Practice Facilitator schedule the following meetings.

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| **Meeting** | **Who** | **Time** | **Purpose** |
| Orientation and assessment meeting | Opioid improvement team | 1 hour | * Orient the team to the opioid management problem, related guidelines and regulations, and to the Six Building Blocks approach. * Review learnings from the completed self-assessment. * Begin to identify strengths, challenges, and priorities for change. Assess status in the first 3 Building Blocks. |
| Kickoff planning and assessment meeting | Opioid improvement team | 1 hour | * Plan the kickoff. * Assess status in the last 3 Building Blocks. |
| Clinic-wide kickoff | All staff and clinicians | 1.5 hours | All staff and clinicians at the clinic come together to:   * Share their ideas and concerns regarding opioid management in the clinic, and * Build enthusiasm for the work.   This meeting is essential to the program’s success. |
| First action plan meeting  *(generally takes place the same day as the kickoff)* | Opioid improvement team | 1.5-2 hours | * Reflect on learnings from the Prepare and Launch stage. * Set measures of success and milestones. * Develop a plan for the next three months of work. |

### Complete the Six Building Blocks Self-Assessment

Please have the Opioid Improvement Team complete the [Six Building Blocks Self-Assessment](https://www.improvingopioidcare.org/self-assessment/) together ahead of the Orientation and Assessment Meeting. Complete the self-assessment considering the status of the organization two months ago in order to ensure it represents pre-Six Building Blocks status. Once complete, send to the Practice Facilitator.

### Compile and share existing resources

In the Orientation and Assessment meeting we will investigate what resources and processes currently exist in your organization related to the first three Building Block areas. It will help to gather some of this information ahead of time. If possible, we recommend collecting the following resources and sharing them with the team and Practice Facilitator ahead of the first meeting.

* Any existing opioid policies, patient agreements, or workflows.
* Any existing opioid templates, flow sheets, and reports in your EHR.