

Leadership & consensus assessment

Demonstrate leadership support and build organization-wide consensus to prioritize more selective and cautious opioid prescribing.

Instructions: Review each question and circle the answer that best reflects your organization's current status. There are three number options for each answer to allow you to select how far along you are. The higher the number, the further along you are in that domain.

Leadership prioritizes the work	1	2	3	4	5	6	7	8	9	10	11	12
 The commitment of leadership in this clinic to improving management of patients on long- term opioid therapy 	is not visible or communicated.			is rarely visible, and communication about use of opioids for patients with chronic pain is ad hoc and informal.			is sometimes visible and communication about patients on long-term opioid therapy is occasionally discussed in meetings.			is communicated consistently as an important element of meetings, case conferences, emails, internal communications, and celebrations of success.		
Shared vision	1	2	3	4	5	6	7	8	9	10	11	12
A shared vision for safer and more cautious opioid prescribing	has not been formally considered or discussed by clinicians and staff.			has been discussed, and preliminary conversations regarding a clinic-wide opioid prescribing standard have begun.			has been partially achieved, but consensus regarding a clinic-wide opioid prescribing standard has not yet been reached.			has been fully achieved. Clinicians and staff consistently follow prescribing standards and practices.		
Responsibilities assigned	1	2	3	4	5	6	7	8	9	10	11	12
3. Responsibilities for practice change related to patients on long-term opioid therapy	have not been assigned to designated leaders.			have been assigned to leaders, but no resources have been committed.			have been assigned to leaders with dedicated resources, but more support is needed.			have been assigned. Dedicated resources support protected time to meet and engage in practice change.		

