SCREEning for opioid use disorder

OFFICE plan

This is the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_ plan for administering and uploading our

 [Obstetrics Group Name]

patients’ opioid use disorder validated screening tools (VSTs).

# office leadership

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Email** | **Phone** |
| Practice Manager |  |  |  |
| Physician Lead |  |  |  |
| RN Lead |  |  |  |
| Other Leadership (if applicable) |  |  |  |

# Screening

|  |  |
| --- | --- |
| Who administers the validated screening tool in your office? |   |
| At what appointment will the validated screening tool be administered? (e.g., first prenatal visit) |  |
| How is completion of the validated screening tool tracked in your office? |  |
| What happens if the validated screening tool is not completed at the intended visit? |  |
| Will the validated screening tool be completed on paper or recorded directly into an Electronic Medical Record? |  |

# uploading into epic

|  |  |
| --- | --- |
| **How** will the validated screening tool be uploaded into the patient’s EPIC chart? |  |
| **Who** is responsible for uploading the validated screening tool into EPIC? |  |
| **When** will the validated screening tool be uploaded into EPIC? |  |
| **Where** is the validated screening tool found in the patient’s EPIC chart? |  |
| Please **confirm** that you have audited two charts and found the screening tool there. |  |