

Mind Your MEQs

Optimizing Your EMR for Safer Opioid Management

John Swekla: Health Business Consultant, TELUS Health

Kevin Samson: Family Physician, EWFHT



Presenter Disclosure

Presenter: **Kevin Samson**

Relationships with commercial interests: **None**

Disclosure of Commercial Support

Commercial Support: **None**

Potential for conflict(s) of interest: **None**

Mitigating Potential Bias

None

Presenter Disclosure

Presenter: **John Swekla**

Relationships with commercial interests: **Health Business Consultant, TELUS Health**

Disclosure of Commercial Support

Commercial Support: **TELUS Health**

Potential for conflict(s) of interest: **None**

Mitigating Potential Bias

None

Opioid Crisis !

Opioid Prescribing in Ontario



Increasing opioid related deaths and addiction

More than 9 million opioid prescriptions in 2015/2016 which is up by 450, 000 from 3 years earlier

More people are being prescribed stronger opioids

Nearly 2 million people in Ontario fill prescriptions for opioids every year – that's about 1 in 7 Ontarians

Opioid Crisis !



“The devastating impact of opioid use disorder and overdose has reached every community across the province, and crosses all demographics. Our government is committed to working together with our partners across the province to combat this issue through a collaborative, evidence-based, comprehensive approach that will help save lives.”

Dr. Eric Hoskins

Minister of Health and Long-Term Care



The 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain



National pain center

Canadian Guideline
for
Safe and Effective Use of Opioids
for
Chronic Non-Cancer Pain

PRACTICE TOOLKIT

The 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain



National pain center

Canadian Guideline
for
Safe and Effective Use of Opioids
for
Chronic Non-Cancer Pain

PRACTICE TOOLKIT



Opioid

55 MEQ's

Meds

Visit

Screening Summary

Tools

Handouts

References

Opioid “Think Tank”

Guelph FHT

Kirk Miller
Dr. Joan Chan



East Wellington Family Health Team

Dr. Kevin Samson
Hope Latam, Joel Wilson



eHealth Centre of Excellence

Danika Walden
Meghan Brenner-Burgoyne



TELUS Health

John Swekla



[Opioid](#)

MEQ: 30

[Meds](#)

[Visit](#)

[Screening](#)

[Summary](#)

[Tools](#)

[Handouts](#)

[References](#)

Test, First

dad: MI age 57
 mom breast cancer age 72
 sister: MS, brother: DM type 2

CAD - Coronary Artery Disease
 Depression
 Chronic back pain
 IBS - Irritable Bowel Syndrome

2016 appendectomy

OxyNEO 10 mg 1 tablet every 12 hou...

work: teacher
 wife: Judy
 kids x3

Opioid **MEQ: 30** Meds Visit Screening Summary Tools Handouts References

Sep 17, 2017 KS
 Start: [OxyNEO 10 mg 1 tablet every 12 hours](#) Quantity: 30 tablets End Date: Oct 2, 2017

Sep 17, 2017 Opioid - Rx Review [\(Click to expand\)](#) KS



Graph of: @MEQ for First Test

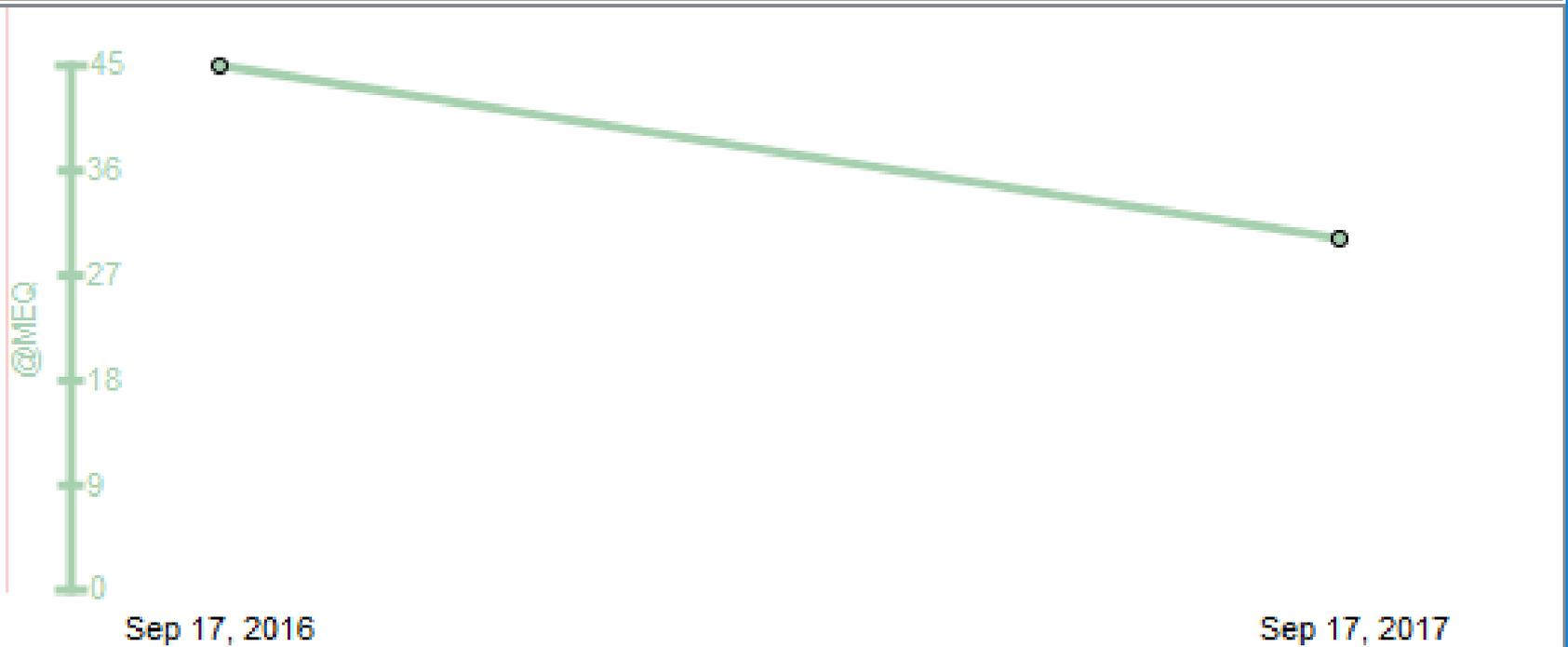


File Customize View



age 57 yr

#29877



Opioid - Rx Review



File



Medication Review

30

Last Review Sep 17, 2017

Current Opioid Meds

30 OxyNEO 10 mg (1 tablet every 12 hours)

Current Non-opioid Meds

Celebrex 200 mg (1 capsule 1 time daily)

Prior Pain Meds

Tyl 3 constipating
Cymbalta - no help - nausea
Gabapentin - no help

Naloxone kit provided Sep 17, 2017

Add to Notes

Discard

Opioid - Rx Review

File

Medication Review 30 Last Review Sep 17, 2017

Current Opioid Meds

30 OxyNEO 10 mg (1 tablet every 12 hours)

Current Non-opioid Meds

Celebrex

Prior Pain Meds

Tyl 3 con
Cymbalta
Gabaper

Naloxone kit pro

Discard

Opioid - Calculate Daily MEQ

File

Opioid MEQ Calculator

Prescription
OxyNEO 10 mg (1 tablet every 12 hours)

Type of opioid MME
Oxycodone 1.50

Daily dosing

Dose	Frequency	MEQ
10 mg	bid	30

Enter manual ... Save Cancel

Discard

Opioid - Screening

File

Opioid Screening

Screener	Date of Latest	Result	Frequency (mo)
Agreement 	Sep 19, 2017		<input type="text" value="24"/>
Brief Pain Inventory 	Sep 20, 2017	Pain severity: 6.25/10	<input type="text" value="12"/>
Opioid Risk Tool 	Sep 20, 2017	Opioid Risk 2/15	<input type="text" value="12"/>
Functional Ability 	Sep 20, 2017	Functional ability 35/100	<input type="text" value="12"/>
Depression PHQ-9 	Sep 20, 2017	Depression score 15/27	<input type="text" value="12"/>
Urine Drug Test	Sep 20, 2017		<input type="text" value="6"/>
Opioid Compliance	Sep 20, 2017	Compliance score 4/12	<input type="text" value="4"/>

Update form

Add to Notes

Discard

Opioid - Screening

File

Opioid Screening

Screener	Date of Last
Agreement	Sep 19
Brief Pain Inventory	Sep 20
Opioid Risk Tool	Sep 20
Functional Ability	Sep 20
Depression PHQ-9	Sep 20
Urine Drug Test	Sep 20
Opioid Compliance	Sep 20

Discard

Opioid - Brief Pain Inventory

File

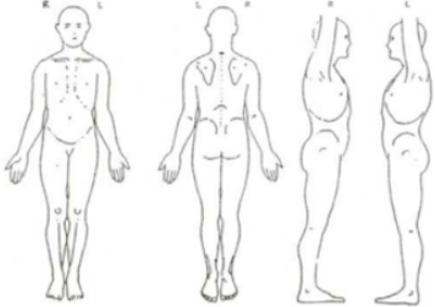
Patient Instructions Lock Clear Print Graph Explain Last done Sep 20, 2017 Copy from prior

Brief Pain Inventory (BPI)

Date Sep 20, 2017

Patient Name First Test D.O.B Jan 1, 1960 Age 57 Sex F Patient Id 29877

- Throughout our lives, most of us have had pain from time to time (such as minor headaches, sprains, and toothaches). Have you had pain other than these everyday kinds of pain today?
 Yes No
- On the diagram, shade in the areas where you feel pain. Put an X on the area that hurts the most.


- Place an "X" on the one number that best describes your pain at its **worst** in the last 24 hours
 No pain 0 1 2 3 4 5 6 7 8 9 10 Pain as bad as you can imagine
- Place an "X" on the one number that best describes your pain at its **least** in the last 24 hours
 No pain 0 1 2 3 4 5 6 7 8 9 10 Pain as bad as you can imagine
- Place an "X" on the one number that best describes your pain on the **average**
 No pain 0 1 2 3 4 5 6 7 8 9 10 Pain as bad as you can imagine
- Place an "X" on the one number that best tells how much pain you have **right now**
 No pain 0 1 2 3 4 5 6 7 8 9 10 Pain as bad as you can imagine
- What treatments or medications are you receiving for your pain?
- In the last 24 hours, how much relief have pain treatments or medications provided? Place an "X" on the one percentage that most shows how much relief you have received.
 No relief 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100% Complete Relief

Pain Severity Score: **0.0**

Discard Add to Notes

Brief Pain Inventory (BPI)

Date Sep 20, 2017

Patient Name First Test

D.O.B Jan 1, 1960

Age 57

Sex F

Patient Id 29877

Patient Instructions

Lock

Clear

Print

Graph

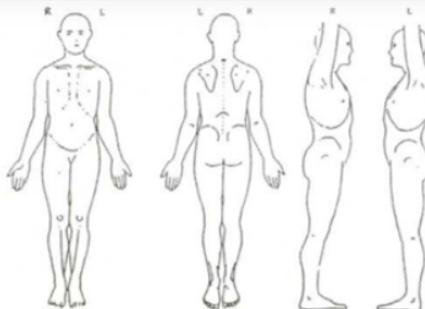
Explain

Last done

Sep 20, 2017

Copy from prior

2. On the diagram, shade in the areas where you feel pain. Put an X on the area that hurts the most.



3. Place an "X" on the one number that best describes your pain at its **worst** in the last 24 hours

No pain 0 1 2 3 4 5 6 7 8 9 10 Pain as bad as you can imagine

4. Place an "X" on the one number that best describes your pain at its **least** in the last 24 hours

No pain 0 1 2 3 4 5 6 7 8 9 10 Pain as bad as you can imagine

5. Place an "X" on the one number that best describes your pain on the **average**

No pain 0 1 2 3 4 5 6 7 8 9 10 Pain as bad as you can imagine

6. Place an "X" on the one number that best tells how much pain you have **right now**

No pain 0 1 2 3 4 5 6 7 8 9 10 Pain as bad as you can imagine

7. What treatments or medications are you receiving for your pain?

Empty text box for recording treatments or medications.

8. In the last 24 hours, how much relief have pain treatments or medications provided? Place an "X" on the one percentage that most shows how much relief you have received.

No relief 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100% Complete Relief

Pain Severity Score: 0.0

Discard

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Opioid - Screening



File



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Opioid - Screening

File

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Depression PHQ-9		Sep 20, 2017	Depression score 15/27
Urine Drug Test		Sep 20, 2017	
Opioid Compliance		Sep 20, 2017	Compliance score 4/12

Update form

Add to Notes

(Add to Notes will load selected Ocean forms)

Discard



Opioid - Screening



File



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Update form

Add to Notes

Discard

Opioid - Screening



File



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Urine Drug Test	Sep 20, 2017		<input type="text" value="6"/>
Opioid Compliance	Sep 20, 2017	Compliance score 4/12	<input type="text" value="4"/>

Update form

Add to Notes

Discard

Chronic Pain Condition Summary

[Clear](#)[Print](#)[Last done](#)

Aug 29, 2017

[Copy from prior](#)**Diagnosis**

Chronic mechanical back pain with nerve root irritation

Onset

MVA 25/2/2003

Pain

constant dull ache across low back with radiation to left leg at times

 Work Related **Permanent****Psychological Factors** **Anxiety** **Depression** PTSD Substance Use Disorder Other

secondary depression/anx due to pain and financial strain

Social Factors

Family & social supports

good family support, receiving disability income from insurance

Work status

unable to work

Referrals

Hamilton Chronic pain clinic

Investigations

MRI 2004 DDD and disk bulge L4-5

Procedures

steroid injections no help

Adjunct therapy **Physiotherapy** Chiropractic **Massage** **Acupuncture** **Counselling**

acupuncture no help, massage as needed

physio biweekly at North City physio, counselling monthly at CMHA

Are opioids indicated for this patient? **Yes** No

Despite other therapies opioids increase function, no red flags on screening tools

Discard

Add to Notes

Opioid Visit

Clear Print Last done Aug 30, 2017 Copy from prior

Clinical Notes
 f/u low back pain
 continues physio and counselling
 recving income from ins
 pain - no change - constant to left leg at times (standing or walking >15 min)
 bm n, void n
 sleep OK
 stable and compliant on meds - no sig side effects
 O: tend spasm low back, flex 30, ext 5, st leg raises 50% bilat, knee jerks n, toes down x2
 abdo soft nontend, no masses, no AAA

Assessment
 mech back pain - no sig change

Progress
 stable improving deteriorating

Plan
 Self-management / Activities: cont home exercises and trying to stay active

New referrals: none

Investigations ordered: none

Procedures pending: none

Additional notes: stress - financial - selling h

Adjunct therapy
 Physiotherapy Chiropractic Massage Acupuncture Counselling Other

continue treatments

Medication changes: increase dilaudid 2 to 4 mg q6h

Next Encounter
 2 weeks 4 weeks 3 months 6 months other

Please schedule this patient for a followup appointment for first available in 3 months.

To: book Subject: Schedule Appointment [Send Message](#)

KS→book **Schedule Appointment** Sep 26, 2017 08:35 Date Due: Fri, Sep 29
 Please schedule this patient for a followup appointment for first available in 6 months.
 For any booker (click to act on book's behalf)

Opioid

MEQ: 30

Meds

Visit

Screening

Summary

Tools

Handouts

References

Opioid

MEQ: 30

Meds

Visit

Screening

Summary

Tools

Handouts

References

Tools

Questionnaires	Last Done	Result
CAGE: Alcohol CAGE Questionnaire	Sep 21, 2017	CAGE score 3/4
COMM: Current Opioid Misuse Measure	never done	
DIRE Score: Patient Selection for Chronic Opioid Analgesia	never done	
DSM Checklist: Opioid Use Disorder Checklist	never done	
GAD7: Generalized Anxiety Disorder	Sep 21, 2017	8
5As: Response to Therapy	never done	
PEG-3: Pain Intensity and Interference	never done	
SISAP: Substance Abuse Potential	never done	
SOAPP-R: Opioid Risk Assessment	never done	

Calculators

Daily MEQ
MEQ Calculator
Opioid Tapering
Pill counter

Discard

Tools

Questionnaires

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- GAD7: Generalized Anxiety Disorder
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Calculators

- Daily MEQ
- MEQ Calculator
- Opioid Tapering
- Pill counter

Discard

Patient Instructions Lock Clear Print Graph Explain Last done Sep 21, 2017 Copy from prior

Anxiety (GAD-7)

Date Sep 22, 2017

Patient Name First Test D.O.B Jan 1, 1960 Age 57 Sex F Patient Id 29877

Survey complete

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious, or on edge	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to stop or control worrying	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Worrying too much about different things	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Trouble relaxing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Being so restless that it's hard to sit still	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Becoming easily annoyed or irritable	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Feeling afraid as if something awful might happen	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

	Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

GAD-7: 13

No Anxiety
Mild
Moderate
Severe

Discard
Add to Notes

Anxiety (GAD-7)

Date Sep 22, 2017

Patient Name First Test

D.O.B Jan 1, 1960

Age 57

Sex F

Patient Id 29877

Survey complete

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
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Worrying too much about different things	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Trouble relaxing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Being so restless that it's hard to sit still	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Becoming easily annoyed or irritable	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Feeling afraid as if something awful might happen	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Tools

Questionnaires	Last Done	Result
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Calculators

Daily MEQ

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Pill counter

Discard

Tools

Questionnaires

	Last Done	Result
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COMM: Current Opioid Misuse Measure	never done	
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SOAPP-R: Opioid Risk

Calculators

Daily MEQ

MEQ Calculator 

Opioid Tapering

Pill counter

Discard

Opioid - MEQ Calculator ✕

File 

Opioid	MME	Dose	Frequency	MEQ
Oxycodone (OxyNEO®, Percocet®, Oxycocet® P... <input style="width: 100px;" type="text" value="v"/>	<input type="text" value="1.50"/>	<input type="text" value="10"/> mg	<input type="text" value="qid"/>	<input type="text" value="60"/>

[Medication Information](#)
 [Rotate to another Opioid](#)
 [Calculate dose for desired MEQ](#)
 [Create note](#)
 [More Info...](#)

Alternate Opioid	MME	starting %	Starting daily dose	MEQ
Hydromorphone (Dilaudid®) <input style="width: 100px;" type="text" value="v"/>	<input type="text" value="5.00"/>	<input type="text" value="60"/>	<input type="text" value="7 mg/day"/>	<input type="text" value="36"/>

[Create note in chart](#)
 [Health Canada Drug Product Database](#)
 [Hide](#)

DISCLAIMER: This form is designed to facilitate the rational conversion of one opioid regimen to an approximately equianalgesic dose of another. The authors have strived to ensure that the information included in this form reflects the current level of knowledge regarding opioid conversions. However, information on opioid conversions is incomplete and constantly changing as additional research and clinical experience expands our knowledge base. As a result, it is the user's responsibility to examine all available information on opioid conversions and to integrate this with knowledge about his or her patient and the information provided here. The ultimate responsibility for the opioid dose prescribed is that of the prescribing physician.

[National Pain Centre guidelines](#)


Discard

Tools

Questionnaires

CAGE: Alcohol CAGE Q

COMM: Current Opioid M

DIRE Score: Patient Sel

DSM Checklist: Opioid U

GAD7: Generalized Anxi

5As: Response to Thera

PEG-3: Pain Intensity ar

SISAP: Substance Abus

SOAPP-R: Opioid Risk A

Calculators

Daily MEQ

MEQ Calculator

Opioid Tapering

Pill counter

Discard

Last Done

Result

Opioid - Tapering schedule

File

Opioid

MME

Dose

Frequency

MEQ

Oxycodone

1.50

35

mg

bid

105

Tapering schedule:

 Slow Moderate Fast

16 weeks (3.7 months)

	Starting date	#weeks	Daily dose	MEQ	Frequency	Single dose	% original MEQ
1.	Sep 23, 2017	1	56	84	bid	28	80%
2.	Sep 30, 2017	1	42	63	bid	21	60%
3.	Oct 7, 2017	1	28	42	bid	14	40%
4.	Oct 14, 2017	2	21	32	bid	11	30%
5.	Oct 28, 2017	2	14	21	bid	7	20%
6.	Nov 11, 2017	3	11	16	bid	6	15%
7.	Dec 2, 2017	3	7	11	bid	4	10%
8.	Dec 23, 2017	3	4	6	bid	2	5%

<

>

Discard

Add to Notes

Tools

Questionnaires

CAGE: Alcohol CAGE Questionnaire

COMM: Current Opioid Misuse

DIRE Score: Patient Select

DSM Checklist: Opioid Use

GAD7: Generalized Anxiety

5As: Response to Therapy

PEG-3: Pain Intensity and

SISAP: Substance Abuse F

SOAPP-R: Opioid Risk Ass

Calculators

Daily MEQ

MEQ Calculator

Opioid Tapering

Pill counter

Discard

Last Done

Sep 21, 2017

Result

CAGE score 3/4

Opioid - Pill counter

File



Opioid

Oxycodone (OxyNEO®, Percocet®, Oxycocet® P...)

MME

1.50

Strength

5 mg

Date dispensed: Jul 1, 2017

pills dispensed: 90

Today's date: Jul 21, 2017

pills left: 12

Avg. daily dose: 20 mg

daily MEQ: 30

Expected renewal date: Jul 24, 2017

28 day supply: 110

Add to notes

Discard

Add to Notes

Opioid - Handouts Picker

File

Patient Handouts

Handouts		
Opioid Handout	Treatment Agreement	Naloxone Handout
	Informed Consent	Patch Exchange

Patient Goals

- Personal Care Plan
- Report Card

Discard



Opioid References

Patient References

[Pain Resource Centre](#)

[Mike Evans Opioid Video](#)

[Send email to patient](#)

Clinician References



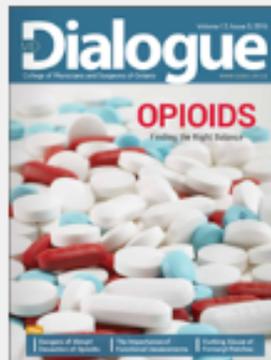
Michael G. DeGroot
National Pain Centre

[Canadian Opioid Guidelines](#)

[Practice Toolkit](#)



[On-line clinical support](#)



[High risk patients](#)



[CPSO Opioid Strategy Summary](#)

Discard

Add to Notes

Opioid Re

Patient Refer

Pain Resou

Mike Evans

Clinician Ref



Canadian C
Practice To

MAGIC

On-line clin



Discard

Send Email to Top [Close]

To:

Cc:

From:

Subject:

Attachments:

Log to Top ZZ's chart:

Hi Top

Here are some very useful links for you:

The Pain Resource Centre is a place on the web where you can obtain reliable information about pain so that they can help themselves, their clients, their family members, friends, and co-workers.

<http://prc.canadianpaincoalition.ca/en/index.html>

There is also a very good video that will explain how opioid work and what you need to look out for

<http://www.evanshealthlab.com/opioids/>

Please take an opportunity to look at them before your next visit to the clinic.

Thanks!

You Care Team



Send email to patient



CPSO Opioid Strategy
Summary

Add to Notes

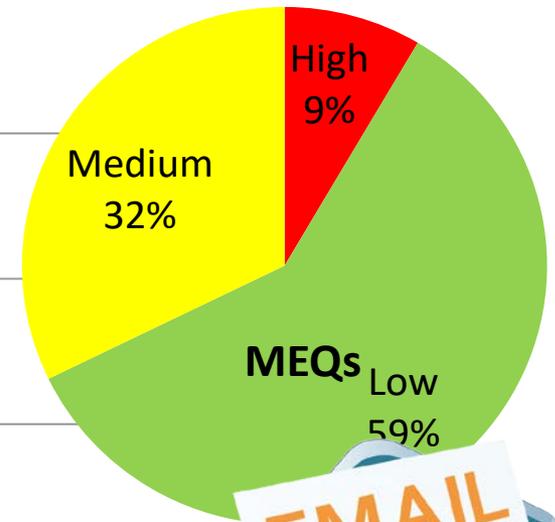
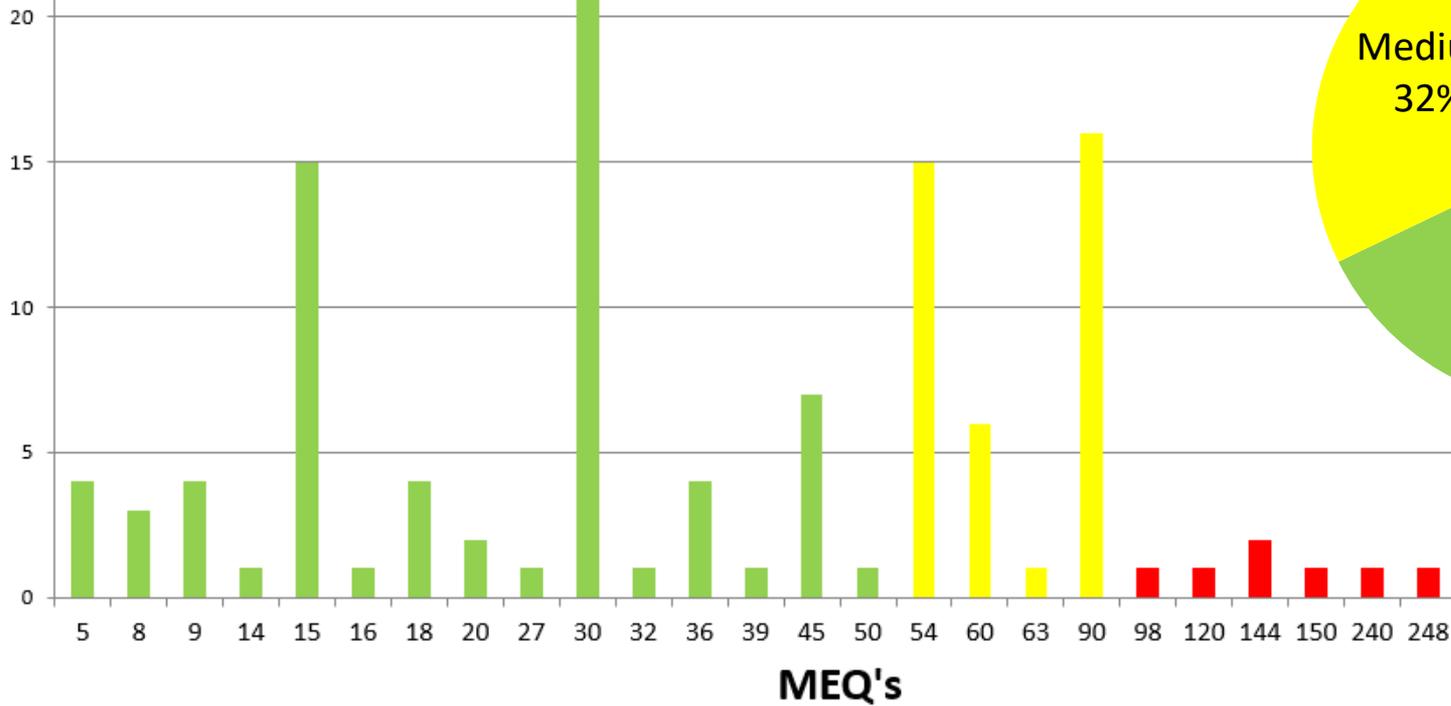
Status / Deployment

Currently deployed through the EWFHT, Guelph FHT and the eHealth Centre of Excellence

Working with TELUS to promote deployment across all TELUS PS Suite EMRs and beyond!

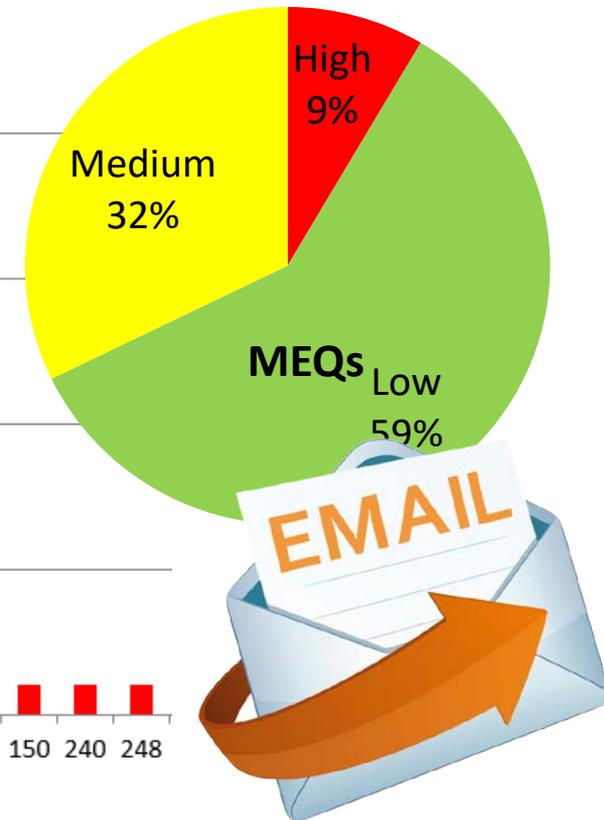
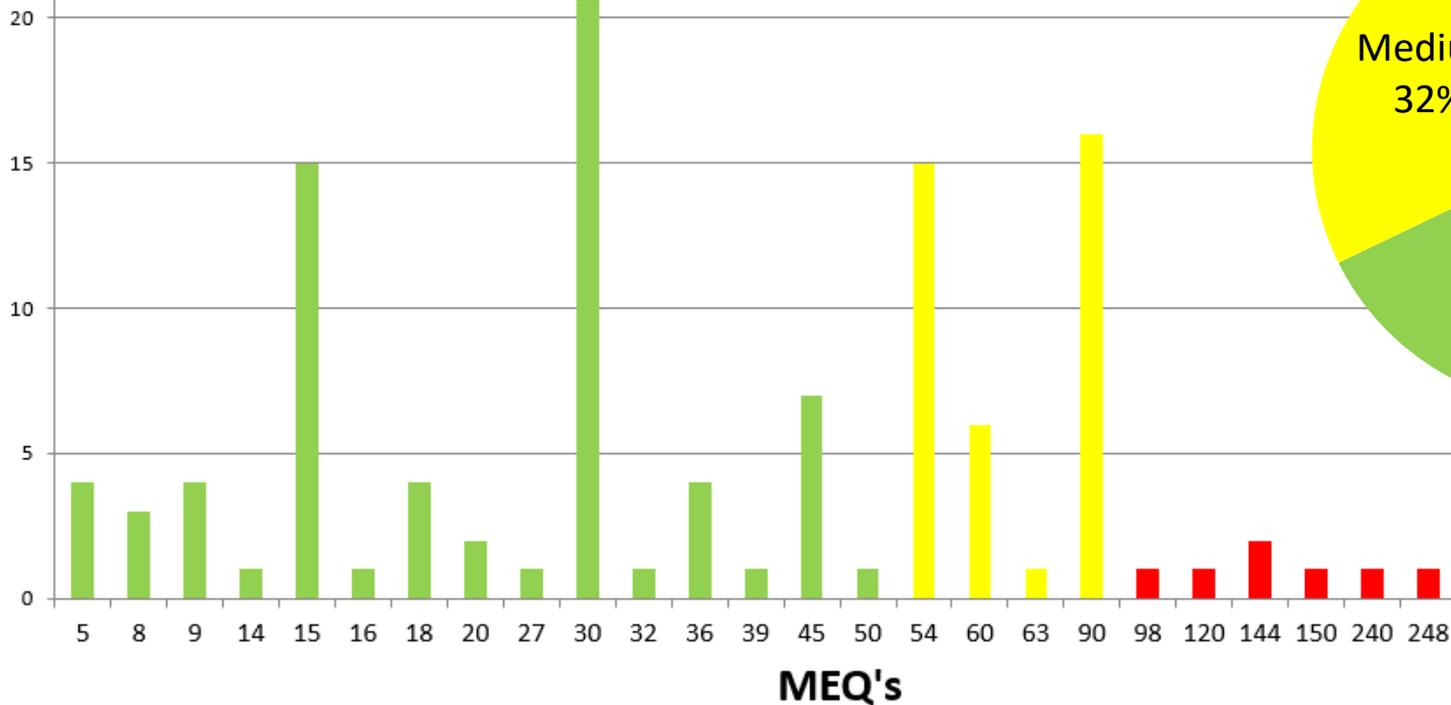
Next Steps

Dashboard



Next Steps

Dashboard



Partnering with the **Guideline Steering Committee** to include more specific and advanced decision support and to implement a research program to measure the impact



National pain center



Safer and more effective prescribing of opioids

Evidence based guidelines and standards of care into the EMR

Info you need, when you need it

Decision support

Improve workflows

Charting requirements

Improved health care and patient outcomes



Mind Your MEQs

Optimizing Your EMR for Safer
Opioid Management

Demo
John Swekla



Mind Your MEQs

Optimizing Your EMR for Safer
Opioid Management

Thank You!

