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Crystal Brown, BSN, RN, CHP-CT, DNS-CT
Director of Nursing Services
Morgan Health Center
• IPRO QIN-QIO – Who we are and what we do
• Review of the Nursing Home Naloxone Assessment Results
• Review of Nursing Home Opioid and Pain Management Best Practice Assessment Results
• Naloxone Best Practice Presentations
  o American Society of Consultant Pharmacists Opioid Stewardship Toolkit
  o Opioid Overdose Assessment and Naloxone Administration Experience - Morgan Health Center, Rhode Island
• Opioid and Pain Management Resources
• Discussion, Question & Answer
• Wrap-up – Upcoming Events
The IPRO QIN-QIO

- A federally-funded Medicare Quality Innovation Network–Quality Improvement Organization (QIN-QIO)
- 12 regional CMS QIN-QIOs nationally

**IPRO:**
New York, New Jersey, and Ohio

**Healthcentric Advisors:**
Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

**Qlarant:**
Maryland, Delaware, and the District of Columbia

Working to ensure high-quality, safe healthcare for 20% of the nation’s Medicare FFS beneficiaries
### Focus Areas Across Settings

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<thead>
<tr>
<th>Nursing Homes</th>
<th>Community Coalitions</th>
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<td>✓ Working with more than 1,500 of the nursing homes in the region</td>
<td>✓ Communities that encompass at least 65% of the Medicare beneficiaries in each state</td>
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<td>✓ Members collaborating to improve outcomes for the communities they serve:</td>
<td>• Acute Care Hospitals</td>
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<td>• Critical Access Hospitals</td>
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<td>• Federally Qualified Health Centers</td>
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### Cross-Cutting Priority Areas
- Health Information Technology
- Health Equity
- Trauma-Informed Care
- Patient & Family Engagement
- Rural Health
- Vulnerable Populations

### Program Focus Areas
- Behavioral Health & Opioid Use
- Patient Safety
- Chronic Disease Self-Management
- Care Transitions
- Nursing Home Quality
• **Provider self-assessment of opioid & pain management practices** to identify potential areas of improvement.

• **Guideline Purpose:** To encourage careful and selective use of long-term opioid therapy in the context of managing chronic pain through (a) an evidence-based prescribing guideline, (b) quality improvement (QI) measures to advance the integration of the CDC Guideline for Prescribing Opioids for Chronic Pain (CDC Prescribing Guideline) into clinical practice, and (c) practice-level strategies to improve care coordination.

• **Guideline Goal:** To ensure patients have access to safer, more effective chronic pain treatment by improving the way opioids are prescribed through an evidence-based clinical practice guideline, while reducing the number of people who misuse, abuse, or overdose from these drugs.
Review of Best Practice Assessment Results

Opioid and Pain Management Best Practice Assessment Results
Skilled Nursing Facility Aggregate Results

Clinicians offer or arrange evidence-based treatment (usually medication-assisted treatment with buprenorphine or methadone in combination with behavioral therapies) for patients with opioid use disorder.

Clinicians incorporate into the management plan strategies to mitigate risk, including considering offering naloxone when factors that increase risk for opioid overdose, such as history of overdose, history of substance use disorder, higher opioid dosages (50MME/day), or concurrent benzodiazepine use, are present.

When prescribing opioids for chronic pain, clinicians administer urine drug tests before starting opioid therapy to assess presence of prescribed opioids as well as other controlled prescription drugs and illicit drugs.

When prescribing opioids for chronic pain, clinicians administer urine drug tests at least annually to assess presence of prescribed opioids as well as other controlled prescription drugs and illicit drugs.
During April 2021, IPRO QIN-QIO deployed a Nursing Home Naloxone Assessment to nursing homes in our QIN-QIO region.

- Naloxone is a drug that reverses respiratory depression caused by opioid overdose.
- Having naloxone readily available in nursing homes is an opioid harm reduction best practice that can save lives.
- We wanted to better understand the extent of naloxone availability in nursing homes and whether nursing homes wanted more information about using naloxone.
- The assessment consisted of four questions.
What is your state?

- 86 respondents from 13 states
- Respondents from each state in the IPRO QIN-QIO region plus an additional state
Nursing Home Naloxone Assessment Results

Do you have naloxone in your emergency medication kit or dispensing machine for as needed use in the event of an opioid overdose emergency?

- Yes (69, 79.3%)
- No (18, 20.7%)

If Yes, is the naloxone expired?

- Yes (1, 1.5%)
- No (67, 98.5%)
Nursing Home Naloxone Assessment Results

Does your facility require naloxone be individually prescribed for residents for use as needed in the event of an opioid overdose emergency?

Yes (45, 51.1%)

No (43, 48.9%)

If naloxone is not currently available in your facility, is this something you might want to learn more about?

Yes (10, 12.0%)

No (73, 88.0%)
Nursing Home Naloxone Assessment Results

Would you like assistance with naloxone training and protocols or any other opioid or pain management tools, resources, or education?

- Selection of nursing home more information requests:
  - Train staff on use and indications of naloxone
  - Pain management tools and resources
  - How and when to administer naloxone
  - Analytical needs assessment for naloxone

Yes (31, 36.5%)

No (54, 63.5%)
Nursing Home Naloxone Best Practices

American Society of Consultant Pharmacists Opioid Stewardship Toolkit

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Director of Clinical Pharmacy
Rhode Island Primary Care Physicians Corporation/Integra Community Care Network Cranston, Rhode Island

Robert C. Accetta, RPh, BCGP, C-MTM, FASCP
President, Rivercare Rx Consulting Trumbull, Connecticut
Naloxone Use and Recommendations

Presented by Rob Accetta & Stacey Ranucci
June 17, 2021
Special Considerations

Naloxone Use and Recommendations

Section 6.2
WHAT IS NALOXONE?

Naloxone is a medication designed to rapidly reverse opioid overdose.

Available in three FDA-approved formulations: injectable, autoinjectable and prepackaged nasal spray.
“If we want to make a dent in this overdose epidemic, we need everyone to consider themselves a first responder. We need to look at it the same as we look at CPR; we need everyone carrying naloxone.”

-Jerome Adams, MD, MPH, U.S. Surgeon General
Use of Naloxone

- April 2018: U.S. Surgeon General called for heightened awareness and availability of naloxone\(^1\)
- Naloxone is a drug antagonist that is used to reverse the effects of opioid overdose
- If appropriate and in response to patient risk assessment, naloxone prescription may need to be included with patient discharge orders

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Recommendations for Prescribing or Co-prescribing

Clinicians should strongly consider prescribing/co-prescribing naloxone for patients who:

• Receive opioids at dosage of $>50$ morphine mg equivalents (MME) per day
• Have respiratory conditions [COPD, obstructive sleep apnea (regardless of opioid dose)]
• Have been prescribed benzodiazepines (regardless of opioid dose)

Recommendations for Prescribing or Co-prescribing\textsuperscript{1,2}

- Have a non-opioid substance use disorder, report excessive alcohol use or have a mental health disorder (regardless of opioid dose)

- Are at high risk due to:
  - Use of illicit drugs (heroin) or misusing prescription opioids
  - Use of stimulants (methamphetamine, cocaine)
  - Current treatment for opioid use disorder
  - History of opioid misuse

\textsuperscript{1} HHS Recommendations for Prescribing Naloxone. Available at: https://www.hhs.gov/opioids/sites/default/files/2018-12/naloxone-coprescribing-guidance.pdf

Recommendations for Prescribing or Co-Prescribing

More Resources

• HHS How to Respond to an Opioid Overdose

Heroin  Fentanyl  Carfentanil
OPIOID POTENCY

Carfentanil: 10,000X
Fentanyl: 100X
Heroin: 2X
Morphine: 1X
How Naloxone Works

Naloxone has a stronger affinity to the opioid receptors than the opioid, so it knocks the opioid off the receptors for a short time and lets the person breathe again.
Naloxone Administration: Important Notes

- Contact **911**, stay with patient until emergency personnel arrives
- Naloxone should be administered when overdose is suspected
- If no response within **3 minutes**, a repeat dose of naloxone should be administered
Naloxone Administration: Important Notes

• The duration of action is about 30-90 minutes
• If overdose is in doubt, giving naloxone not likely to cause harm
• Will not reverse overdose of other drugs
• No potential for abuse
• Serious side effects are very rare
How Naloxone is Supplied

• Naloxone nasal spray
• Evzio® (naloxone) auto-injector
• Naloxone injectable
Narcan Nasal Spray

2 doses in each kit

HOW TO USE NARCAN® NASAL SPRAY

In opioid overdose emergencies, recognizing symptoms and taking prompt action is critical to potentially saving a life. If you suspect an opioid overdose, administer NARCAN® Nasal Spray and get emergency medical assistance right away.

KEY STEPS TO ADMINISTERING NARCAN® NASAL SPRAY:

PEEL

Peel back the package to remove the device. Hold the device with your thumb on the bottom of the plunger and 2 fingers on the nozzle.

PLACE

Place and hold the tip of the nozzle in either nostril until your fingers touch the bottom of the patient’s nose.

PRESS

Press the plunger firmly to release the dose into the patient’s nose.

See Naloxone Nasal Spray Full Prescribing Information. Food and Drug Administration. Narcan® Nasal Spray 4mg. Full Prescribing Information. Available at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/208411s001lbl.pdf
Evzio® Auto-Injector

2 doses in each kit

1. Pull EVZIO® from the outer case.
   Do not go to Step 2 (do not remove the red safety guard) until you are ready to use EVZIO®. If you are not ready to use EVZIO®, put it back in the outer case for later use.

2. Pull off the red safety guard. To reduce the chance of an accidental injection, do not touch the black base of the auto-injector, which is where the needle comes out. If an accidental injection happens, get medical help right away.

   Note: The red safety guard is made to fit tightly. Pull firmly to remove. Do not replace the red safety guard after it is removed.

3. Place the black end against the middle of the outer thigh, through clothing (pants, jeans, etc.) if necessary, then press firmly and hold in place for 5 seconds.
   Note: The needle will inject and then retract back up into the EVZIO® auto-injector and is not visible after use.

See Evzio Autoinjector Fill Prescribing Information. Food and Drug Administration. Evzio® Auto-injector Fill Full Prescribing Information. Available at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2016/209862lbl.pdf
Injectable Naloxone

- Use a long needle: (3mL) syringe with 23-25 gauge and 1 - 1.5-inch intramuscular (IM) needle.
- If available, clean the skin with an alcohol swab first.
- It is ok, to inject through clothing if necessary.

90° angle to make sure you reach the muscle

Laws Concerning Naloxone

• All 50 States have some form of naloxone access laws.
• As of September 2019, 17 states had enacted naloxone co-prescribing laws.3
• Some access laws include pharmacist distribution of naloxone.

RESOURCE - Below is a link to the status of state naloxone access laws.
SAFEProject. State Naloxone Rules and Resources. Available at: https://www.safeproject.us/naloxone-awareness-project/state-rules/

Rhode Island Co-prescribing Naloxone Law

**Co-Prescribe Naloxone:** Prescribers are **required** to co-prescribe naloxone in these three different clinical scenarios. If co-prescribing naloxone is not appropriate for the patient, then the prescriber must document the reason(s) in the patient's medical record.

1. When prescribing an opioid individually or in aggregate with other medications that is more than or equal to 50 oral Morphine Milligram Equivalents (MMEs) per day.

2. When prescribing any dose of an opioid when a benzodiazepine has been prescribed in the past 30 days or will be prescribed at the current visit. Prescribers shall note in a patient’s medical record the medical necessity of the co-prescription of the opioid and the benzodiazepine, and explain why the benefit outweighs the risk given the Food and Drug Administration (FDA) black box warning.

3. When prescribing any dose of an opioid to a patient with a prior history of opioid use disorder or overdose. Prescribers must also document in the patient’s medical record the medical necessity of prescribing an opioid to this high-risk individual and explain why the benefit outweighs the risk given the patient’s previous history.

[https://health.ri.gov/healthcare/medicine/about/safeopioidprescribing/](https://health.ri.gov/healthcare/medicine/about/safeopioidprescribing/)
Laws Concerning Naloxone

• In states that adopt a naloxone access law, there is a 9-11% decrease in the number of opioid-related deaths, according to the National Bureau of Economic Research.

• 3rd party prescribing allows a prescriber to write a prescription for a medication to someone other than the intended user of the medication.

• A standing order is a mechanism by which a healthcare provider with prescribing privileges, including a state health officer, writes a prescription that covers a large group of people.

In the US – all 50 states plus Washington DC have laws in place to support 3rd party prescribing laws or standing orders or both.

https://www.safeproject.us/naloxone-awareness-project/state-rules/
Good Samaritan Laws (GSL)

- Laws that create immunity or legal protection for those who call for help in the event of an overdose.
- As of July 2018, 46 states and Washington, D.C. enacted some form of GSLs or 911 Drug Immunity Laws.
- Scope of immune offenses and violations varies by state.

RESOURCE - Below is a link to the status of state overdose protection laws.
Naloxone – Considerations for the Consultant Pharmacist

• Review facility standing orders to include naloxone
• Identify what product is available in emergency/contingency kit
  o Naloxone intranasal
    ▪ Kit preassembled 4mg/0.1mL
    ▪ Kit requiring assembly 1mg/mL
  o Auto-injector naloxone 0.4mg/0.4mL
  o Naloxone solution for injection 0.4mg/mL
• Assist facility in creating a policy and procedure and ensure all staff are trained on the policy and on how to find and administer the specific naloxone product on-site.
Naloxone – Considerations for the Consultant Pharmacist

Appendix I: SAMPLE POLICY – Administration of Naloxone in the Long-Term Post-Acute Care Facility

Administration of Naloxone in the Long-Term Post-Acute Care Facility

POLICY
Upon a physician’s order or general standing order promulgated by the state, naloxone (Narcan®) may be administered by a licensed nurse or authorized staff to residents/patients/staff/visitors as indicated for the complete or partial reversal of opioid respiratory depression, including depression induced by natural and synthetic opioids.

EQUIPMENT
• Naloxone nasal spray, naloxone auto-injector or naloxone solution for intramuscular naloxone
• Medication administration record
• Sterile syringe for intramuscular injection (if Narcan® solution used)

PROCEDURE
1. CALL 911 if overdose is suspected.
Naloxone – Clinical Pearls

• Have naloxone on hand to use in the event of an overdose
• Understand how the opioids are being managed in the facility and develop supporting policies for minimal exposure
• Co-prescribe Naloxone at discharge for patients who meet state law requirements and as a best practice standard
• Consider tapering of pain and benzodiazepine medications while at the facility and under direct supervision
• Document history of OUD and support patients with alternative pain management strategies
Naloxone Use and Recommendations

Opioid Stewardship Toolkit Landing Page @ ASCP.com

MED-PASS

ASCP Opioid Stewardship Toolkit
A Pharmacist’s Guide for Older Adults

The opioid epidemic is a serious public health crisis: more than 130 people die in the U.S. every day as a result of an opioid overdose. ASCP has created a variety of tools designed to help pharmacists sift through all the literature, guidelines, and regulations to provide the very best support to patients and play a key role in combating this epidemic.

ASCP Opioid Stewardship Toolkit: A Pharmacist’s Guide for Older Adults

The Opioid Stewardship Toolkit is the comprehensive resource for consultant pharmacists seeking to understand how to navigate the complex issues associated with opioid use, misuse, and abuse. The Toolkit provides up-to-date information, regulatory guidance, sample policies, clinical strategies, and real-world scenarios to help you elevate your practice and improve the quality of life for your patients.

The Toolkit is designed to help you become the subject matter expert in your long-term care post-acute healthcare community, containing narratives coordinated with PowerPoint presentations that can be used as in-service training for pharmacists, healthcare practitioners, patients/residents, and families.
Naloxone Use and Recommendations

Questions? Clinical, Policy, Strategy

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Resources

- American Medical Association
- Health and Human Services (HHS). How to respond to an Opioid Overdose.
Resources


Nursing Home Naloxone Best Practices

Opioid Overdose Assessment and Naloxone Administration Experience

Laura Wischnowsky, NHA
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Policy & Procedure

- Opioid overdose crisis
- New state requirement for nursing license renewal
- Some hospitals began prescribing Narcan (Naloxone) automatically with any opioids
  - Began as a broad policy
  - Slow roll-out on education
Our First Overdose - Background

• May 2019

• Resident was admitted to one of our facilities following treatment for a spinal abscess
  • History of IV substance abuse
  • Discharged from the VA with order for suboxone for dependence and pain management. Hospital discharge orders did not include Narcan.
  • Plan was for short-term rehab, he was A&O, self-propelled around facility, family was involved and supportive, working with therapy, no concerns with care or behaviors
Our First Overdose – Timeline

• About two weeks into his stay, the resident told the nurse that his brother was dropping off a cheeseburger for him, and he was going downstairs to get it from him.

• The resident’s CNA accompanied him, she checked the Burger King bag and found a burger and fries inside, so it was given to the resident to enjoy.

• The following day, the resident was in a stable mood, going about his usual activities, conversing with staff, etc. Vitals were stable at shift change from 1st to 2nd shift.

• At approximately 9:30pm, the resident was found slumped over in his wheelchair in his bathroom with no pulse.

• Code Blue/CPR was initiated and 911 was called. He was pronounced in the ER.

• At the time of this incident, the nursing home staff did not suspect an overdose.
Our First Overdose – Follow up

• The next morning, the resident’s spouse expressed concern that her husband had a drug overdose.

• She believed that the man that brought Burger King was not the resident’s brother, but his dealer, and she encouraged the staff to do a thorough search of his room.

• Upon searching the resident’s room, a syringe with approx. 1ml of a light red substance was found in the bed sheets and a bottle cap, wrapped in tissue, containing a rock-like substance, was found in his coat pocket.
Revitalizing the Policy

- Our corporate Director of Clinical Services worked with our pharmacy consultants on bringing the policy back to the forefront, and on having a supply of Naloxone available at all times in our e-kits.

- Our consultant pharmacists educated the nursing teams on recognizing an overdose, Naloxone basics, and the procedure for administering it.

- Our Director of Clinical Services reviewed Code Blue procedures and did mock drills in the facilities.

- Residents admitted on an opioid now have a standing order for Naloxone.

- Flag on face sheet for history of substance abuse.
Nursing Assessment

- Consider an opioid overdose if:
  - Patient is currently on opiates or has a history of substance abuse (excluding residents that are CMO or are on hospice, unless directed by physician)
  - You are unable to arouse with loud noise and sternal rub

- Immediately assess:
  - Blood sugar – if low, follow hypoglycemia policy/protocol
  - Respirations
  - Pulse oximetry – if low, administer oxygen therapy
  - Blood pressure
  - Pulse

- If an acute clinical concern is not resolved or ruled out, further assessment is warranted:
  - Constricted pupils
  - Cyanotic fingers and/or lips
  - Pale, diaphoretic, clammy skin
  - Respiration rate <8, shallow breathing
  - Choking, snoring or gurgling (death rattle)
  - Erratic, slow, or absent pulse
  - Inability to speak, if awake
  - Complaints of chest tightness
Putting the Policy into Action

• Background / Assessment
  • The resident was on both short- and long-acting opioid medications
  • Unable to arouse despite shouting name and performing a vigorous sternal rub
  • Blood glucose in normal range
  • O2 sats in the 90's on 2L of oxygen via nasal cannula
  • Respirations were shallow, and ranged between 6-8
  • Pinpoint pupils
  • Skin was pale and clammy
  • Pulse was erratic
Divide and Conquer

- Charge nurse immediately called 911 to report a suspected opioid overdose and prepared paperwork for transfer
- Nurse Practitioner got the Narcan and syringe from the e-kit
- DNS remained with resident, assessed breathing and kept on his side in case of vomiting
- NP administered Narcan
- Nursing continued to monitor / assess
- No response after 3 minutes. Drew up second dose.
- Rescue arrived and transported to hospital after receiving full report, including patient history, assessment, time of dose, and response.
Key Takeaways

- Review your residents’ admission assessment for history of substance abuse
- Admission drug regimen review should include use of opioids
- Educate all nursing staff on assessing for signs of clinical overdose
- There should always be 2 staff present through the administration of Narcan
- After administration, ensure physician is aware of the administration and the effect
- Document in the medical record the assessment, administration route/dose, and response to the Narcan and the reporting of the administration
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ASCP Opioid Stewardship Toolkit: A Pharmacist’s Guide for Older Adults
We welcome your questions and comments!
Upcoming Events

Opioid & Pain Management Best Practices: Strategies for Success Webinar

September 22, 2021
12-1PM EDT

Register
Have a question? Contact us!

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