# Nursing Home Naloxone Best Practices

**June 17, 2021**

12:30-1:30PM EDT

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# Our Hosts

**Kelly Arthur, BS**
Project Manager
IPRO QIN-QIO

**Anne Myrka, BS Pharm, MAT**
Sr. Director Drug Safety
IPRO QIN-QIO

**Kathleen Calandra, BS, RN, CPHQ**
Program Director
IPRO QIN-QIO

# Our Guest Speakers

**Stacey Ranucci, BSPharm, BCGP, CDCES**
Director of Clinical Pharmacy
Rhode Island Primary Care Physicians Corporation/Integra Community Care Network Cranston, Rhode Island

**Laura Wischnowsky, NHA**
Director of Education & Health Information
Health Concepts, Ltd.
Providence, Rhode Island

**Robert C. Accetta, RPh, BCGP, C-MTM, FASCP**
President, Rivercare Rx Consulting
Trumbull, Connecticut

**Crystal Brown, BSN, RN, CHP-CT, DNS-CT**
Director of Nursing Services
Morgan Health Center

# Agenda

- 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
  - American Society of Consultant Pharmacists Opioid Stewardship Toolkit
  - 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
# Who We Are

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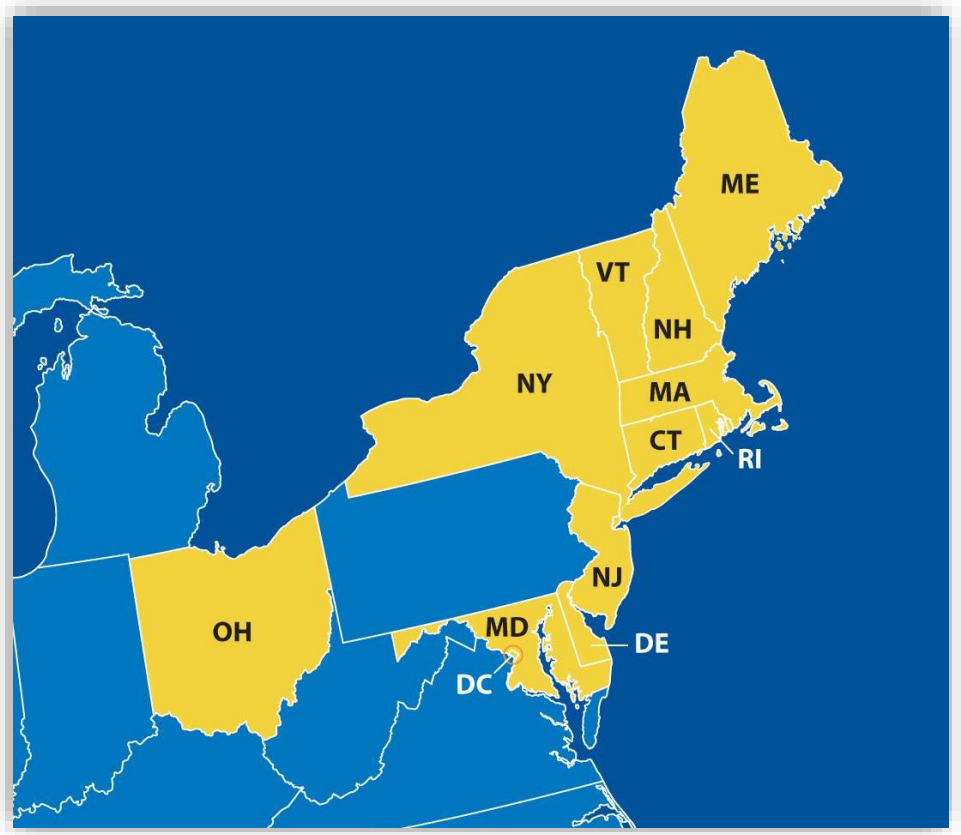
## The IPRO QIN-QIO

- 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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| Nursing Homes | Community Coalitions | | |
|---|---|---|---|
| ✓ Working with more than 1,500 of the nursing homes in the region | ✓ Communities that encompass at least 65% of the Medicare beneficiaries in each state<br>✓ Members collaborating to improve outcomes for the communities they serve: | • Acute Care Hospitals<br>• Critical Access Hospitals<br>• Federally Qualified Health Centers<br>• Home Health Agencies | • Skilled Nursing Facilities<br>• Physician Practices<br>• Pharmacies<br>• Community Based Organizations |

## 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

# Opioid & Pain Management Best Practices Assessment

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- 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.


Centers for Disease Control and Prevention. Quality Improvement and Care Coordination: Implementing the CDC Guideline for Prescribing Opioids for Chronic Pain. 2018. National Center for Injury Prevention and Control, Division of Unintentional Injury Prevention, Atlanta, GA.

# Review of Best Practice Assessment Results

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Assessment Period
- Baseline
- Quarter 1

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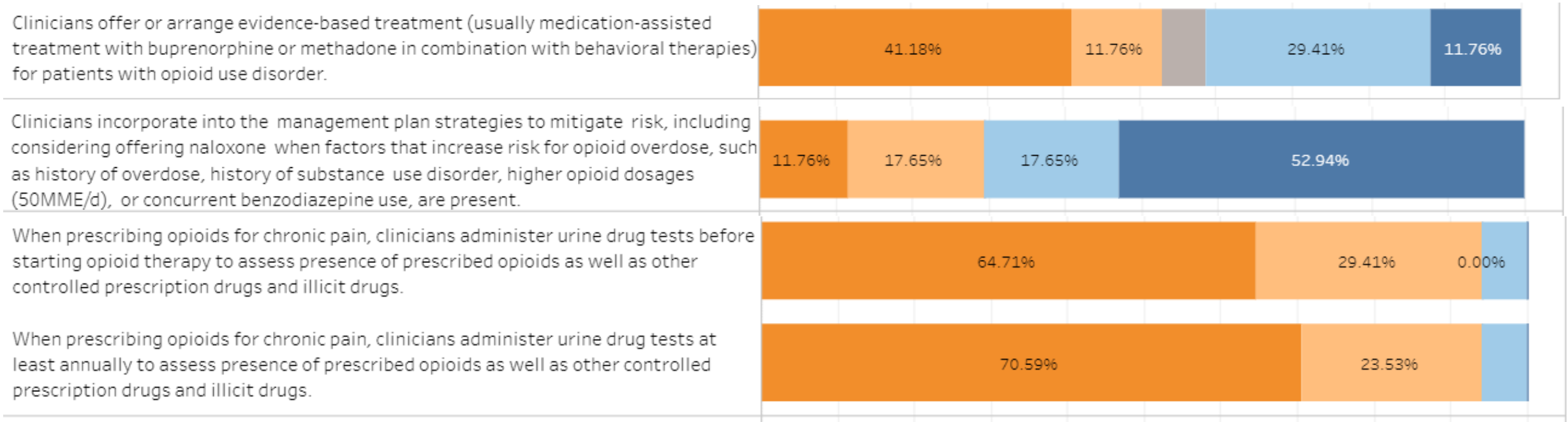
## Opioid and Pain Management Best Practice Assessment Results

Skilled Nursing Facility Aggregate Results

Response
- Very Frequently (76 -100% of time)
- Frequently (51-75% of time)
- Occasionally (26-50% of time)
- Rarely (1- 25% of time)
- Never (0% of time)



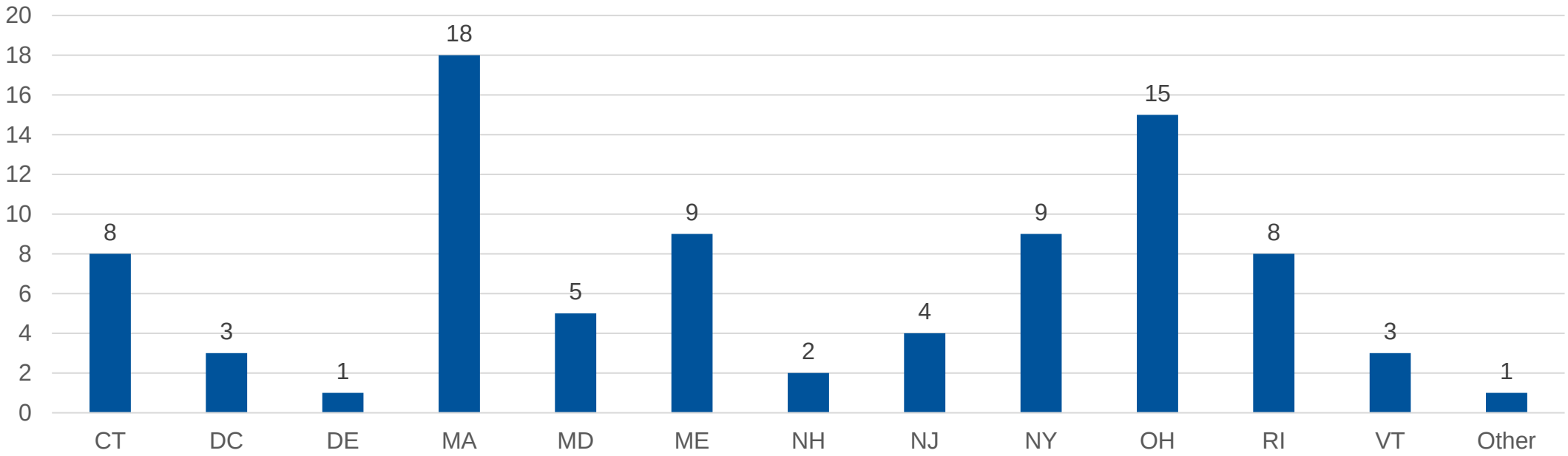
# Nursing Home Naloxone Assessment

- 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

# Nursing Home Naloxone Assessment Results

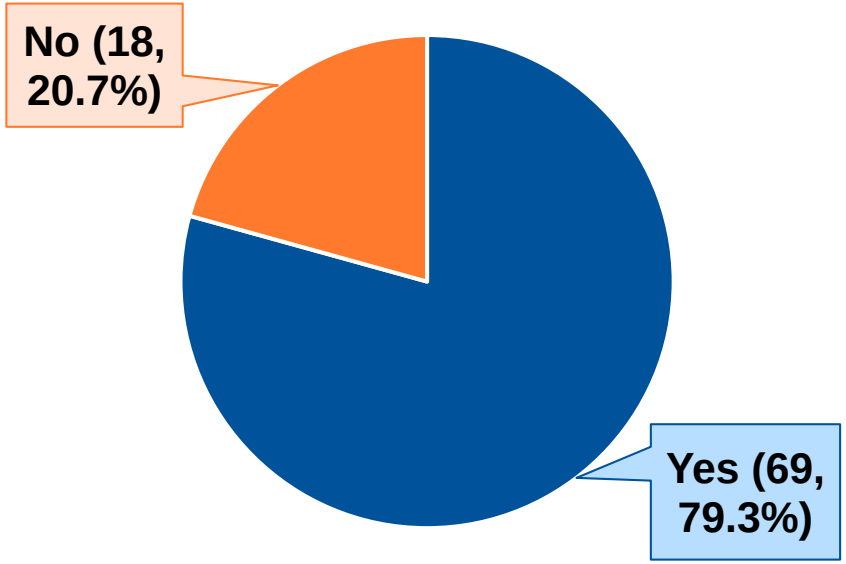
## What is your state?

- 86 respondents from 13 states
- Respondents from each state in the IPRO QIN-QIO region plus an additional state

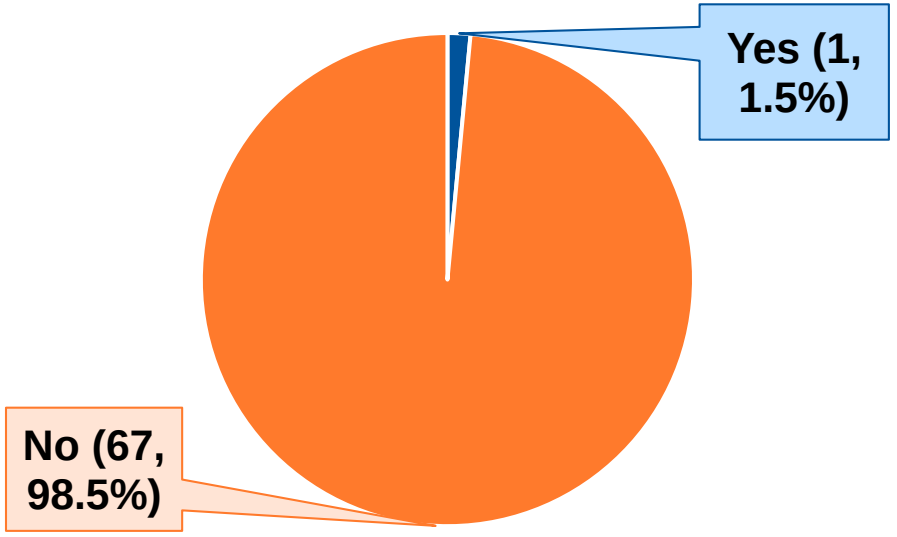


# Nursing Home Naloxone Assessment Results

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




If Yes, is the naloxone expired?



# Nursing Home Naloxone Assessment Results

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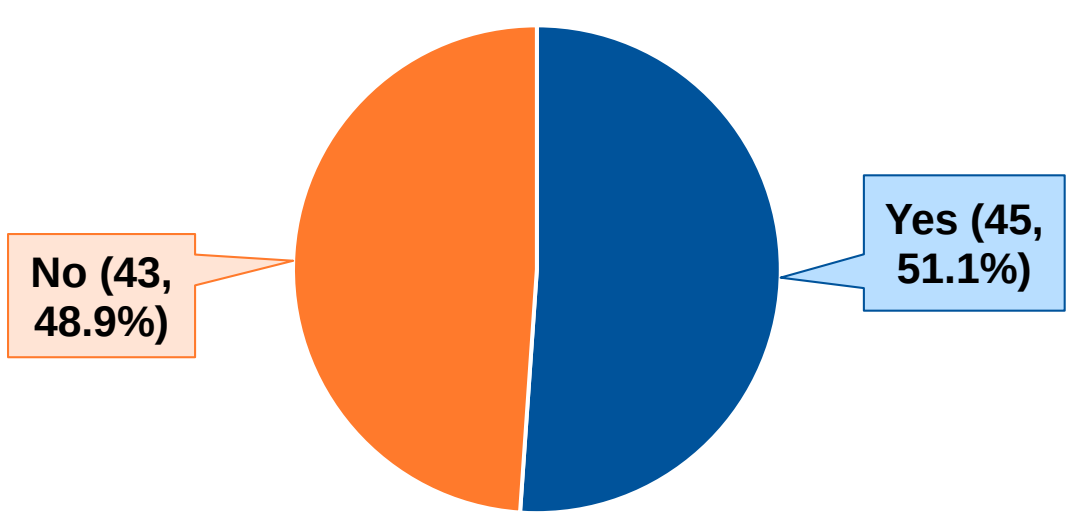
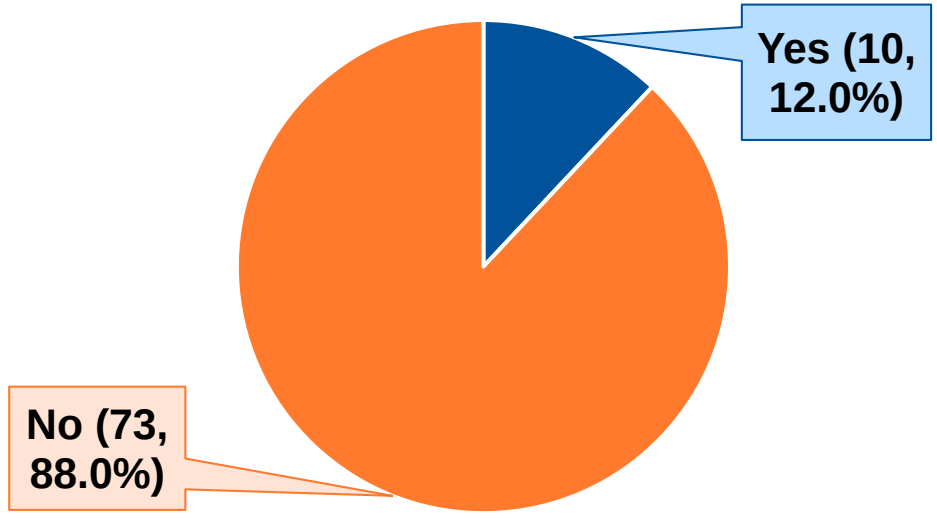
Does your facility require naloxone be individually prescribed for residents for use as needed in the event of an opioid overdose emergency?

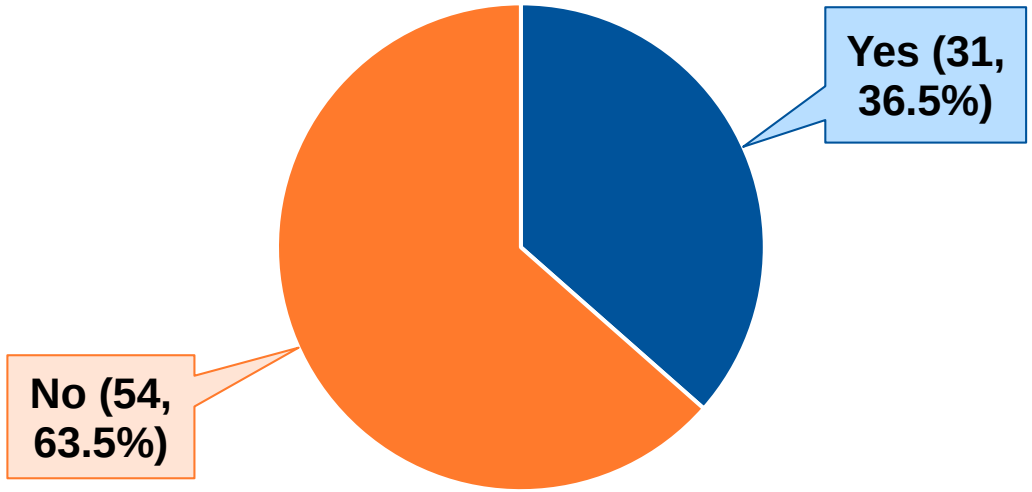



If naloxone is not currently available in your facility, is this something you might want to learn more about?



# 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

# Nursing Home Naloxone Best Practices

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## American Society of Consultant Pharmacists Opioid Stewardship Toolkit

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# Naloxone Use and Recommendations

Presented by Rob Accetta & Stacey Ranucci
June 17, 2021

ASCP Opioid Stewardship Toolkit

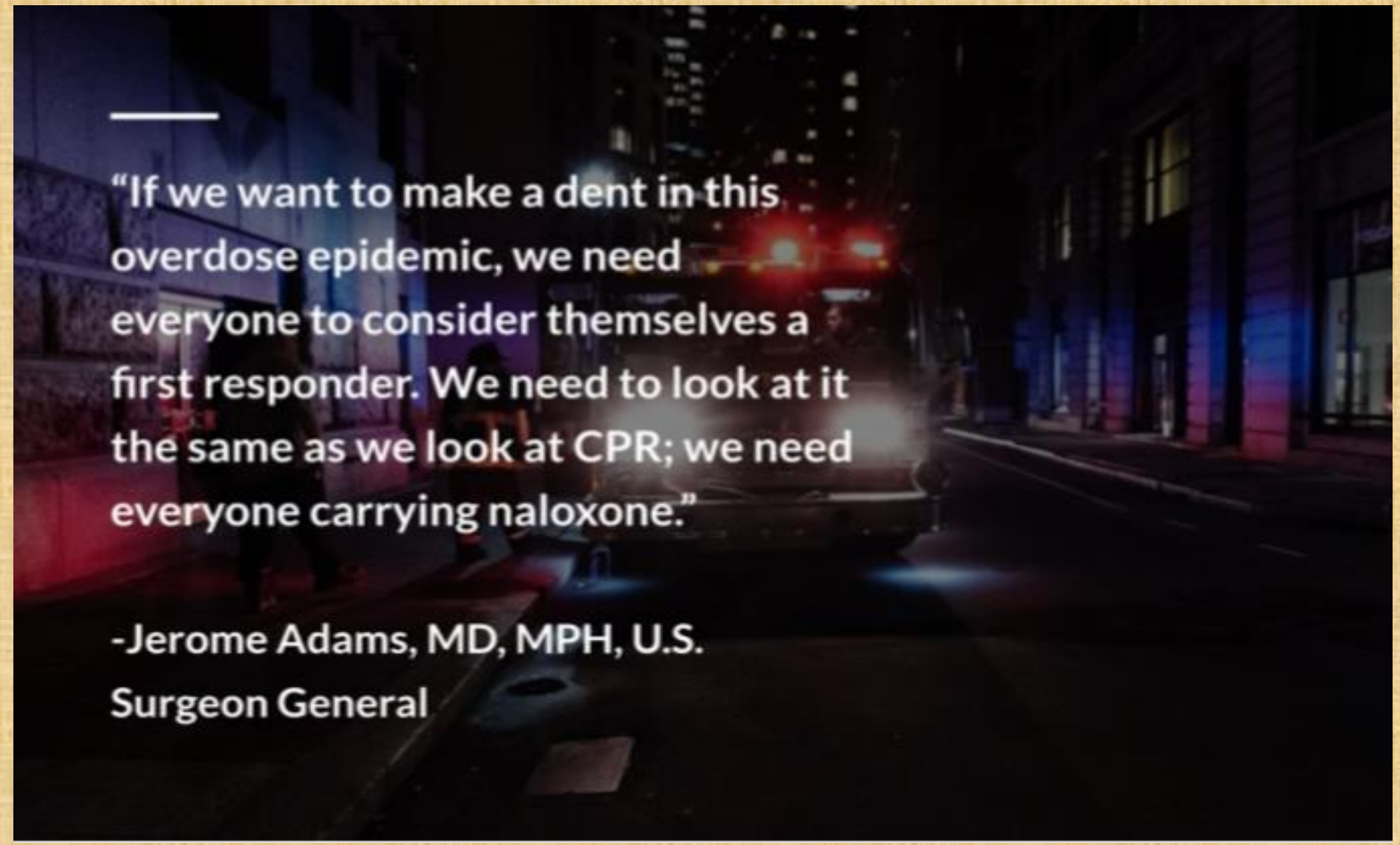
*A Pharmacist's Guide for Older Adults*

# Special Considerations

## Naloxone Use and Recommendations

Section 6.2

ascp


"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

1. Health and Human Services. Surgeon General Advisory on Naloxone. April, 2018. Available at: https://www.hhs.gov/surgeongeneral/priorities/opioids-and-addiction/naloxone-advisory/index.html

# Recommendations for Prescribing or Co-prescribing[1,2]

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)


1. HHS Recommendations for Prescribing Naloxone. Available at: https://www.hhs.gov/opioids/sites/default/files/2018-12/naloxone-coprescribing-guidance.pdf
2. CDC Prescribing Guidance Mobile App. Available at: https://www.cdc.gov/drugoverdose/pdf/App_Opioid_Prescribing_Guideline-a.pdf

# Recommendations for Prescribing or Co-prescribing[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

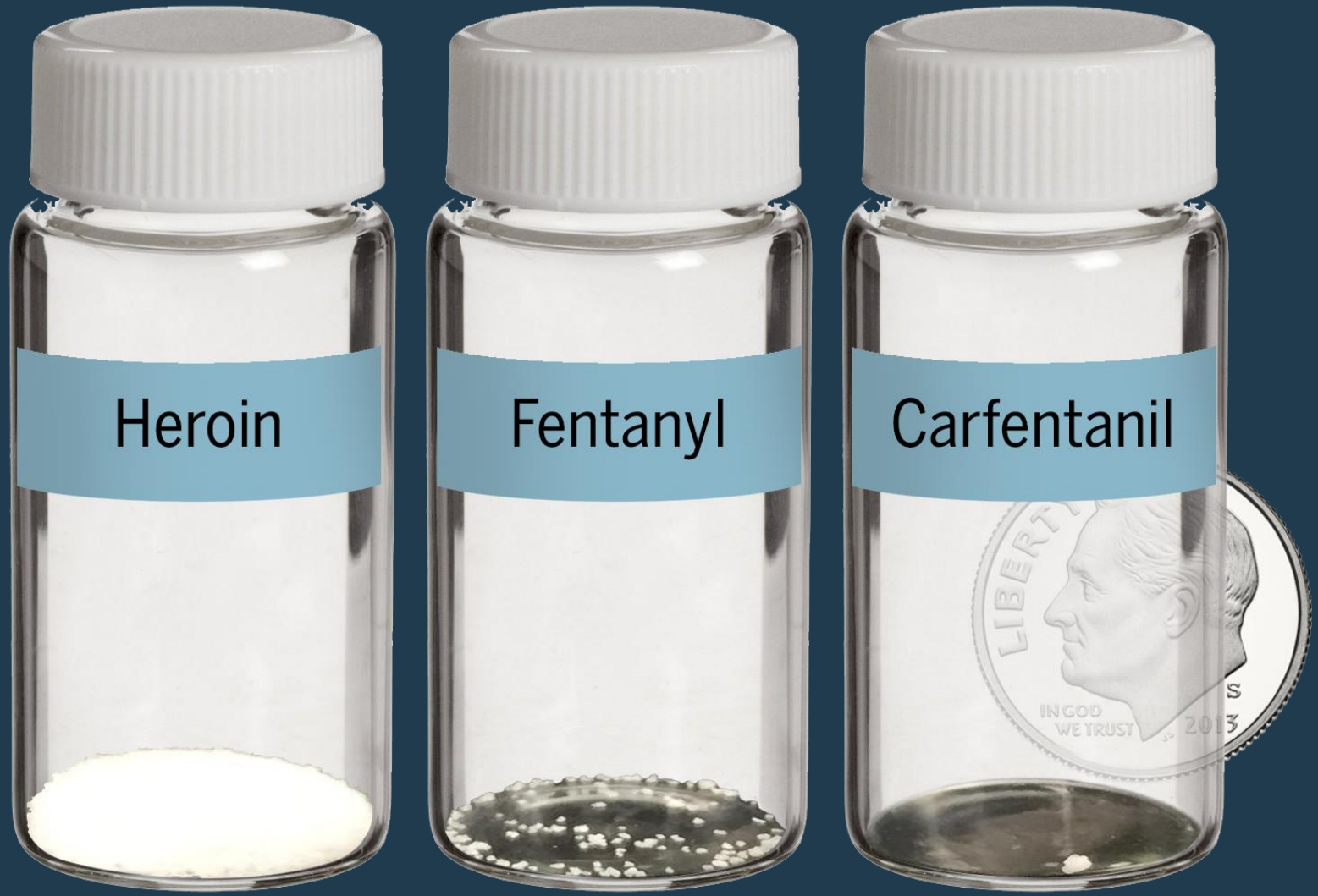

1. HHS Recommendations for Prescribing Naloxone. Available at: https://www.hhs.gov/opioids/sites/default/files/2018-12/naloxone-coprescribing-guidance.pdf
2. CDC Prescribing Guidance Mobile App. Available at: https://www.cdc.gov/drugoverdose/pdf/App_Opioid_Prescribing_Guideline-a.pdf

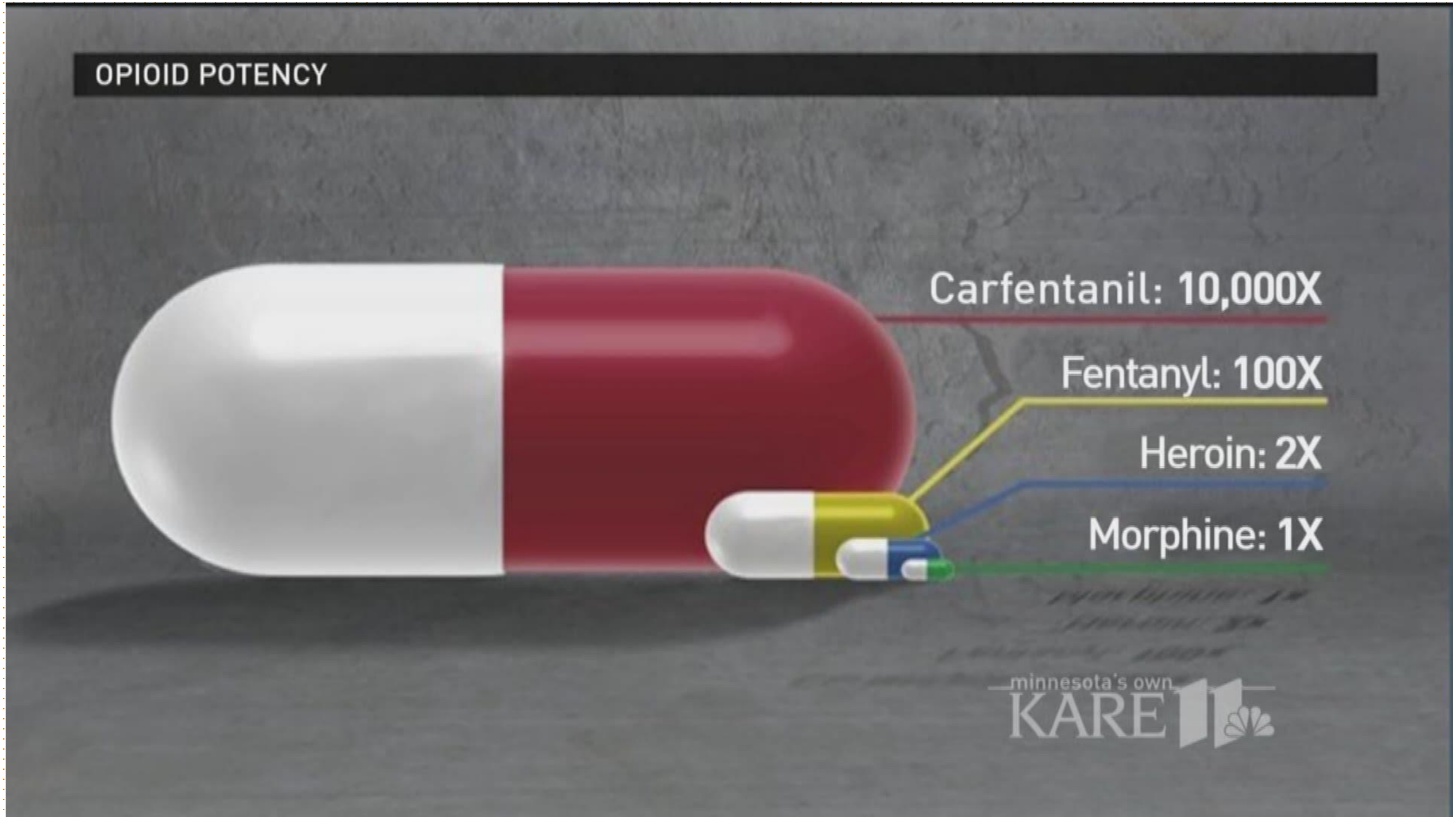
# Recommendations for Prescribing or Co-Prescribing

More Resources

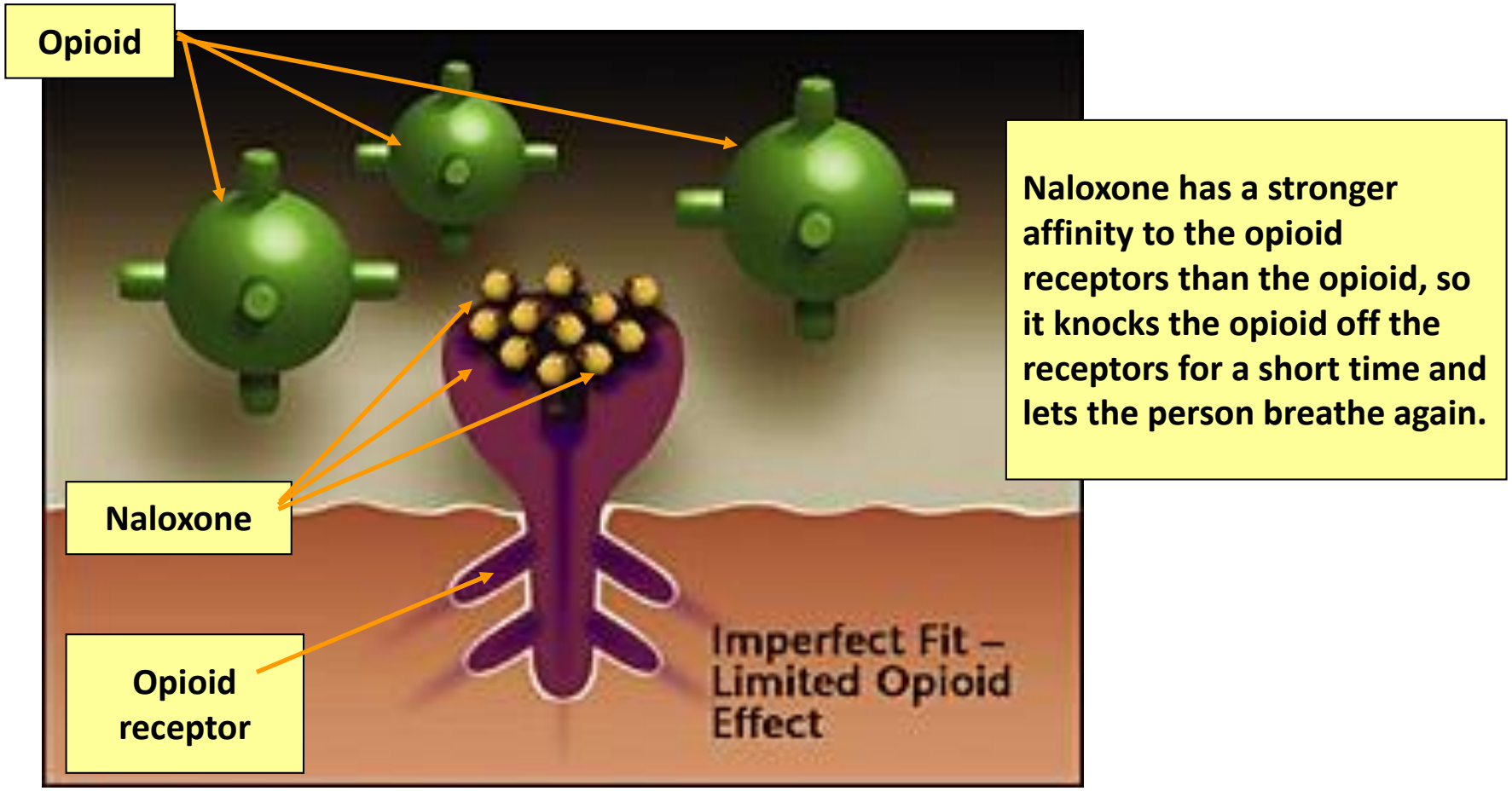
- HHS How to Respond to an Opioid Overdose

- National Institute on Drug Abuse. Opioid Overdose Reversal with Naloxone. February, 2020.




OPIOID POTENCY
Carfentanil: 10,000X
Fentanyl: 100X
Heroin: 2X
Morphine: 1X
minnesota's own
KARE 11

# 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

REVIVE!

## 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

REVIVE!

## 2 doses in each kit



**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.**

**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.**

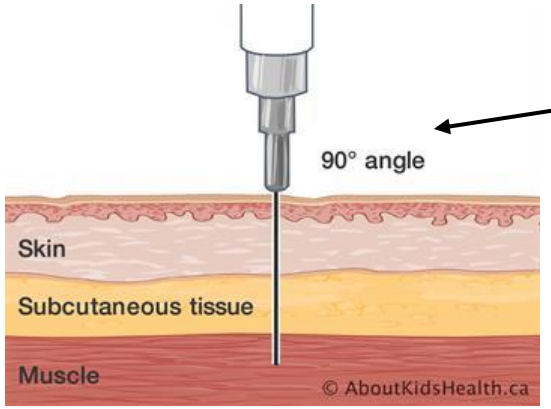

**Place the black end against the middle of the outer thigh, through clothing (pants, jeans, etc.) if necessary, then press firmly and hold in place for 5 seconds.**
**Note:** The needle will inject and then retract back up into the EVZIO® auto-injector and is not visible after use.

*See Evizio 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

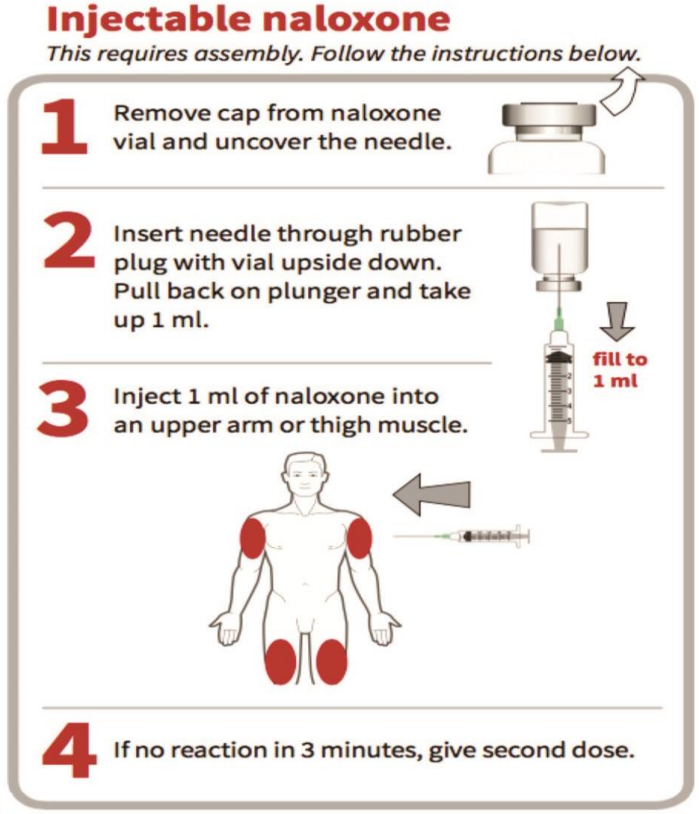
# Injectable Naloxone

REVIVE!

- 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




*See Naloxone Solution for Intramuscular Injection.* Drugs.com. Naloxone Solution for Injection. Full Prescribing Information. Available at: https://www.drugs.com/pro/naloxone-injection.html

# 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/

3. Haffajee, RL., et al. Legal requirements and recommendations to prescribe naloxone. Drug Alcohol Depend. 2020 Apr 1;209:107896. Available at: https://www.ncbi.nlm.nih.gov/pubmed/32058248

# 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/

# 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.
Prescription Drug Abuse Policy System (PDAPS). Good Samaritan Overdose Prevention Laws. July, 2018. Available at: http://pdaps.org/datasets/good-samaritan-overdose-laws-1501695153

# Naloxone – Considerations for the Consultant Pharmacist

- Review facility standing orders to include naloxone
- Identify what product is available in emergency/contingency kit
  - Naloxone intranasal
    - Kit preassembled 4mg/0.1mL
    - Kit requiring assembly 1mg/mL
  - Auto-injector naloxone 0.4mg/0.4mL
  - 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]


# Naloxone Use and Recommendations

## Questions? Clinical, Policy, Strategy

**Contact Us:**

**Stacey Ranucci, BSPharm, BCGP, CDCES, CDOE**

**Email: sranucci@ripcpc.com**

**Mobile: 401-439-1983**

**Rob Accetta, RPh, C-MTM, BCGP, FASCP**

**Email: rivercarerxconsulting@gmail.com**

**Mobile: 914-715-8195**

# Resources

- American Medical Association
- Health and Human Services (HHS). Naloxone: The Opioid Reversal Drug that Saves Lives.
- Health and Human Services (HHS). How to respond to an Opioid Overdose.

# Resources

- College of Psychiatric and Neurologic Pharmacists (CPNP). Naloxone Access: A Practical Guideline for Pharmacists. 2015.

- College of Psychiatric and Neurologic Pharmacists (CPNP). Pharmacy Basics. 2015.

# Nursing Home Naloxone Best Practices

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## Opioid Overdose Assessment and Naloxone Administration Experience

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# Opioid Overdose Assessment and Naloxone Administration Experience

Laura Wischnowsky, NHA | Health Concepts, Ltd.

Crystal Brown, BSN, RN, CHP-CT, DNS-CT | Morgan Health Center

# 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

# Opioid & Pain Management Resources

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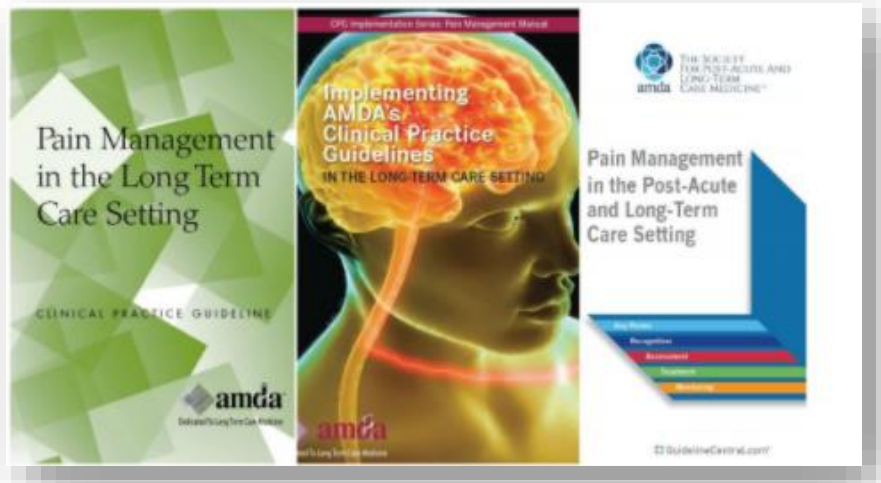
## Select the image to view the resource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## Opioid Adverse Drug Event Counseling

### A Community Pharmacy Intervention to Prevent Opioid-related Adverse Events

In NY, DC, and SC, 450,330 Medicare Fee-for-Service (FFS) beneficiaries were dispensed 2,286,892 opioid prescriptions during calendar year 2016 and more than 25% of these beneficiaries received doses which placed them at risk for opioid adverse events.[1]

**The Challenge**

Medicare FFS beneficiaries residing in NY, DC, and SC are at risk for opioid adverse drug events (ADEs) due to high dose prescriptions, low rates of naloxone dispensing, and concurrent opioid and benzodiazepine use. Pharmacists are experts in drug therapy, medication counseling and counseling regarding medications that require Risk Evaluation and Mitigation Strategies (REMS) which include some opioid formulations. Standardization of tasks through checklists improves quality-of-care delivery; however, there are no existing standardized checklists for pharmacist-patient opioid counseling.

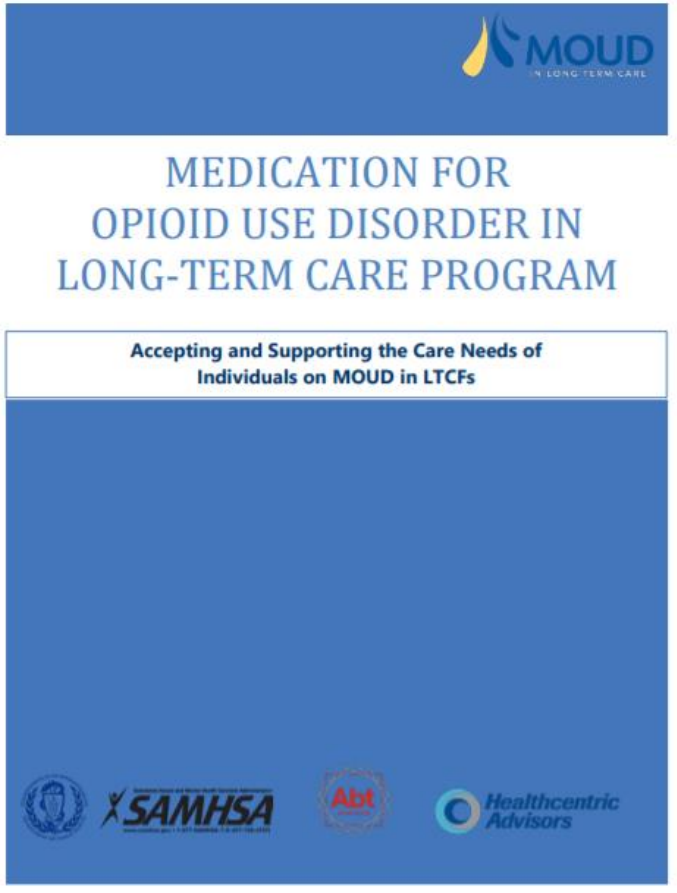
**The Approach**

The IPRO-led Drug Safety team is implementing standardized pharmacist-patient counseling and direct patient-prescriber level interventions in selected pharmacies across New York, the District of Columbia and South Carolina to decrease the risk of opioid-related drug events. The two-year project enhances pharmacist counseling using a standardized checklist to address misuse and overdose potential of opioids. The intervention will be integrated within the pharmacist dispensing workflow for patients presenting with opioid prescriptions at participating pharmacies.

**Results/Clinical Outcomes**

Desired outcomes of the project include an increase in the number of naloxone prescriptions dispensed by participating pharmacies and a decrease in the incidence of opioid-related emergency department visits for Medicare beneficiaries. IPRO's proposed interventions to reduce opioid-related adverse events aligns with CMS goals as shown in the table on the next page.



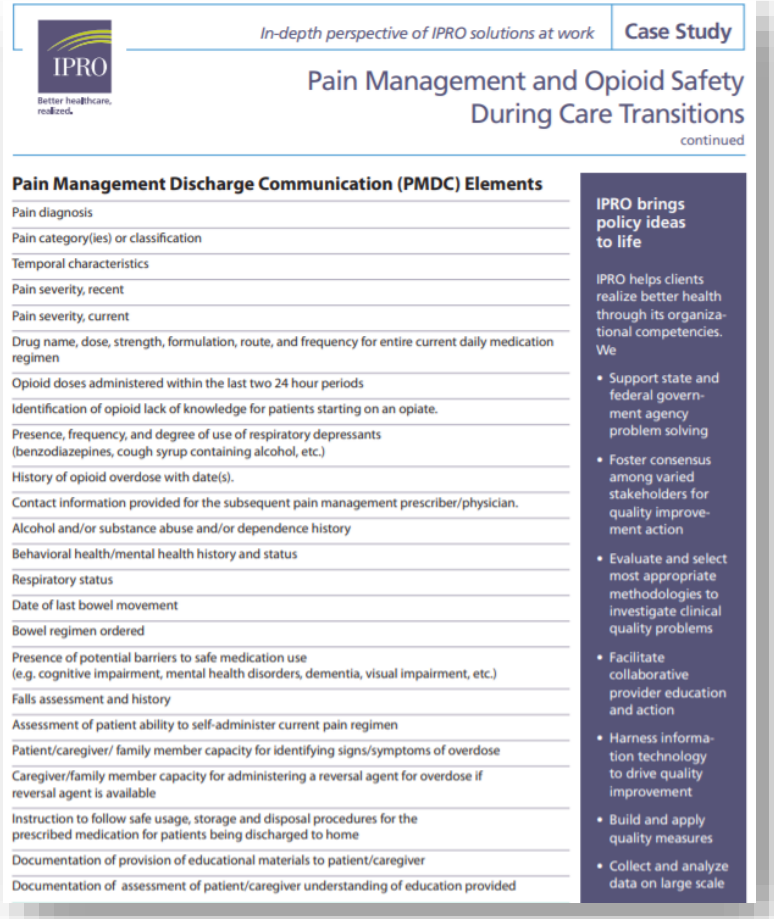


MOUD IN LONG-TERM CARE

# MEDICATION FOR OPIOID USE DISORDER IN LONG-TERM CARE PROGRAM

**Accepting and Supporting the Care Needs of Individuals on MOUD in LTCFs**

SAMHSA Abt Healthcentric Advisors



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## Pain Management and Opioid Safety During Care Transitions

continued

**Pain Management Discharge Communication (PMDC) Elements**

| |
|---|
| Pain diagnosis |
| Pain category(ies) or classification |
| Temporal characteristics |
| Pain severity, recent |
| Pain severity, current |
| Drug name, dose, strength, formulation, route, and frequency for entire current daily medication regimen |
| Opioid doses administered within the last two 24 hour periods |
| Identification of opioid lack of knowledge for patients starting on an opiate. |
| Presence, frequency, and degree of use of respiratory depressants (benzodiazepines, cough syrup containing alcohol, etc.) |
| History of opioid overdose with date(s). |
| Contact information provided for the subsequent pain management prescriber/physician. |
| Alcohol and/or substance abuse and/or dependence history |
| Behavioral health/mental health history and status |
| Respiratory status |
| Date of last bowel movement |
| Bowel regimen ordered |
| Presence of potential barriers to safe medication use (e.g. cognitive impairment, mental health disorders, dementia, visual impairment, etc.) |
| Falls assessment and history |
| Assessment of patient ability to self-administer current pain regimen |
| Patient/caregiver/ family member capacity for identifying signs/symptoms of overdose |
| Caregiver/family member capacity for administering a reversal agent for overdose if reversal agent is available |
| Instruction to follow safe usage, storage and disposal procedures for the prescribed medication for patients being discharged to home |
| Documentation of provision of educational materials to patient/caregiver |
| Documentation of assessment of patient/caregiver understanding of education provided |

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IPRO helps clients realize better health through its organizational competencies. We

- Support state and federal government agency problem solving
- Foster consensus among varied stakeholders for quality improvement action
- Evaluate and select most appropriate methodologies to investigate clinical quality problems
- Facilitate collaborative provider education and action
- Harness information technology to drive quality improvement
- Build and apply quality measures
- Collect and analyze data on large scale

**IPRO resources are available upon request**

# Discussion

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## We welcome your questions and comments!

# Upcoming Events

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## Opioid & Pain Management Best Practices: Strategies for Success Webinar

September 22, 2021
12-1PM EDT

**Register**

# Opioid & Behavioral Health Team Leads

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## Have a question? Contact us!


Anne Myrka
amyrka@ipro.org

Kelly Arthur
arthurk@qlarant.com

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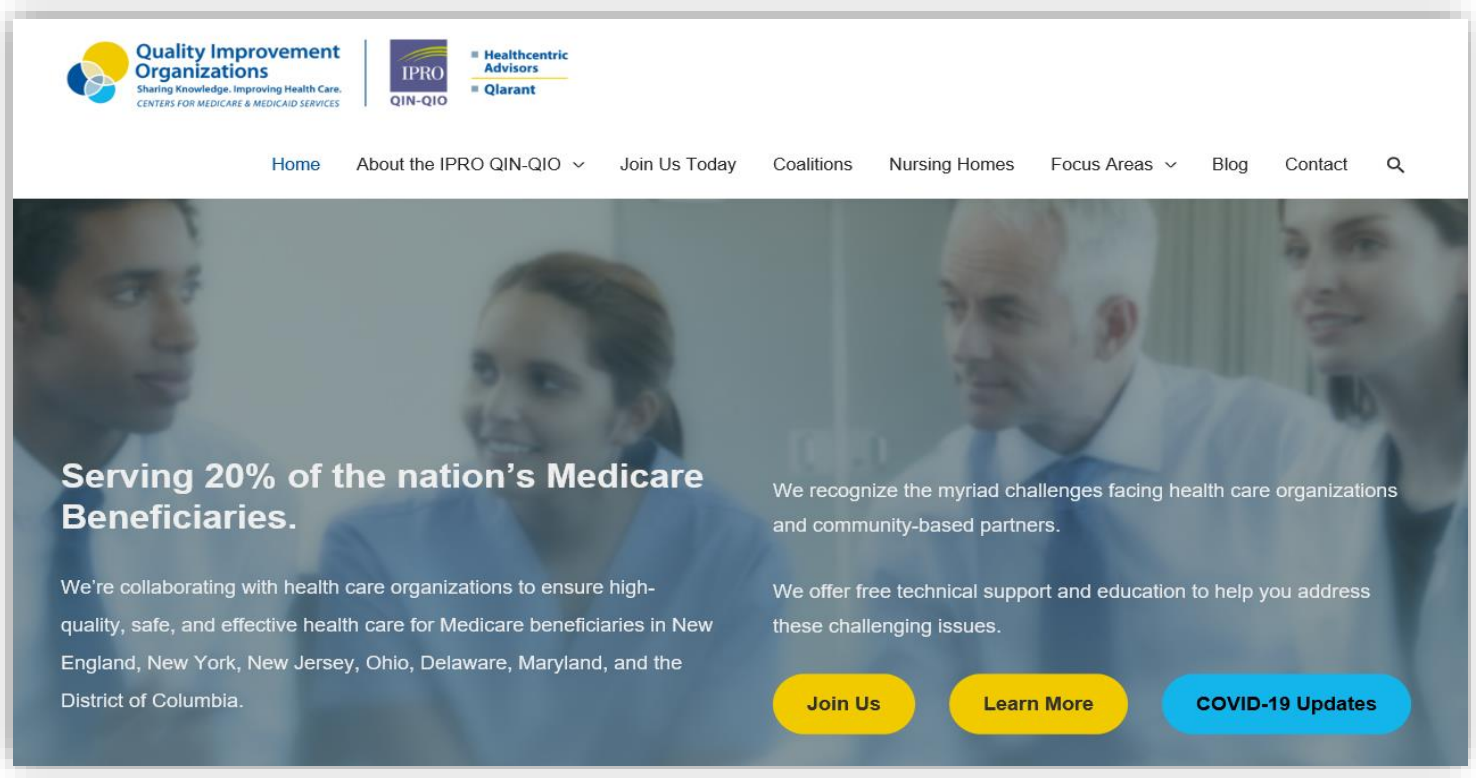


## Follow IPRO QIN-QIO

This material was prepared by the IPRO QIN-QIO, a collaboration of Healthcentric Advisors, Qlarant and IPRO, serving as the Medicare Quality Innovation Network-Quality Improvement Organization for the New England states, NY, NJ, OH, DE, MD, and the District of Columbia, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents do not necessarily reflect CMS policy. 12SOW-IPRO-QIN-TA-A1-21-396

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