Nursing Home Naloxone Policy and Procedure Toolkit

Robert C. Accetta, RPh, BCGP, FASCP
IPRO-QIN-QIO

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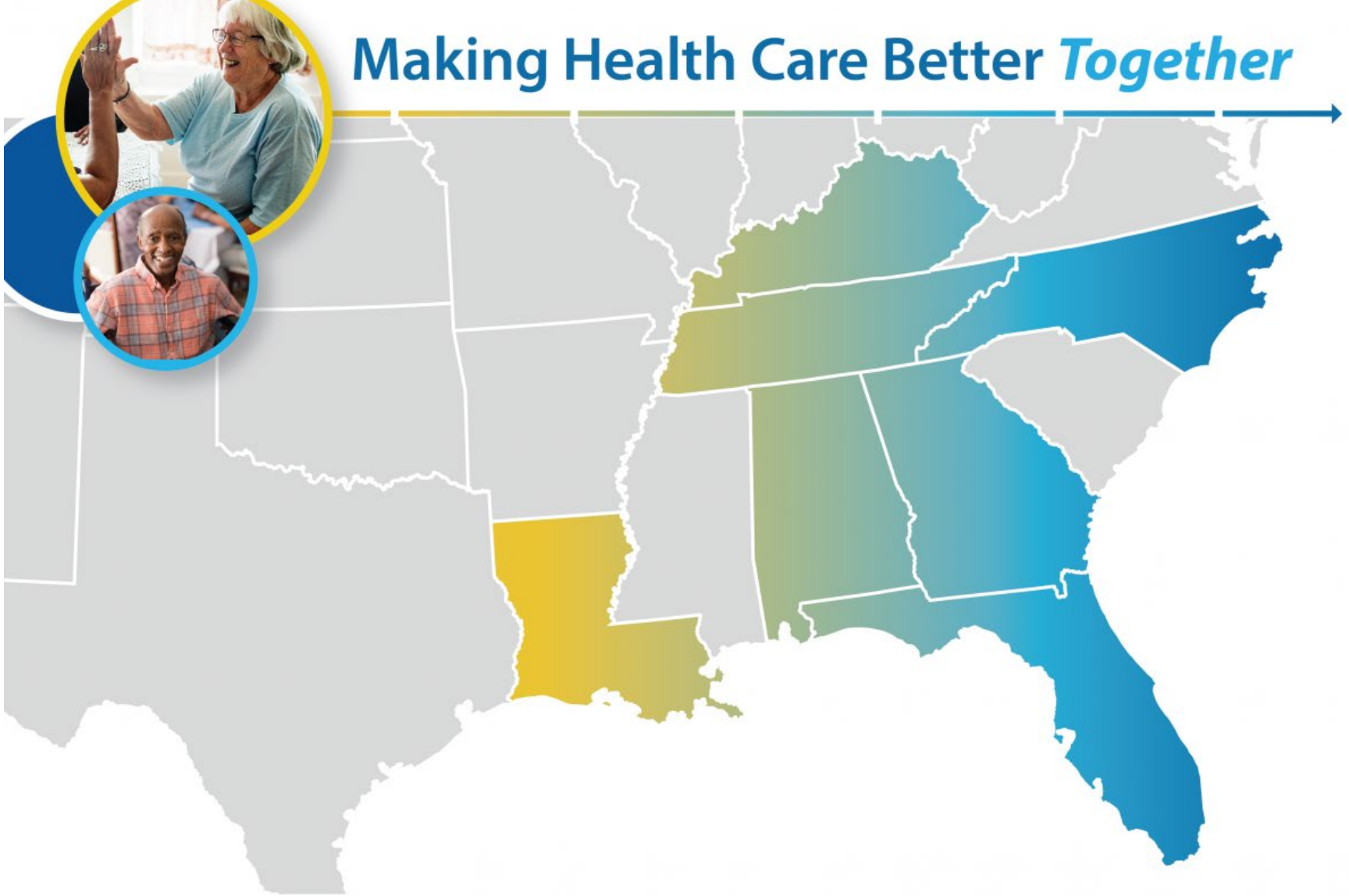

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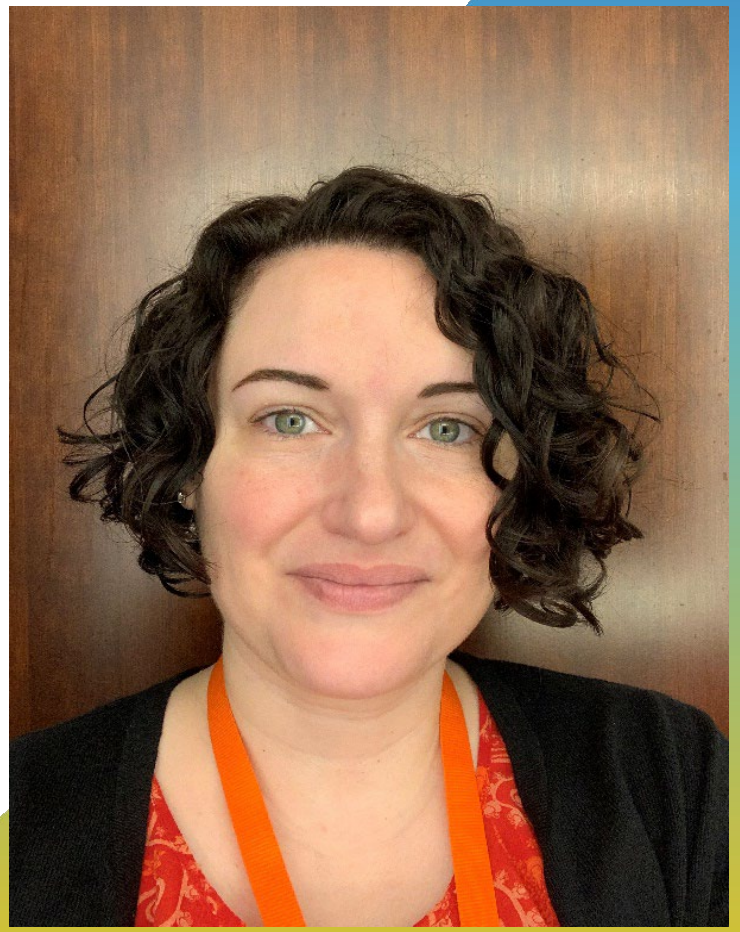
Tanya Vadala, PharmD

MEDICATION SAFETY PHARMACIST

Tanya is an IPRO pharmacist with 20 years of clinical pharmacy, community pharmacy, academia, quality improvement and medication safety experience. Before joining IPRO, she worked at various community pharmacies and taught at Albany College of Pharmacy and Health Sciences in Albany, New York. She specializes in Medication Therapy Management (MTM), medication reconciliation, opioids, immunizations and patient self-care. Her formal teaching experience includes courses in pharmacy practice and clinical experiential teaching.



Contact: TVadala@ipro.org

Robert C. Accetta, RPh, BCGP, FASCP

MEDICATION SAFETY PHARMACIST

Robert C. Accetta, RPh, BCGP, FASCP, is a senior pharmacist in IPRO's Healthcare Quality Improvement department. He is a board member and Fellow of the American Society of Consultant Pharmacists, the national organization advocating for pharmacist-provided excellence in senior care medication management. He graduated with a degree in pharmacy from St. John's University, Jamaica, New York.

Contact: Raccetta@ipro.org

Learning Objectives

- Provide an overview of the Nursing Home Naloxone Toolkit
- Review policies that can be implemented and revised to meet the needs of a facility
- Promote preparedness by incorporating naloxone as a life-saving drug and assuring its availability

Nursing Home Naloxone Policy and Procedure Toolkit

- Key stakeholders in the IPRO QIN-QIO region collaborated on this project
- The IPRO QIN-QIO Nursing Home Naloxone Workgroup included representatives from:
  - The Greater New York Health Care Facilities Association, New York
  - The Northeast Ohio Hospital Opioid Consortium, The Center for Health Affairs, Cleveland
  - New York Medical Directors Association and University of Rochester School of Medicine and Dentistry, Department of Medicine/Geriatric Medicine Division, Rochester
  - University of Rhode Island, College of Pharmacy, Kingston, Rhode Island
  - IPRO QIN-QIO staff and practicing pharmacy consultants

Genesis and Need Assessment for the Naloxone Toolkit

- Center for Medicare and Medicaid Services (CMS) release of revisions to the State Operations Manual (SOM), Appendix PP, Guidance to Surveyors
- Draft copy release in June 2022; provides ample lead time to address existing and new areas of focus
- Effective date of October 24, 2022
- New emphasis on the opioid crisis and caring for residents with Substance Use Disorder (SUD) and Opioid Use Disorder (OUD)
- Recommendations to facilities include reference to naloxone

State Operations Manual (SOM), Appendix PP

"According to the Substance Abuse and Mental Health Administration (SAMHSA), opioid overdose deaths can be prevented by administering naloxone, a medication approved by the Food and Drug Administration to reverse the effects of opioids.

The United States Surgeon General has recommended that naloxone be kept on hand where there is a risk of an opioid overdose.

Facilities should have a written policy to address opioid overdoses."

https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and-memos-states-and/revised-long-term-care-surveyor-guidance Accessed 1/31/2023

Gap Analysis: Research by IPRO QIN-QIO, Other Organizations

- Nursing home residents were at increased risk for opioid overdose deaths by both prescription drugs and illicit substances
- Emergency Drug Kits or Automated Dispensing System laws vary by state
- Not every nursing home carried naloxone as an emergency drug in kits
- Naloxone product availability includes several options, but not helpful if there are no policies or protocols in place
- Accessibility to naloxone by the staff needed to be prioritized

Toolkit Overview

Content Includes Assessments, Policies

- Assessing Residents with Risk Index for Overdose or Serious Opioid-Induced Respiratory Depression (RIOSORD) and Risk for Opioid Use Disorder
- Naloxone Education and Competency Policy and Procedures
- Naloxone Use for Opioid-Induced Respiratory Depression Policy and Procedures
- Standing Order for Use of Naloxone for Residents, Staff, or Visitors Policy and Procedures
- Suspected Overdose Drill Policy and Procedure with Audit Tool
- Selected Resources

Polysubstance Use; Illicit Substance Use

- This toolkit is intended to address opioid overdoses only

- If naloxone doesn't work after multiple attempts, the loss of consciousness may be due to other drugs
- Example: xylazine, a veterinary drug that is not an opioid and not currently known to be reversed by naloxone
- Health care professionals should consider potential xylazine exposure when patients presenting with an overdose do not respond to naloxone
- In these situations, health care professionals should provide supportive measures and consider screening for xylazine using appropriate tests

https://www.fda.gov/media/162981/download Accessed 2/15/2023

Introductory Narrative to the Toolkit

CMS identified a need to improve guidance related to meeting the unique health needs of residents with mental health diagnoses and Substance Use Disorder (SUD).

Facility staff should know the signs and symptoms of possible substance use and be prepared to address emergencies (e.g., an overdose) by increasing monitoring, administering naloxone, initiating cardiopulmonary resuscitation (CPR) as appropriate, and contacting emergency medical services.

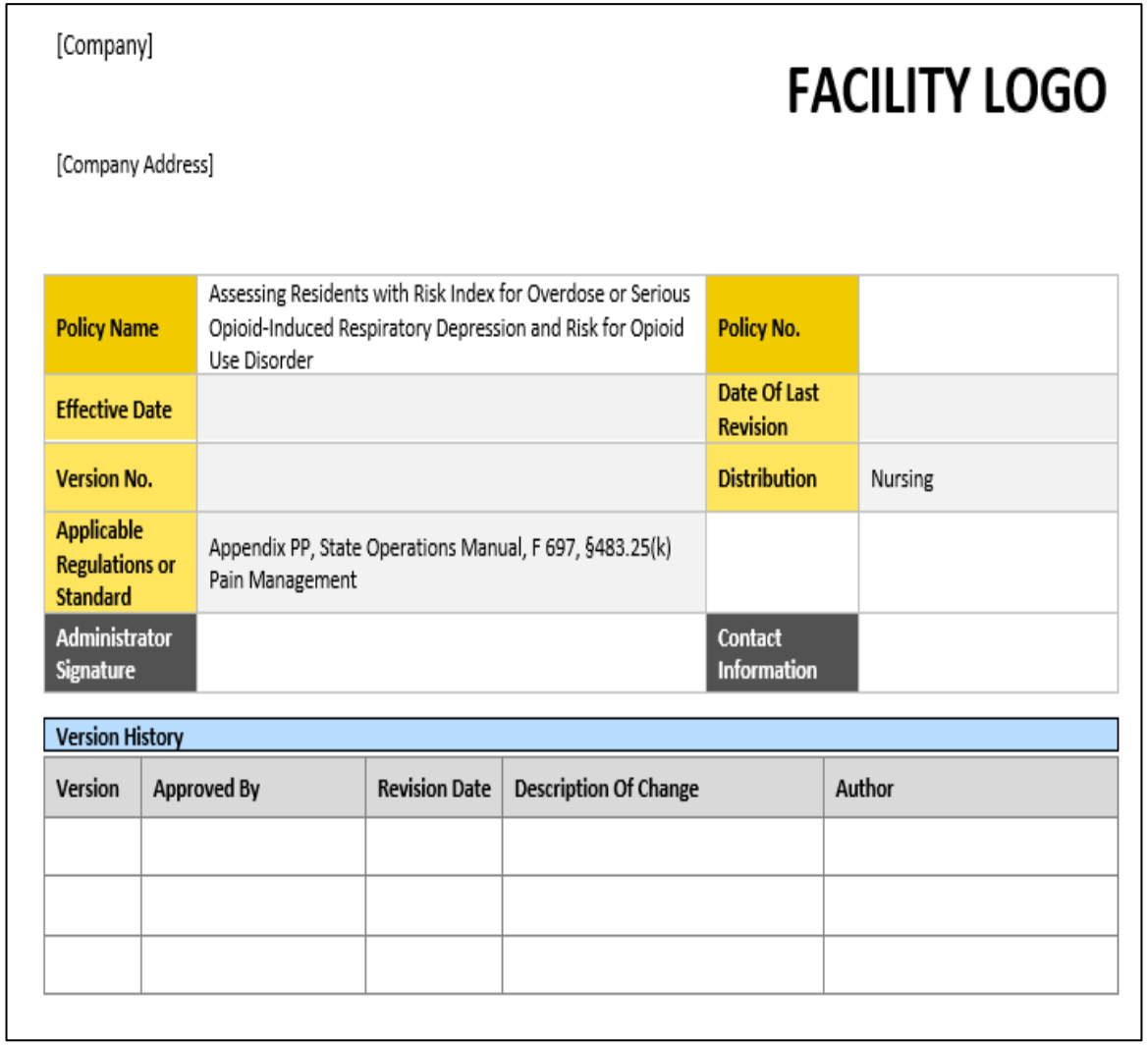
This naloxone nursing home toolkit is intended to provide easy-to-adapt policies and procedures for nursing homes that need to implement or improve their emergency response to opioid overdose, which includes naloxone administration.

How to Use the Toolkit

- The goal of the workgroup was to provide easily accessible and customizable naloxone policies, procedures and education resources in a brief toolkit.
- This toolkit includes evidence-based recommendations for responding to opioid-induced respiratory depression.
- The example policies and procedures can be edited to meet the needs of your organization.
- A variety of selected resources for additional information on topics including substance use disorder, risks associated with opioid use, and guidance on the prescribing of opioids for pain management are included in the Resource Section.

Customize Policies and Promote Accountability

Add your facility name and logo



[Company]

FACILITY LOGO

[Company Address]

Policy Name	Assessing Residents with Risk Index for Overdose or Serious Opioid-Induced Respiratory Depression and Risk for Opioid Use Disorder	**Policy No.**	
Effective Date		**Date Of Last Revision**	
Version No.		**Distribution**	Nursing
Applicable Regulations or Standard	Appendix PP, State Operations Manual, F 697, §483.25(k) Pain Management		
Administrator Signature		**Contact Information**	

Version History

Version	Approved By	Revision Date	Description Of Change	Author

Leadership, Responsibility, Related Policies

Accountable Leadership

- Administrator, Medical Director, Director of Nursing, Consultant Pharmacist

Procedure Responsible Parties

- Nursing, authorized staff

Related Policies

- Naloxone Education and Competency
- Naloxone Emergency Drill
- Naloxone Use for Opioid-Induced Respiratory Depression Policy and Procedures
- Standing Order for Use of Naloxone for Residents, Staff, or Visitors

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Policy: RIOSORD and Opioid Risk Tool-Revised (ORT-R)

Policy Statement:

All residents with new opioid orders and not on a comfort measure-only plan will be assessed for risk for overdose or serious opioid-induced respiratory depression using the RIOSORD Tool and for risk for opioid use disorder using the Opioid Risk Tool-Revised.

RIOSORD Assessment Tool

Risk Index for Overdose or Serious Opioid-Induced Respiratory Depression (RIOSORD)

Description	Y/N	Score
In the past 6 months, has the patient had a health care visit (outpatient, inpatient, or ED) involving:		
Opioid dependence?		15
Chronic hepatitis or cirrhosis?		9
Bipolar disorder or schizophrenia?		7
Chronic pulmonary disease? (e.g., emphysema, chronic bronchitis, asthma, pneumoconiosis, asbestosis)		5
Chronic kidney disease with clinically significant renal impairment?		5
Active traumatic injury, excluding burns? (E.g., fracture, dislocation, contusion, laceration, wound)		4
Sleep apnea?		3
Does the patient consume:		
An extended-release or long-acting (ER/LA) formulation of any prescription opioid or opioid with long and/or variable half-life? (e.g., OxyContin, Oramorph-SR, methadone, fentanyl patch, levorphanol)		9
Methadone? (Methadone is a long-acting opioid, so also write Y for "ER/LA formulation")		9
Oxycodone? (If it has an ER/LA formulation [e.g., OxyContin], also write Y for "ER/LA formulation")		3
A prescription antidepressant? (E.g., fluoxetine, citalopram, venlafaxine, amitriptyline)		7
A prescription benzodiazepine? (e.g., diazepam, alprazolam)		4
Is the patient's current maximum prescribed opioid dose:		
>100 mg morphine equivalents per day?		16
50-100 mg morphine equivalents per day?		9
20-50 mg morphine equivalents per day?		5
In the past 6 months, has the patient:		
Had 1 or more ED visits?		11
Been hospitalized for 1 or more days?		8
Total Score		**115**

Opioid Induced Respiratory Depression (OIRD) Probability based on Calculated Risk Index

Score	OIRD probability (%)
0-24	3
25-32	14
33-37	23
38-42	37
43-46	51
47-49	55
50-54	60
55-59	79
60-66	75
≥67	86

Adapted from: Zedler B, Xie L, Wang L et al. Development of a Risk Index for Serious Prescription Opioid-Induced Respiratory Depression or Overdose in Veterans' Health Administration Patients. Pain Medicine. Jun 2015. 16;1566-1579.

Assessment Completed by: _____ **Date** _____

Opioid Risk Tool-Revised (ORT-R) Assessment

Opioid Risk Tool - Revised (ORT-R)

The revised ORT has clinical usefulness in providing clinicians a simple, validated method to rapidly screen for the risk of developing OUD in patients on or being considered for opioid therapy.

Tool – OUD (ORT-OUD)

This tool should be administered to patients upon an initial visit prior to beginning or continuing opioid therapy for pain management. A score of 2 or lower indicates low risk for future opioid use disorder; a score of >/= 3 indicates high risk for opioid use disorder.

Mark Each Box That Applies	Yes	No
Family history of substance abuse		
Alcohol	1	0
Illegal drugs	1	0
Rx drugs	1	0
Personal history of substance abuse		
Alcohol	1	0
Illegal drugs	1	0
Rx drugs	1	0
Age between 16-45 years	1	0
Psychological disease		
ADD, OCD, bipolar, schizophrenia	1	0
Depression	1	0
Scoring total		

Morphine Milligram Equivalent Calculation/Conversion Chart (To be used to answer the RIOSORD tool. Not to be used for prescription conversions. Please discuss prescription conversions with attending physician or prescriber.) Adapted from: https://www.cdc.gov/drugoverdose/pdf/calculating_total_daily_dose-a.pdf

Opioid	Conversion Factor
Codeine	0.15
Fentanyl Transdermal (in mcg/hr)	2.4
Hydrocodone	1
Hydromorphone	4
Methadone 1-20mg/day	4
21-40mg/day	8
41-60mg/day	10
>= 61-80mg/day	12
Morphine	1
Oxycodone	1.5
Oxymorphone	3

Policy: Naloxone Education and Competency

Policy Statement:

All nursing home staff will receive naloxone education and competency assessment upon hire and annually. This includes consultants and vendors as indicated.

Naloxone Administration Competency

Naloxone Administration Competency Assessment

Employee Name: Date:

Competency Criteria	E = Explained and/or O = Observed (select all applicable answers)	Competent? (select one answer)
1. Opioid-induced respiratory depression is potentially life-threatening. It may be identified by: loss of consciousness, difficult to arouse, no response to physical stimuli, respiratory rate < 10/minute.	E O	Yes No
2. A person experiencing an opioid overdose usually will not wake up even if the name is called or may not respond to sternal rub.	E O	Yes No
3. If a person is experiencing suspected opioid-induced respiratory depression, use intramuscular or nasal naloxone.	E O	Yes No
4. Demonstrate how to administer naloxone IM 0.4mg.	E O	Yes No
5. Demonstrate how to administer naloxone IN 4mg.	E O	Yes No
6. Check to ensure person is not allergic to naloxone before administering it (if information is available)	E O	Yes No
7. Initiation of Emergency Response protocol/calling 911 is step one.	E O	Yes No
8. If breathing stops, initiate CPR.	E O	Yes No
9. Nurse obtains naloxone from the nearest emergency medication kit, or Automated Dispensing Machine or medication cart, if ordered for resident specifically.	E O	Yes No
10. If the person responds, position them on their side in recovery position.	E O	Yes No
11. Once resident is transported to hospital, notify the pharmacy that the naloxone needs to be replaced, document administration and results, and debrief per policy and procedures.	E O	Yes No
12. Always follow the naloxone product manufacturer's instructions for administration.	E O	Yes No

Employee is competent in naloxone administration. (Select one) Yes No

Employee requires further education and training. (Select one) Yes No

Evaluator Signature and Title: _____

Comments: _____

Competency completion will be maintained in employee Education file or applicable file.

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Policy: Naloxone Use

Naloxone Use for Opioid-Induced Respiratory Depression Policy and Procedure

Policy Statement:

Upon a physician's medication order per resident or facility standing order, naloxone may be administered by a licensed nurse or authorized staff to residents/patients/staff/visitors as indicated for the complete or partial reversal of suspected opioid-induced respiratory depression.

Suspected Opioid-Induced Respiratory Depression

Identifying suspected opioid-induced respiratory depression:

- Person with recent inpatient hospitalization for suspected opioid overdose
- Person with a diagnosis of opioid use disorder
- Person with a history of opioid use or dependence or diagnosed substance use disorder
- Person with current prescribed opioid orders
- Person with current prescribed opioid and benzodiazepine orders

Suspected Opioid-Induced Respiratory Depression (continued)

- Past opioid use and justice-involved resident
- Person with co-morbid diseases that may adversely affect the respiratory status
- Current or recent registrant of a methadone maintenance program or a detox program
- Visitor: Friends and family members of the above who may visit the resident and provide illicit or prescription opioids
- Resident who frequently attempts to elope or leave the facility premises

Procedures for Administration of Naloxone (Narcan®) Nasal Spray

1. Hold the naloxone nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle. Place the individual in the supine position. Do not prime. Insert the tip into a nostril and give a short vigorous push into the nostril.
2. Administer one dose of naloxone intranasally in one nostril.
    a. If the individual does not respond in two to three minutes or responds and then relapses into respiratory depression, administer additional doses of naloxone nasal spray, using a new nasal spray with each dose.
    b. Additional doses of naloxone nasal spray may be given every two to three minutes until emergency medical assistance arrives.
3. See naloxone nasal spray full prescribing information: Food and Drug Administration. Narcan® Nasal Spray 4mg. Full Prescribing Information can be found here: https://www.accessdata.fda.gov/drugsatfda_docs/label/2017/208411s001lbl.pdf

Procedure for Administration of Naloxone Solution for Intramuscular Injection

For injection with a standard syringe:

1. Inspect the vial for particulate matter or discoloration. The solution should be clear.
2. Intramuscular injection: Use 1-1 ½ inch needle for intramuscular injection. Inject deeply into the anterolateral thigh or deltoid. Aspirate before injection to avoid injection into a blood vessel.
3. It May be repeated every two to three minutes per maximum recommended dose. A maximum dose of up to 10mg has been used.
4. See naloxone solution for injection information: Drugs.com. Naloxone Solution for Injection. Full Prescribing Information can be found here: https://www.drugs.com/pro/naloxone-injection.html

Policy: Standing Orders

Policy Statement:

Upon a physician's medication order per resident or facility standing order, 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 suspected opioid-induced respiratory depression.

Policy: Standing Orders (continued)

Standing Order for Use of Naloxone for Residents, Staff or Visitors

- Indication: Unresponsiveness and/or difficulty breathing due to suspected opioid-induced respiratory depression.
- Exclusions, if known: Comfort care plan, hospice, or end-of-life care; known allergy to naloxone.
- Order: Administer naloxone 0.4mg (0.4mg/ml) IM or naloxone nasal spray (4mg), repeat the dose in two to three minutes for unresponsiveness or difficulty breathing until the individual is breathing (respiratory rate greater than 10). Initiate emergency medical response protocol (call 911) and transfer the individual to the hospital emergency department.

Medical Director Signature: _____

Date: _____

Policy: Suspected Overdose Response Drill

Policy Statement:

An overdose drill can help prepare staff to respond quickly and with confidence and potentially save a life. Announcing an Overdose Drill ahead of time may prevent panic, fear and confusion so participants can practice the facility's Suspected Overdose Response procedures with awareness and cooperation.

The facility will identify a Suspected Overdose Response team by role for each shift to include at least one licensed nurse and at least one, preferably two, other staff members.

The recommendation is to conduct one Suspected Overdose Response drill at least annually and as needed.

Policy: Suspected Overdose Response Drill (continued)

Suspected Overdose Response Drill Debrief Form

Facility Name		Location of Drill	
Drill Leader		Drill Date/Time	
Person Completing this Form		Title	
Drill Participants			

Use the following questions to debrief the drill, identify strengths and lessons learned and opportunities for improvement.

	Yes	No	N/A
1. Were the overdose supplies easily located?			
2. Was someone designated to control on-lookers?			
3. Did the person designated to phone 911 know the site address?			
4. Was someone designated to do rescue breathing?			
5. Was the drill debrief conducted with all participants together?			
6. Did staff who participated in the drill have the knowledge/skills to respond to an overdose?			
7. Do staff who did not participate in the drill have the skills/knowledge to respond to an overdose?			

Lessons Learned

What went well?
What would we do differently the next time?
What opportunities for improvement were identified?
What are the next steps? Who is responsible? What are target dates?

Tips for Overdose Reversal Using Naloxone

Tips for Overdose Reversal Using Naloxone

RECOGNITION OF OPIOID OVERDOSE	
Signs and Symptoms	**Unresponsiveness, fewer than 10 breaths per minute** **Potential presentation of overdose may include:** • **extreme muscle rigidity, seizures, or other uncontrolled movements** • Slow, shallow breathing • Blue lips/fingernails • Snoring/gurgling sound
RESPONDING TO AN OPIOID OVERDOSE	
Importance of Calling 911	• Medical interventions beyond what you can provide may be needed. • The 9-1-1 operator can help walk through response including chest compressions, if needed.
Clear Airway & Ventilate	• Tilt head, lift chin up, plug nose, and make a seal over the mouth, giving **ONE BREATH EVERY FIVE SECONDS THROUGHOUT THE RESPONSE UNTIL THE PERSON IS BREATHING AGAIN** or until paramedics arrive.

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Tips for Overdose Reversal (continued)

Administer Naloxone	Customize this section to the type of naloxone in your facility, e.g., • Naloxone injection 0.4mg/mL given IM • Naloxone autoinjector 5 mg/0.5mL (brand Zimhi) IM only • Naloxone 4mg nasal spray • Naloxone 8mg nasal spray (Kloxxado®)
Evaluate Effects for 3 Minutes & Administer Naloxone Again if Needed	• **Continue breaths for 2to 3 minutes** OR until the person is breathing on their own again. • **If no response, after 2to 3 minutes, administer a 2nd dose of naloxone** • **Continue breaths until the person is breathing normally OR until paramedics arrive.** • **Additional doses may be required.**
Aftercare	• An overdose can be an out of control, frightening experience • Explain to the individual what happened– they may not recall what happened.

Naloxone only works for an opioid overdose (e.g., morphine, fentanyl, oxycontin, dilaudid, combination products with opioids, methadone, heroin) – NOT for non-opioid depressants (e.g., alcohol, benzodiazepines) **AND if you are not sure what a person has taken, naloxone will not harm them.**

Naloxone is light and heat sensitive. Do not store in vehicle.

Selected Resources

Federal Government

- CMS State Operations Manual Appendix PP Guidance to Surveyor for Long Term Care Facilities (cms.gov) (Pages 335 & 410 reference naloxone)

  https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf

- Understanding CMS's New Nursing Facility Guidance (justiceinaging.org)

  Brief overview of October 2022 revisions to CMS State Operations Manual Appendix PP (See page 9, F697 Pain Management)

  https://justiceinaging.org/wp-content/uploads/2022/07/Understanding-CMSs-New-NF-Guidance-Issue-Brief.pdf

- DRUG MISUSE: Most States Have Good Samaritan Laws and Research Indicates They May Have Positive Effects Report to Congressional Committees. United States Government Accountability Office; 2021.

  https://www.gao.gov/assets/gao-21-248.pdf

Selected Resources

Life Support

- Adult Basic Life Support Algorithm for Healthcare Providers
  https://cpr.heart.org/-/media/CPR-Files/CPR-Guidelines-Files/Algorithms/AlgorithmBLS_Adult_200624.pdf

- Opioid-Associated Emergency for Healthcare Providers Algorithm
  https://cpr.heart.org/-/media/CPR-Files/CPR-Guidelines-Files/Algorithms/AlgorithmOpioidHC_Provider_200615.pdf

Selected Resources

- Naloxone training for health care providers
  https://www.cdc.gov/opioids/naloxone/training/index.html

- Visitor and resident education regarding naloxone

  Naloxone Saves Lives

  This patient education document, available in both English and Spanish, describes what naloxone is, how it works, why it is offered to individuals with an opioid prescription, and signs of opioid overdose.
  https://qi-library.ipro.org/2023/01/04/naloxone-saves-lives/

Selected Resources

Opioid Crisis

- Understanding the Opioid Overdose Crisis
  https://www.cdc.gov/opioids/basics/epidemic.html

- The Centers for Medicare & Medicaid (CMS)
  The CMS Roadmap to address the opioid crisis
  https://www.cms.gov/About-CMS/Agency-Information/Emergency/Downloads/Opioid-epidemic-roadmap.pdf

Selected Resources

Pain/Opioid Guidelines

- The Society for Post-Acute and Long-Term Care Medicine (AMDA) opioid guidelines

  https://paltc.org/opioids%20in%20nursing%20homes

- National Institute on Drug Abuse Benzodiazepines and Opioids

  https://www.drugabuse.gov/drugs-abuse/opioids/benzodiazepines-opioids

- Exposure-Response Association Between Concurrent Opioid and Benzodiazepine Use and Risk of Opioid-Related Overdose in Medicare Part D Beneficiaries

  https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2685628

- Resources and Tools for Quality Pain Care

  https://geriatricpain.org/

Selected Resources

Understanding Substance Use Disorder

- The Power of Perceptions and Understanding: Changing how we Deliver Treatment and Recovery Services

  https://www.samhsa.gov/sites/default/files/programs_campaigns/02._webcast_1_resources-508.pdf

- Stigma and Discrimination | National Institute on Drug Abuse (NIDA) (nih.gov)

  https://nida.nih.gov/research-topics/stigma-discrimination

- Healthcare Worker's Feelings About People With Substance Use Disorders – Recovery Research Institute (recoveryanswers.org)

  https://www.recoveryanswers.org/research-post/healthcare-workers-feelings-about-people-with-substance-use-disorders/

- Barriers for Elders with SUDs in Post–Acute Care (asaging.org)

  https://generations.asaging.org/barriers-elders-suds-post-acute-care

- Physicians Fighting Stigma: Judgement-Free Scripting for Stages of Change in Opioid Use Disorder

  Shine a Light on Stigma – IPRO QIN-QIO Resource Library

Implementation of Toolkit in an Ohio Facility

Erika Murphy, BS Health Science

Doctoral Capstone Student

- Education:
  - University of Dayton
  - Bachelor of Health Science, psychology and music minors
  - University of Indianapolis
  - Doctor of Occupational Therapy
  - Masters of Science in Aging Studies

- Passions:
  - Working with the aging population
  - Mental health
  - Reducing stigma and advocacy
  - Health and wellness
  - Substance and abuse prevention
  - Prevention efforts

Facility and Presentation Details

Eliza Jennings:

- 126 Beds
- 109 Private Rooms
- Type of Residents: long-term and post-acute care
- Units: Memory Care dedicated unit

Collaborated with:
Director, Nursing Director, Pharmacist

Presentations:
March 14 and 16 at 2 p.m. and 8 p.m.

Presentation Length:
25-30 minutes

Eliza Jennings
choices for aging well

Implementation In-Service Overview

- Description of IPRO
- Pre-education knowledge survey
- Introduction of toolkit and policies
- Assessment tools:
  - How to use them and how to interpret the results
- Overview of naloxone administration (both nasal spray and intramuscular injection)
- Short video demonstrating the naloxone nasal spray
- Overview of the policy statement on naloxone use:
  - Read the policy statement, clarified that naloxone is allowed to be used on anyone in the facility (patients, family members, staff, visitors), discussion
- Reviewed the tips sheet
- Questions and post-education knowledge survey

Pre-Education Knowledge Survey

Participants: 27 total
Age:

- 20-40: 8 participants
- 41-50: 7 participants
- 51+: 8 participants
- (4 did not answer)

Gender:
24 female participants (three did not disclose their gender) were either RNs or CNAs.

All participants were asked to complete a pre-education knowledge check survey before the presentation began.

PRE- KNOWLEDGE CHECK

Age (Please Circle): 20-40 40-50 50+

Gender (Please Circle): Female Male Other Prefer not to Answer

1. The Centers for Medicare and Medicaid (CMS) released revisions to the state operations manual that allow naloxone to be administered by a licensed nurse or authorized staff to residents/patients/staff/visitors.
   a. True
   b. False
2. If the individual does not respond in __ to __ minutes, administer additional doses of naloxone solution for intramuscular injection.
   a. 4 to 5
   b. 2 to 3
   c. 6 to 7
   d. 3 to 4
3. When using the Opioid Risk Tool-Revised (ORT-R) assessment tool, a score of __ or more means that patient is at a high risk for opioid use disorder.
   a. 5
   b. 7
   c. 1
   d. 3
4. Please select 2 answers: When administering the Naloxone solution for intramuscular injection, you inject deeply into
   a. Stomach
   b. Deltoid
   c. Calf
   d. Anterolateral Thigh
5. When administering the Naloxone Nasal Spray, you should spray the naloxone into both nostrils.
   a. True
   b. False

Pre- and Post-Education Results

1. The Centers for Medicare and Medicaid (CMS) released revisions to the state operations manual that allow naloxone to be administered by a licensed nurse or authorized staff to residents/patients/staff/visitors

True
False

100% answered correctly

2. If the individual does not respond in __ to __ minutes, administer additional doses of naloxone solution for intramuscular injection.

4 to 5
2 to 3
6 to 7
3 to 4

Pre-Survey: 80% answered correctly

Post-Survey: 92% answered correctly

3. When using the Opioid Risk Tool-Revised (ORT-R) assessment tool, a score of __ or more means that patient is at a high risk for opioid use disorder

5

7

1

3

Pre-Survey: 45% answered correctly

Post-Survey: 80% answered correctly

4. Please select two answers: When administering the Naloxone solution for intramuscular injection, you inject deeply into

Stomach

Deltoid

Calf

Anterolateral thigh

Pre-Survey: 65% answered correctly

Post-Survey: 84% answered correctly

5. When administering the Naloxone Nasal Spray, you should spray the naloxone into both nostrils

True

False

Pre-Survey: 53% answered correctly

Post-Survey: 84% answered correctly

Capstone Project: Findings

- Through a pre/post survey on the content from the presentation, the 27 participants had a **17% knowledge gain overall**.
- Participants completed a presenter assessment, and reported the following:

Question	Question Wording	Average Response
Question 1	The training objectives were met	4.7
Question 2	The speaker was well prepared	4.9
Question 3	The trainer was knowledgeable about the training of the topic	4.8
Question 4	The training will be useful in my work	4.8
Question 5	How comfortable do you feel using naloxone after this presentation	4.7

Note: The response was a scale from 1 to 5; 1= least effective, 5= most effective.

Implementation Checklist

Nursing Home Naloxone Policy & Procedure Toolkit
Implementation Checklist

This resource was created to help facilities implement the Nursing Home Naloxone Policy & Procedure Toolkit created by IPRO QIN-QIO. This checklist provides an overview for a process to successfully implement select toolkit contents.

Link to the Nursing Home Naloxone Toolkit, IPRO-QIN-QIO Resource Library:

https://qi-library.ipro.org/2023/01/31/nursing-home-naloxone-policy-and-procedure-toolkit/

Initial Discussions and Policy Review

- ☐ Communicate with facility executive leadership/director of nursing/medical director to assess for the opportunity to implement policies in the toolkit.
- ☐ Communicate with facility consultant pharmacist and provider pharmacy.
  - ☐ Share the toolkit and review the contents.
  - ☐ Discuss what type of naloxone will be used (nasal spray or intramuscular injection).
- ☐ Customize "Tips for Overdose Reversal Using Naloxone" section of toolkit (see below to copy and paste tips depending on type of naloxone).
  - ☐ Specify the type of naloxone and how to use it (see links to training videos below).
- ☐ Review all necessary policy paperwork for the facility by completing the appropriate sections and obtaining the authorized signatures.

Determine Storage and Access

- ☐ Identify the location where naloxone will be kept (locked medicine box, on a medication cart, in an automated dispensing system, in a medication room), and who has access.
- ☐ Determine any deterrents that may impede someone from retrieving the naloxone and how you will address that in the case of an emergency (ex: CNA reports to RN regarding patient, RN has access to naloxone).

Education and Training

- ☐ Select who will be receiving the training (all staff, nursing staff, direct patient care staff, train-the-trainer).
- ☐ Decide whether staff must complete the competency training form. If yes, where will these be kept? Will new staff be trained? If yes, how?
- ☐ Training: Conduct in-service training for staff.
  - ☐ Highlight information that is relevant to the individuals receiving the training.
  - ☐ Provide a sample to visualize the type of naloxone that facility is using (nasal spray or intramuscular injection).

Customization for "Tips for Overdose Reversal Using Naloxone" section of toolkit:

Please **copy and paste** the correct form of naloxone into your "Tips" sheet.

Naloxone injection 0.4mg/mL given IM

- Inspect vial for particulate matter or discoloration. **Solution should be clear.**
- Use 1-½ inch needle for intramuscular injection. Inject deeply into anterolateral thigh or deltoid. Aspirate prior to injection to avoid injection into a blood vessel.
- May be repeated every 2 to 3 minutes per maximum recommended dose.

Naloxone (Narcan®) Nasal Spray

- Hold the naloxone nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle. Place the individual in supine position, do not prime, insert the cone into the nostril, give a short vigorous push into the nostril.
- Administer one dose of naloxone intranasally in 1 nostril.
  - » If the individual does not respond in 2 to 3 minutes, or responds and then relapses into respiratory depression, administer additional doses of naloxone nasal spray, using a new nasal spray with each dose.
  - » Additional doses of naloxone nasal spray may be given every 2 to 3 minutes until emergency medical assistance arrives.

Additional Resources

How to use Naloxone:
https://towardtheheart.com/naloxone-training
(SAVE ME Steps for NaloxoneTraining.com)

University of Rhode Island Training Module:
https://rise.articulate.com/share/Snxog2zqD1_VU5cxJsqs-b_xUHBbATUm#/

Naloxone Nasal Spray Video:
https://www.youtube.com/watch?v=xa7X00_QKWk

CMS State Operations Manual Appendix PP Guidance to Surveyor for Long Term Care Facilities, Rev. 211, 2/3/23 (cms.gov) (Pages 338 & 413 reference naloxone):
https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf

How to Respond to an Overdose Resource:
https://www.canva.com/design/DAFbyaShQcc/5VuuupDuD8uK_ZgMzlPpNA/view?utm_content=DAFbyaShQcc&utm_campaign=designshare&utm_medium=link2&utm_source=sharebutton

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https://drive.google.com/file/d/1ft7EszKn-OlRaIU6jI_MVR1HszQ3-IBb/view

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Summary

- The toolkit is an easy-to-use resource.
- Implementation of the policies in the toolkit help facilities meet the CMS State Operation Manual requirements.
- The facility staff will be better prepared to care for an individual having an opioid overdose emergency.

More Information

For additional information or questions, contact:

Tanya Vadala at tvadala@ipro.org

OR

Jennifer Massey at jennifer.massey@allianthealth.org

- Link to Resource Library and Toolkit:
- https://qi-library.ipro.org/2023/01/31/nursing-home-naloxone-policy-and-procedure-toolkit/

Questions?

Nursing Home and Partnership for Community Health:
CMS 12th SOW GOALS

OPIOID UTILIZATION AND MISUSE

Promote opioid best practices

•

Reduce opioid adverse drug events in all settings

PATIENT SAFETY

Reduce hospitalizations due to c. diff

•

Reduce adverse drug events

•

Reduce facility acquired infections

CHRONIC DISEASE SELF-MANAGEMENT

Increase instances of adequately diagnosed and controlled hypertension

•

Increase use of cardiac rehabilitation programs

•

Reduce instances of uncontrolled diabetes

•

Identify patients at high-risk for kidney disease and improve outcomes

CARE COORDINATION

Convene community coalitions

•

Reduce avoidable readmissions, admissions to hospitals and preventable emergency department visits

•

Identify and promote optimal care for super utilizers

COVID-19

Support nursing homes by establishing a safe visitor policy and cohort plan

•

Provide virtual events to support infection control and prevention

•

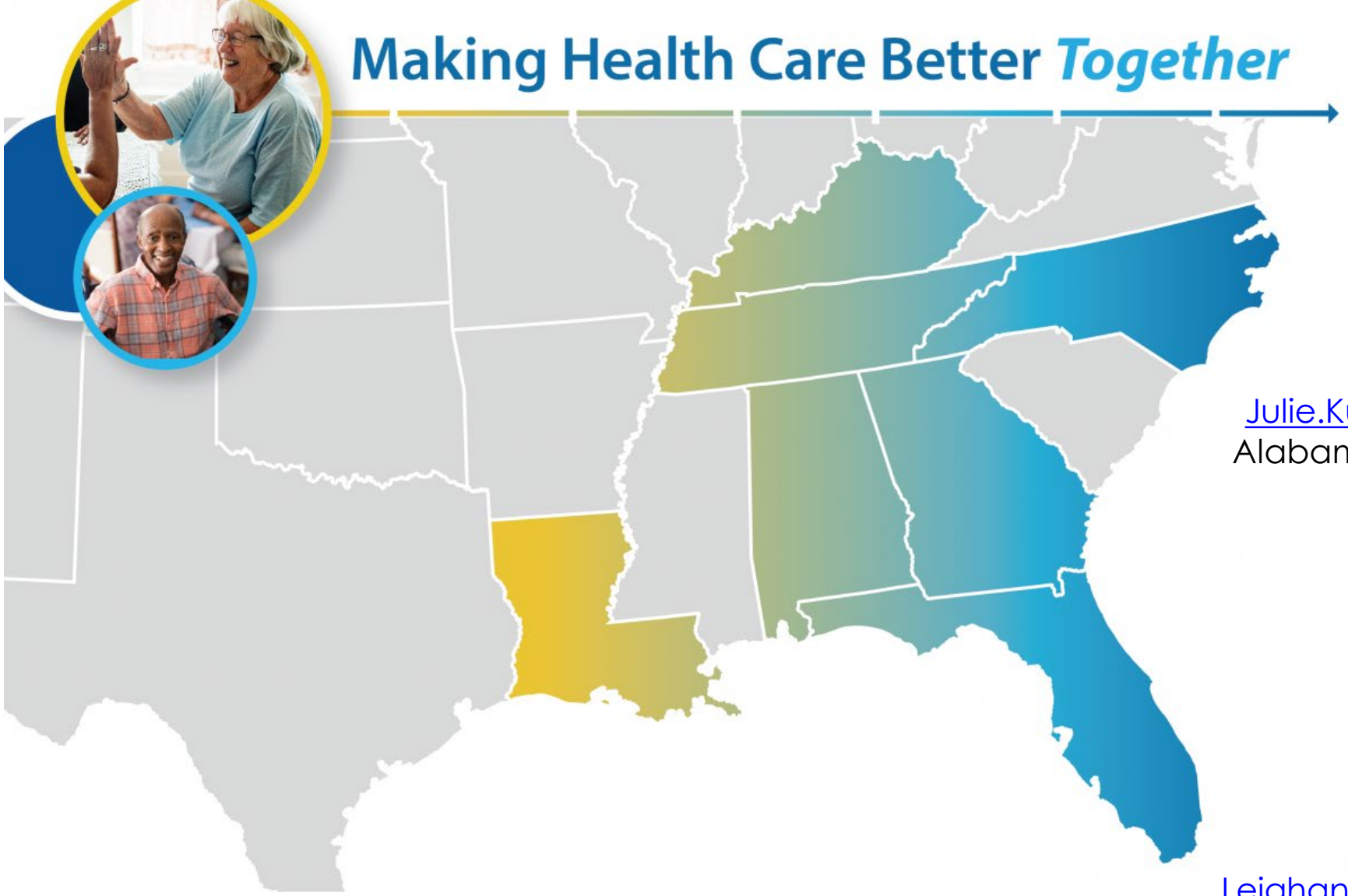
Support nursing homes and community coalitions with emergency preparedness plans

IMMUNIZATION

Increase influenza, pneumococcal, and COVID-19 vaccination rates

TRAINING

Encourage completion of infection control and prevention trainings by front line clinical and management staff



Julie Kueker
Julie.Kueker@AlliantHealth.org
Alabama, Florida and Louisiana

Leighann Sauls
Leighann.Sauls@AlliantHealth.org
Georgia, Kentucky, North Carolina and Tennessee

Program Directors

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