

THE NUTS & BOLTS OF DISPENSING NALOXONE TO HIGH-RISK PATIENTS AND THEIR SUPPORT SYSTEMS

August 27, 2019

11:00am -12:00pm Pacific Time

Continuing Education Credits



American Board of Quality Assurance
and Utilization Review Physicians

Promoting Health Care Quality and Patient Safety Through Certification and Education



Cal Hospital Compare

Opioid Care Honor Roll

THE NUTS & BOLTS OF DISPENSING NALOXONE TO HIGH-RISK PATIENTS AND THEIR SUPPORT SYSTEMS

Online Live Webinar

August 26, 2019

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Dr. Steve Tremain is a stockholder of Allergan. This presentation has been reviewed and found to contain no bias. Dr. Tremain has no other relevant financial relationships to disclose in regard to the content of this presentation.

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Provider approved by the California Board of Registered Nursing, Provider Number CEP 15958, for 1 contact hour.

Using Zoom



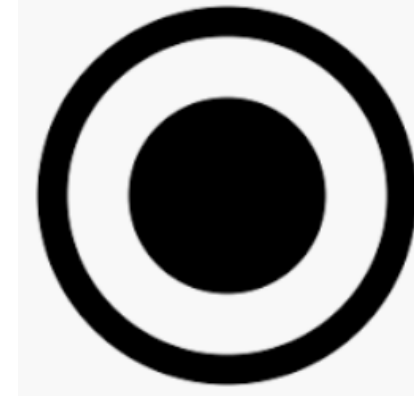
All lines MUTED upon entry, UNMUTE yourself as needed

Recommend calling in via phone



Click “chat” to open the chat box

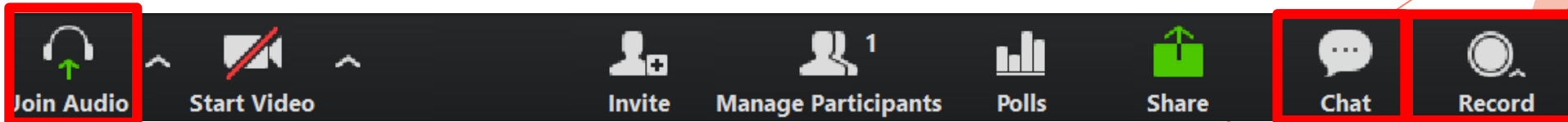
Select To: “all panelist and attendees”



Meeting is being recorded

Recording available on calhospitalcompare.org

Want to download the slides?
CHC website > About > Opioid Care Honor Roll





Meeting Objectives

- ▶ **Identified** the steps your hospital will take to apply for the Opioid Safe Care Honor Roll
- ▶ **Analyzed** your hospital's performance on overdose prevention
- ▶ **Examined** overdose prevention progress and opportunities in CA
- ▶ **Heard from peer hospitals** the steps they have taken to implement a successful Naloxone distribution
- ▶ **Communicated** how CHC can support hospital progress on the Sept. 12 webinar

Opioid Care Honor Roll 2019 Webinar Series Roadmap

1

Introducing the
Opioid Care Honor
Roll

2

Beyond Adopting
Prescribing
Guidelines

3

Initiating MAT in the
hospital

4

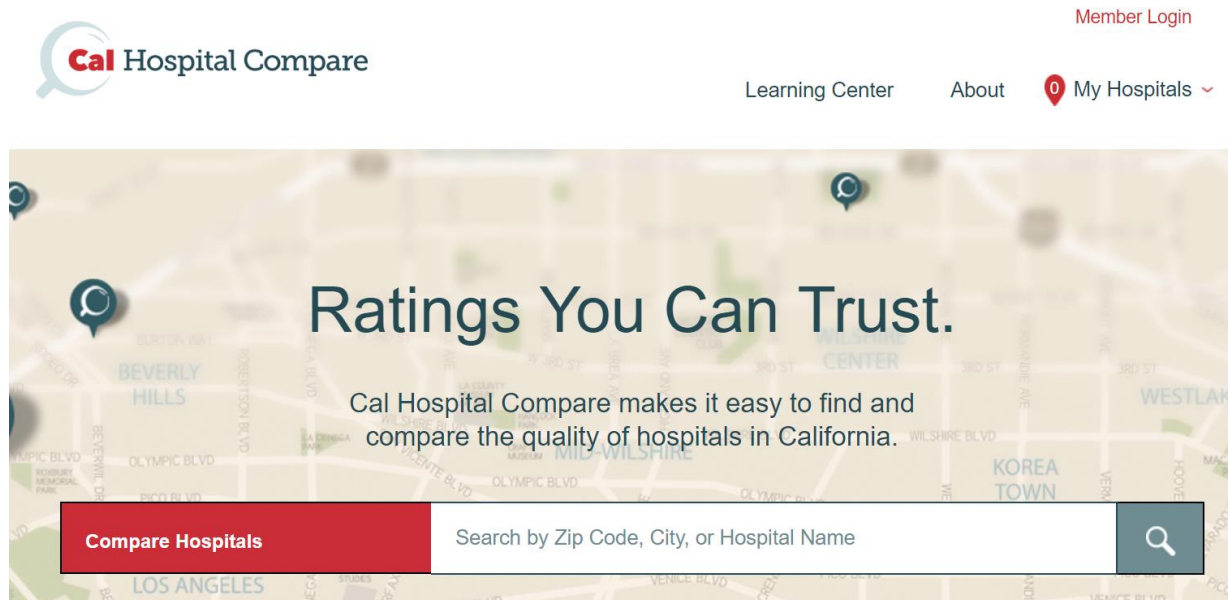
The Nuts and Bolts of
Dispensing Naloxone

5

Emerging Measures

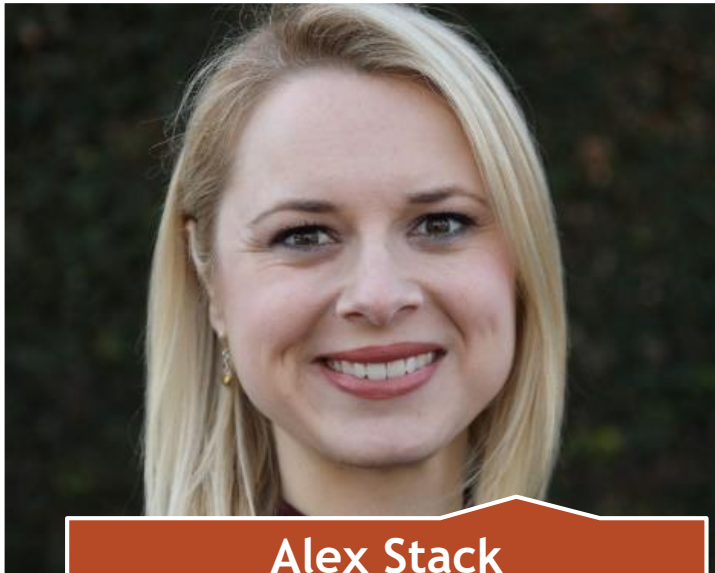
Cal Hospital Compare

About: For more than a decade, Cal Hospital Compare (CHC) has been providing Californians with objective hospital performance ratings. CHC is a non-profit organization that is governed by a multi-stakeholder board, with representatives from hospitals, purchasers, consumer groups, and health plans. In effort to accelerate improvement and recognize high performance by California hospitals, CHC publishes an annual Patient Safety Honor Roll and Low-Risk C-section Honor Roll.





Facilitators



Alex Stack
Director, Programs &
Strategic Initiatives, CHC



Aimee Moulin
Co-Director
ED Bridge



Steve Tremain
Physician Improvement
Advisor Cynosure Health



Guest Speakers



Josh Luftig. PA-C
Regional Director,
CA Bridge



Curtis Geier. PharmD
Emergency Department
SFGH



POLL:
What excites you most about working on
opioid safety?

Opioid Care Honor Roll

Frequently Asked Questions

What is the value of attaining the Opioid Care Honor Roll

- Announcement in Oct. 2019 by Dr. Mark Ghaly, Secretary of CA HHS
- Special recognition on Cal Hospital Compare website

When is the assessment window?

- Ends Sept. 18, 2019
- Each hospital must submit responses & any supporting documents via e-survey [here](#)

How long does it take to complete the self-assessment?

- It takes most teams ~60 minutes

Countdown!

23
days





POLL:
What is your current progress to goal?

Bringing it all together

On July 10th, 2014, my son Ryan died of a **heroin overdose**. He struggled with the disease of addiction for 1 ½ to 2 years. An addiction that began with marijuana, then **opiates** and moved to heroin. The **progression was rapid**.

My daughter and Sarah's little sister died April 7th, 2013 from an **accidental overdose of prescription pain medication** that she had only been on for a little over 2 months.

I suddenly awoke to frantic screams from my son that something was wrong with my daughter, Callie. I ran into Callie's bedroom and saw the most frightening sight ever; my daughter appeared to be dead.
Kit #2501 saved her life.

Mapping it back to the Self-Assessment

Measure	Intent	Level 3 (1 pt)	Level 2 (2 pts)	Level 1 Opioid Safe (3 pts)	Example <i>(comparative tool & resource)</i>
Prevent new opioid starts		<ul style="list-style-type: none"> Prescribing guidelines Alternatives to opioids for pain management 	Overdose Prevention <ul style="list-style-type: none"> Naloxone education & distribution program 		
Identification & Treatment		<ul style="list-style-type: none"> MAT BUP Waiver 	Cross-cutting Opioid Safe Hospital Best Practices <ul style="list-style-type: none"> Organizational infrastructure Provider/staff education Patient education Formulary management Handoff to the community 		



POLL:

What level best describes your work around overdose prevention?



Guest Speakers



Josh Luftig. PA-C
Regional Director,
CA Bridge



Curtis Geier. PharmD
Emergency Department
SFGH

High Impact Naloxone Dispensing from the Emergency Department

Nozzle

Plunger



Josh Luftig, PA-C
Regional Director, California Bridge - Public Health Institute
Alameda Health System Naloxone Distribution Project Program Mgr.



11%

Injection drug use

7150

Pt per year ED volume

65,000

THE TREATMENT GAP

This E.R. Treats Opioid Addiction on Demand. That's Very Rare.

Some hospital emergency departments are giving people medicine for withdrawal, plugging a hole in a system that too often fails to provide immediate treatment.



POLL:

What is your hospital's current process for distributing Naloxone?



Prescribing Naloxone

11%

Naloxone rx written

1.6%

**Pt fills rx and receives
Naloxone**

Problems with current processes

- Underutilized
- Most potential recipients are never identified
- Relies on highly trained licensed staff being involved who have limited availability
- Unneeded steps and barriers —each step adds waste, inefficiencies, opportunities for failure
- Low value processes: very few actual Naloxone kits ending up in the hands of at risk population
- Ineffective response to the opioid crisis and national Public Health Emergency
- **Not meeting aim of reducing fatal OD in the community**

GOAL

Reduce fatal
OD rate with
Naloxone in the
hands of those
at risk for
overdose



Path to goal of actually reducing the fatal OD rate

- Focus on the value added step: Naloxone in the hands of those at risk
- Eliminate waste: non-value added steps eliminated
- Create an army: enlist lay people and staff of all types to engage in identifying eligible recipients and helping distribute and educate
- Be efficient: create a streamlined workflow for lay staff to deliver Naloxone, minimizing the impact on other patient care related activities
- Include visitors so family and friends of those at risk can receive Naloxone
- Allow anonymous dispensing to overcome the stigma and shame associated with OUD
- Make dispensing available on-demand 24/7

Once It Was Overdue Books. Now Librarians Fight Overdoses.

At Public Libraries, Get Your Tax Forms, Summer Reading Lists, And ... Opioid Overdose Kits

By ERIK NEUMANN • JUL 30, 2018

[f Share](#) [Tweet](#) [Email](#)



Complimentary Naloxone Kits Available Here!
Ask your Librarian. Two per person. No questions asked.

aura Renshaw holds a naloxone kit at the Calvin Smith Library



HIGHLAND HOSPITAL

Solution:

build a simple, efficient, and effective model of dispensing in the ED from the ground up

Steps

1. Issue a Standing Order
2. Create a Standard Operating Procedure
3. Apply for a block grant for free Naloxone dispensing
4. Create a very simple workflow and enlist your entire workforce, modeled on distribution that occurs in a library or school



Step 1

Standing Order

Section 1714.22 of the CA Civil Code



Legislation in response to the opioid crisis

Permits a licensed health care provider to issue a standing order for the distribution and administration of Naloxone

Allows your staff to carry and dispense Naloxone

All staff



Maria

Kelvin

Vanessa

Christian

Standing Order

[HOSPITAL NAME]

STANDING ORDER TO DISPENSE NALOXONE HYDROCHLORIDE

Naloxone is indicated for treatment of opioid overdose. It may be delivered intranasally or intramuscularly. This standing order is current as of [TODAY'S DATE] and issued in accordance with Section 1714.22 of the California Civil Code.*

1. This standing order authorizes [HOSPITAL NAME] Overdose Prevention Educators to maintain supplies of naloxone kits for the purposes of distributing them in the community those at risk of an overdose or other potential bystanders.
2. This standing order authorizes [HOSPITAL NAME] Overdose Prevention Educators to possess and distribute naloxone to Opioid Overdose Responders who have completed an overdose training and required documentation.
3. This standing order authorizes Opioid Overdose Responders trained by [HOSPITAL NAME] Overdose Prevention Educators to possess and administer naloxone to a person who is experiencing an opioid overdose.

Naloxone Dosage and Administration:

Highland Hospital Overdose Prevention Educators will train opioid users and their contacts in the use of naloxone for the reversal of opioid overdose.

Program participants must meet all of the following criteria:

- Persons at risk of an opioid-related overdose, or a person who is a family member, friend, or other person in a position to assist a person at risk of an opioid-related overdose, by report or history;
- Able to understand and willing to learn the essential components of Overdose Prevention and Response and naloxone administration.

An Overdose Prevention Educator from [HOSPITAL NAME] will complete the required documentation with an eligible participant and engage the participant in a brief (5-10 minutes) educational program about overdose prevention and response.

The educational program components will include:

Order to dispense:

Upon completion of an Overdose Prevention Training, dispense at minimum:
Two naloxone hydrochloride .4mg/ml vials and two 3ml syringes with 25g 1" needles.

OR
Two Evzio® (naloxone HCl) .4mg/1ml auto-injectors
OR
Two NARCAN® (naloxone HCl) 4mg/.1ml Nasal Spray

Refills: To be provided to previously trained participants as needed. When individuals return for a refill, a short report will be taken and training refresher will be offered.

	[DATE]
[SIGNATURE]	
[CA medical LICENSE #]	
Physician's Signature and License No.	Date
[NAME]	[EXP. DATE]
Physician's Name (Print)	Order Expiration Date

*Section 1714.22 of the CA Civil Code:

(c) (1) A licensed health care provider who is authorized by law to prescribe an opioid antagonist may issue standing orders for the distribution of an opioid antagonist to a person at risk of an opioid-related overdose or to a family member, friend, or other person in a position to assist a person at risk of an opioid-related overdose.

(d) (1) A person who is prescribed or possesses an opioid antagonist pursuant to a standing order shall receive the training provided by an opioid overdose prevention and treatment training program.

(f) Notwithstanding any other law, a person who possesses or distributes an opioid antagonist pursuant to a prescription or standing order shall not be subject to professional review, be liable in a civil action, or be subject to criminal prosecution for this possession or distribution. Notwithstanding any other law, a person not otherwise licensed to administer an opioid antagonist, but trained as required under paragraph (1) of subdivision (d), who acts with reasonable care in administering an opioid antagonist, in good faith and not for compensation, to a person who is experiencing or is suspected of experiencing an overdose shall not be subject to professional review, be liable in a civil action, or be subject to criminal prosecution for this administration.

Step 2

Standard Operating Procedure



SOP describes:

- Project Background
- Target Population
- Procedures
- Recordkeeping

Collaborate with your pharmacy department, but have the clinician who issues the standing order (Project Director) direct and supervise the dispensing program

Step 2 Standard Operating Procedure

Ensure all elements of the Naloxone dispensing program will be under the supervision of the clinician who issues the Standing Order

- Protocol development and implementation
- Receiving Naloxone shipments
- Naloxone storage
- Dispensing process
- Recordkeeping

This creates a clear delineation between Naloxone dispensed under a CA civil code ***Section 1714.22 Standing Order and all other medications in your institution***

Step 2 Standard Operating Procedure

[HOSPITAL NAME] – Emergency Department (FEIN [FEIN # HERE])

Background :

example: [HOSPITAL NAME] Emergency Department (ED) is a busy urban trauma center with an annual patient census of 65,000 visits located in [CITY], California, a community highly impacted by the opioid crisis. In 2018, using a closed response survey to assess the prevalence of patients who use injection drugs, we found an 11% prevalence of active injection drug users (IDU) among our patient population¹. In addition we have a large population of ingested, smoked and snorted opioid and stimulant users that are now being unexpectedly exposed to fentanyl, often with catastrophic results. Additionally, our ED starts approximately 20 patients per week with severe opiate use disorder (OUD) on buprenorphine to manage withdrawal symptoms and initiate medication for opioid use disorder (MOUD). Given the number of patients and visitors to [HOSPITAL NAME] ED directly at risk for overdose, as well as family and friends in direct contact with individuals at risk for overdose, we estimate the annual initial need for naloxone distribution in our department to be approximately 6000 units.

Standard Operating Procedure – Distribution of Free Nasal Spray Formulation of Naloxone

Target Population:

- Any [HOSPITAL NAME] Emergency Department patient or visitor at risk of an opioid-related overdose, or a patient or visitor who is a family member, friend, or other person in a position to assist a person at risk of an opioid-related overdose

Purpose:

- To reduce opioid overdose deaths through the provision of free naloxone, in its nasal spray formulation

Naloxone Distribution Project:

- The Naloxone Distribution Project (NDP) is funded by SAMHSA and administered by the California Department of Health Care Services (DHCS) to combat opioid overdose-related deaths throughout California. The NDP aims to address the opioid crisis by reducing opioid overdose deaths through the provision of free naloxone, in its nasal spray formulation. Starting in October 2018, qualified organizations and entities will be able to request free naloxone. Eligible entities and organizations to distribute naloxone through a standing order include Emergency Medical Services.

Procedure:

- Any Emergency Department staff member (examples include MD, PA, NP, Pharmacist, RN, LVN, Health Coach, Substance Use Navigator, Clinical Social Worker, Research Staff, Emergency Department Technician, Medical Assistant) may act as an Overdose Prevention Educator and may possess and distribute free nasal formulation of naloxone to patients or visitors at [HOSPITAL NAME] Emergency Department who are at risk of an opioid-related overdose, or who is a family member, friend, or other person in a position to assist a person at risk of an opioid-related overdose
- Educators who wish to participate must agree to
 - 1) complete standardized training such as the California Department of Public Health (CDPH) training video that includes: recognizing signs and symptoms of overdose, calling 911, naloxone administration, rescue breathing, and post-overdose care
 - 2) abide by the procedures and document requirements described in this document
- As per the Department of Health Care Services (DHCS) Naloxone Distribution Project (NDP)² requirements and guidance³ the NDP naloxone kits will be:
 - a. separate from naloxone used for medical treatment of patients;
 - i. Project Director and Project Coordinators will be responsible for inventory management and maintaining separation of the storage, retrieval, and dispensing of NDP naloxone from medications used for medical treatment of patients at [HOSPITAL NAME].
 - b. provided free of charge;

- i. all [HOSPITAL NAME] relevant clinical staff, all pharmacy staff, and all administrative staff have been notified via memorandum that under no circumstances should this service or the naloxone product distributed be considered as or submitted as a billable patient service or pharmacy product.
 - c. and dispensed via Standing Order issued by Dr [NAME HERE].
 - i. This Standing Order is issued pursuant to paragraphs (1) and (2) of subdivision (c) of Section 1714.22 of the California Civil Code, which allows a licensed health care provider authorized to prescribe an opioid antagonist to issue a standing order for the distribution and administration of naloxone⁴
2. Educators will:
- a. offer NDP naloxone kits to patients or visitors who are at risk of an opioid-related overdose, or who are family members, friends, or other persons in a position to assist a person at risk of an opioid-related overdose
 - b. offer NDP naloxone kits to patients or visitors who request naloxone kits and are at risk of an opioid-related overdose, or who are family members, friends, or other persons in a position to assist a person at risk of an opioid-related overdose
 - c. access to naloxone kit storage
 - d. engage the participant in a brief training on overdose prevention and response that includes: recognizing signs and symptoms of overdose, calling 911, naloxone administration, rescue breathing, and post-overdose care
 - e. complete the required documentation
 - f. dispense NDP naloxone kits to participants free of charge

Documentation:

- The following information will be logged:
 1. The estimated age and gender of the recipient of NDP naloxone kits.
 2. The # of NDP naloxone kits dispensed
 3. If obtaining refills, # opioid overdose reversals the recipient has completed using NDP naloxone
 4. Confirmation that the NDP naloxone was supplied directly to the patient or visitor
 5. Confirmation that the recipient was trained in naloxone use and received a naloxone instruction handout
- Project coordinators will conduct monthly documentation and inventory reviews to confirm Educator compliance with the Standing Order and Standard Operating Protocol, and to monitor for supply replenishment

Responsible Persons for the Project:

- Project Director: [DIRECTOR NAME]
- Project Coordinators: [NAME OF COORDINATORS]

Step 3

Apply for free Naloxone



California Department of
Healthcare Services
(DHCS) Naloxone
Distribution Project
(NDP)

DHCS Naloxone Distribution Project (NDP)

Program requirements of the NDP are straightforward:

- Only reporting requirement:
 - “If known/available” maintain and report # of reversal that occurred using the Naloxone distributed under this application
 - Difficult # to obtain, may not be known/available in your ED
 - Naloxone efficacy is tracked through a saturation model, so doses out is a better indicator than "reported reversals" for efficacy
- Naloxone must be provided free of charge
- Simple inventory control — example: logsheet
- Naloxone must be stored separately from medication used to treat patients— example:
 - Regular cabinets
 - reserve supply in program director’s office

Step 3 Apply for free naloxone



Naloxone Distribution Project

The Naloxone Distribution Project (NDP) is funded by SAMHSA and administered by DHCS to combat opioid overdose-related deaths throughout California. The NDP aims to address the opioid crisis by reducing opioid overdose deaths through the provision of free naloxone, in its nasal spray formulation. Starting in October 2018, qualified organizations and entities will be able to request free naloxone from DHCS.

To ensure your request for free naloxone is approved, please carefully review the terms and conditions outlined in the NDP Application prior to submitting your completed application to DHCS for review.

[Apply for Free Naloxone](#)

[NDP Information & FAQs](#)

Source: [DHCS Naloxone Distribution Project](#)

Step 3 Apply for free Naloxone

Naloxone Distribution Project (NDP) Application

Instructions

Complete the application below. Please ensure the person applying is authorized to be the representation of your organization in California to apply for and receive this naloxone distribution. The information submitted in this application should be publicly accessible information and may be subjected to the Public Records Act.

First Name of Authorized Person	Mailing Address (must be a business address, not a personal address or P.O. Box)
Middle Name	Address Line 2
Last Name	City
Contact Number	Zip
Email	State CA
Organization Name	Service Location Address
Type of Organization Church/Religious Entity <input checked="" type="radio"/>	Address Line 2
Community Organization - Specify Type	City
Organization Website	Zip
Organization Phone Number	State CA

Units Order - Minimum Order is 12 units and orders must be in multiples of 12. Each unit comes with 2 doses.

Step 3 Apply for free Naloxone

Terms and Conditions

By submitting the application form, the organization/entity:

1. Certifies that the authorized person, communication and mailing information provided is correct.
2. Will ensure that any of its affiliates or subcontractors apply for their organization.
3. Agrees to provide a copy of a valid and active business license, FEIN number or tax exempt letter.
4. Agrees to provide a copy of a naloxone standing order that can be obtained at <http://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/Pages/Naloxone-Standing-Order.aspx> or physician's prescription.
5. If the naloxone request is for more than 48 units, the organization/entity will provide a brief and comprehensive summary with the application to validate their request.
6. Agrees to allow the California Department of Health Care Services (DHCS) to contact the organization/entity using the information provided on the application form.
7. Agrees to allow the California DHCS to use the information provided on the application form to track the use of the naloxone distribution and conduct other public health and epidemiological surveillance activities.

Standing
Order

Standard
Operating
Procedure

Step 3 Apply for free naloxone



Naloxone Distribution Project

The Naloxone Distribution Project (NDP) is funded by SAMHSA and administered by DHCS to combat opioid overdose-related deaths throughout California. The NDP aims to address the opioid crisis by reducing opioid overdose deaths through the provision of free naloxone, in its nasal spray formulation. Starting in October 2018, qualified organizations and entities will be able to request free naloxone from DHCS.

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[Apply for Free Naloxone](#)

[NDP Information & FAQs](#)

Source: [DHCS Naloxone Distribution Project](#)

NDP FAQ Page

7. Can hospital emergency departments apply for the program?

Yes. Hospital emergency departments are eligible entities for the NDP and may provide take-home doses of naloxone to patients. Emergency departments should provide the following supplemental documentation with the application:

- Copy of a standing order for naloxone or pharmacy license for the facility
- Signed [Naloxone Terms & Conditions Form for Emergency Departments](#)
- Policies and procedures for naloxone distribution, including:
 - Separate storage of naloxone received through the program from other medications that may be billed to patient insurance;
 - Inventory and tracking of naloxone received through the program;
 - Distribution plan for naloxone received through the program, including types of patients who will receive naloxone take-home doses.

← Standing Order

← Standard Operating Procedure

Terms and Conditions Form for EDs

Please provide the address for where the units will be stored: _____ [your hospital address]

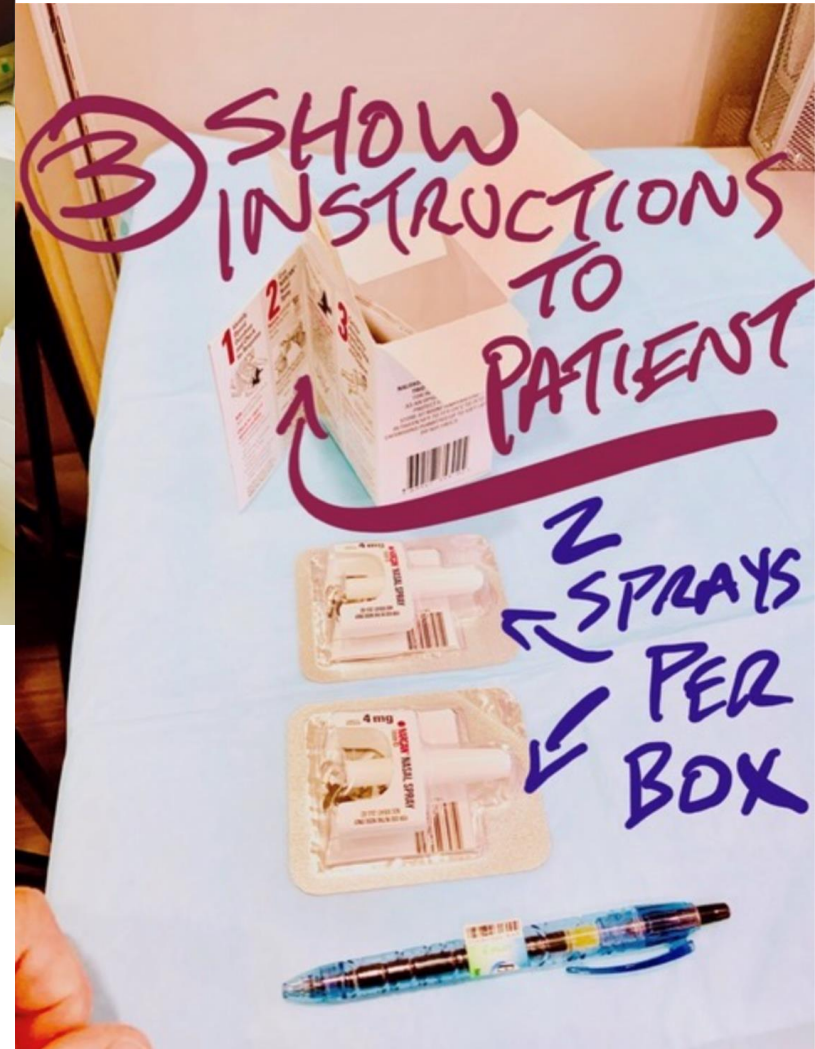
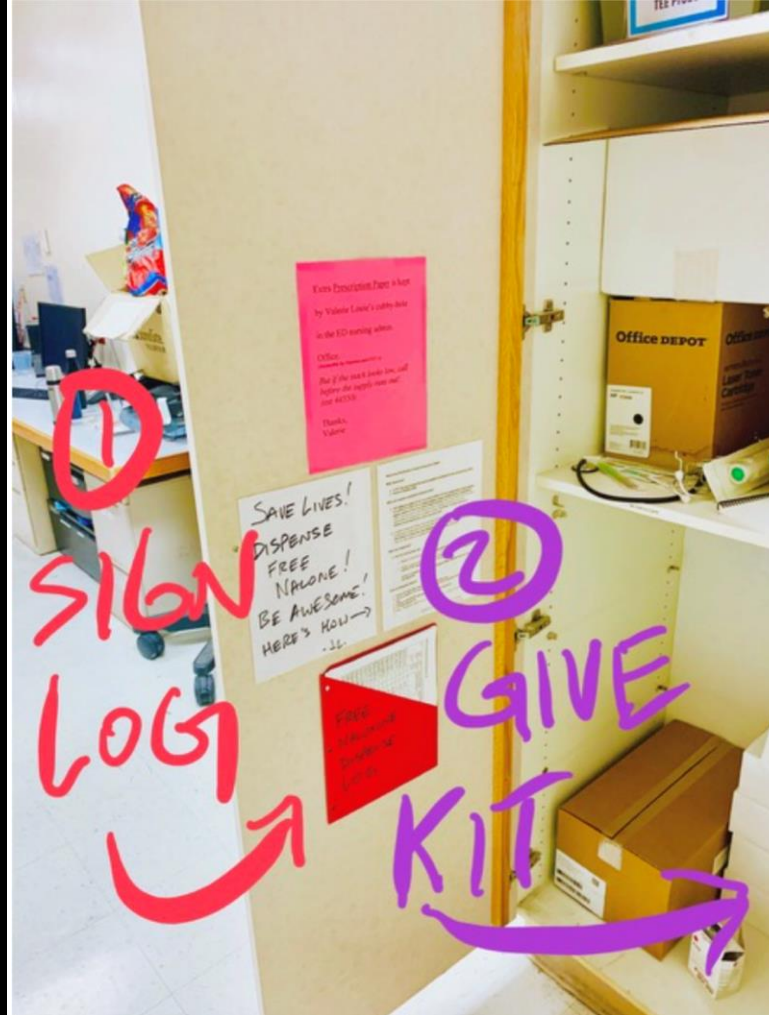
Please provide description of where the units will be stored in the hospital and how they will be kept separate from medication in which reimbursement will be sought: Stored in areas completely separate from medication from which reimbursement will be sought



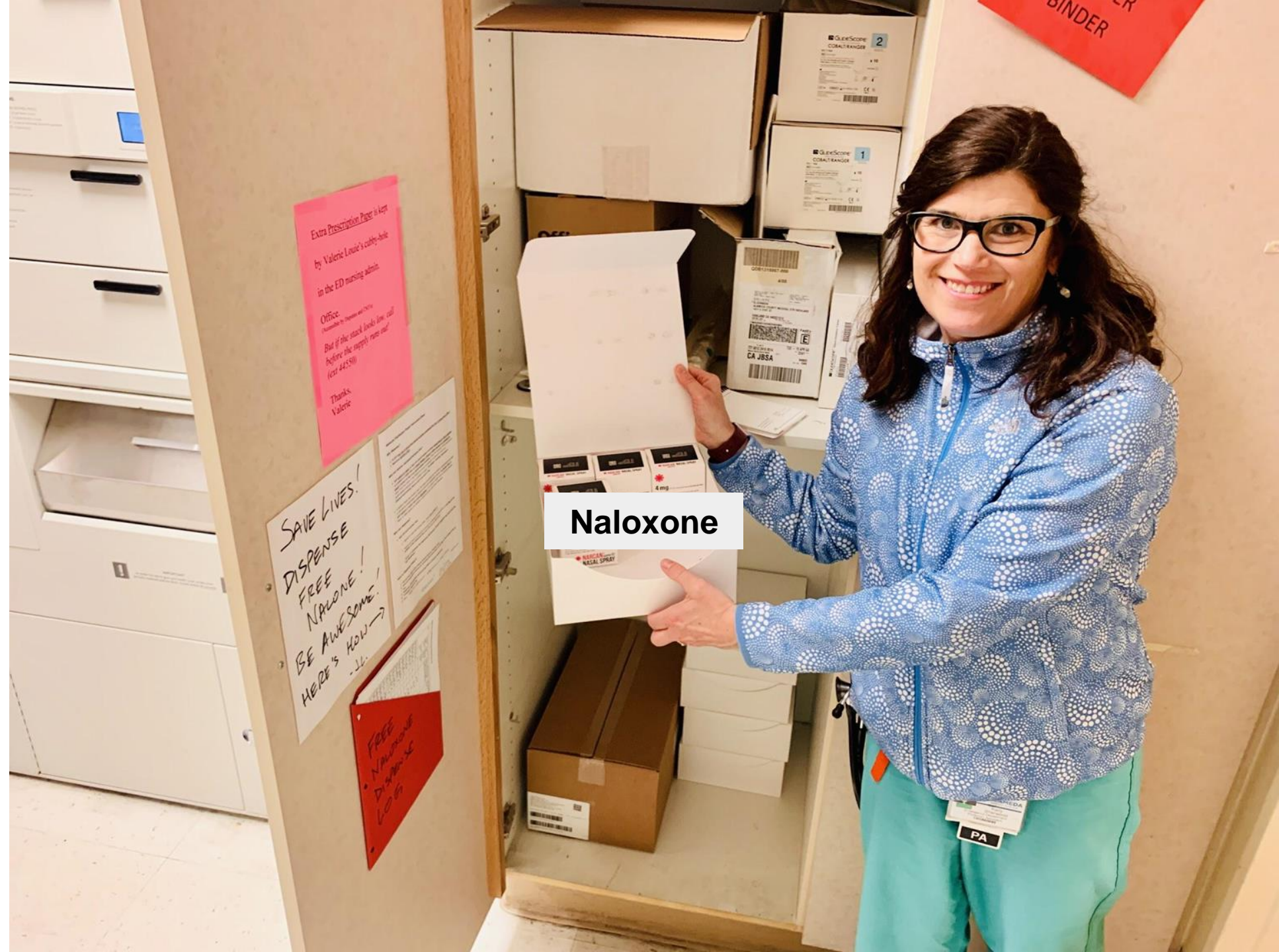
Step 4

Create a Simplified Workflow

Enlist your entire workforce



Turn
your
storage
cabinet
into
a
self help
Naloxone
dispensing
kiosk



Instructions & Link to Training Video



Naloxone Distribution Project

Who can receive overdose/naloxone kits:

- **ANY PATIENT or VISITOR** at risk of an opioid-related overdose (prescribed or illicit opioids),
- **OR** a patient or visitor who is a family member, friend, or other person in a position to assist a person at risk of an opioid-related overdose.
- **OR** a patient or visitor who uses stimulants, or a patient or visitor who is a family member, friend, or other person in a position to assist a person who uses stimulants. People who smoke, snort, and inject stimulants are now being **unexpectedly exposed to stimulants contaminated with fentanyl!** often with catastrophic results!

Who can dispense:

- Any AHS staff member. First review this training video: <https://goo.gl/f3UcTj> (11 min) QR code for video:



How to dispense:

1. Get naloxone (HGH: charting room cabinet)
2. Complete dispense log (on cabinet door)
3. Review the instructions (on the naloxone box) with patient or visitor
4. For patients: EHR (wellsoft, Epic, etc) note: "Naloxone and overdose education provided"

Why dispense:

- In 2017 the risk of dying from opioid overdose surpassed the risk of dying from a MVC
- Naloxone **SAVES LIVES**
- As of 1/2019 provision of overdose education and offering naloxone to those at overdose risk is the law! (AB-2760)



Question? contact:	Josh Luftig Andrew Herring Erik Anderson	jluftig@alamedahealthsystem.org aherring@alamedahealthsystem.org asanderson@alamedahealthsystem.org	Martha Montgomery Gene Hern Derec Louie	mmontgomery@alamedahealthsystem.org ghern@alamedahealthsystem.org dlouie@alamedahealthsystem.org
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<https://www.cdph.ca.gov/Programs/CCDPHP/DCCDIC/SACB/Pages/NaloxoneGrantProgram.aspx> or <https://goo.gl/f3UcTj>

Summary instruction sheet



**Dispense
LIFE-SAVING
naloxone kits
to patients or visitors
FREE of charge
in 3 easy steps!**

- 1. Complete dispense log (on cabinet door)**
- 2. Review the instructions (on the naloxone box) with patient or visitor**
- 3. For patients: EHR note- “Naloxone and overdose education provided”**

Patient Instructions



Resources

- Example Standing Order, Standard Operating Protocol, Logsheet
- Example instructional poster with the link to the CDPH training video
- Example Program Summary document
- Additional helpful documents, literature, resources

Where: CalHospitalCompare.org, BridgeToTreatment.org, HarmReduction.org



Impact

2018

320

rx written

88

rx filled

7

kits in hand / mo



Impact

2018

320

rx written

88

rx filled

7

kits in hand / mo

2019 (5 mo)

1,512

kits directly dispensed

302

kits in hand / mo

43x

43-fold increased dispense rate



Positive ripple effects



Why is this working so well?

- We focused on the value added step that benefits our patients and our community: those at risk for overdose, their family, their friends, leave ED with Naloxone in hand
- We eliminated waste: all non-value added steps were eliminated
- We created an army by enlisting lay people and staff of all types to engage in identifying eligible recipients and distribute and educate in the enriched ED and waiting room environment
- We became efficient by creating a streamlined workflow for lay staff to deliver Naloxone, minimizing the impact on other patient care related activities
- We allowed anonymous dispensing to overcome the stigma and shame associated with OUD
- We provided Naloxone for free without copay
- We made dispensing available on demand, 24/7

Why is this working so well?

- Naloxone signage, storage in the ED, and physical kits being passed out are visual cues in the environment, continually reminding all staff to dispense and increasing awareness among staff, patients and visitors regarding the importance of carrying Naloxone
- As a result of all these factors, we are going to have a much bigger impact on the OD fatality rate



HIGHLAND HOSPITAL

Conclusion:

A simple and efficient “all hands on deck” model of dispensing in the ED is an appropriate and effective countermeasure to the opioid crisis



CHAT/UNMUTE TO TELL US:
What questions do you have?

Key Points



Wrap up

Webinar Schedule

All calls start at 11:00am PT

September 12

- Emerging measures in the hospital setting for safe opioid management in the hospital



September 18

- **Submit Opioid Safe Hospital Self-Assessment!**

Register at calhospitalcompare.org



POLL:

What do you want to know about emerging measures for safe opioid management in the hospital setting?

Resources & Follow Up Materials

Cal Hospital Compare

Find Hospitals Learning Center About My Hospitals

Opioid Care Honor Roll

Print

About

Opioid Care Honor Roll

About:

To address California's opioid epidemic and accelerate hospital progress to reduce opioid-related deaths, this fall Cal Hospital Compare will designate select hospitals for the purpose of supporting continued quality improvement and recognizing their contributions fighting the epidemic. CHC along with other partners will recognize hospitals designated as Opioid Safe.

Resources:

[About the Opioid Safe Hospital Designation](#)

[Frequently Asked Questions](#)

[Opioid Safe Hospital Self Assessment](#)

To further accelerate hospital progress, CHC will offer a no cost, 5-part webinar series, with peer-to-peer support, starting May 2019 with the kick-off webinar. The webinar series is designed for Chief Medical Officers, Chief Nursing Officers, Chief Quality Officers, Quality and Emergency Department leadership, and other individuals involved in improving opioid safety. CHC will actively work with Opioid Safe Hospital Program participants to select relevant topics for the webinar series. Registration links below (*please note all webinars are scheduled for 11am PST*):

[Webinar #1 \(May 9\): Addressing California's Opioid Epidemic – Introducing the Opioid Safe Hospital Program](#)

[Webinar #1 Recording](#)

[Webinar #1 Slide Presentation](#)

Source: [Cal Hospital Compare Website - About - Opioid Care Honor Roll](#)



Questions?

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Thank you!

Please give us the gift of feedback and complete the event evaluation

Requesting CMEs? Please refer to the CE instructions on our website