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# Preventing Harm and Risks of Opioid Overdose in Long-Term Care: What's Your Role?

February 8, 2024 | Session 1

Gina Anderson, Program Specialist





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### Partnering to Improve Health Outcomes Through Relationships and Data

Telligen QI Connect™ is a network of healthcare quality improvement initiatives that are data-driven and locally-tailored to improve healthcare quality and outcomes by implementing and spreading evidence-based and best practices. They aim to make healthcare safer, more accessible and more cost-effective through the Centers for Medicare & Medicaid Services (CMS) Quality Innovation Network-Quality Improvement Organization (QIN-QIO) and Hospital Quality Improvement Contractor (HQIC) programs. Telligen QI Connect™ is operated by Telligen, which is funded by CMS to deliver improvement services at no cost to you or your organization.

Telligen QI Connect™ encompasses our work as a QIN-QIO across Colorado, Illinois, Iowa and Oklahoma, and our work as a HQIC across more than a dozen states.

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## What's Your Role in this Pilot?



- Engage, learn and collectively recognize gaps in processes
- Implement action items between sessions
- Work with your Quality Improvement Facilitator
- Identify relevant interventions that will be used in Telligen's QIN-QIO network

# Objectives

- Analyze data for adverse drug events (ADEs) and opioids
- Recognize ADEs and opioid overdose
- Summarize naloxone and how to mitigate opioid overdose
- Create a plan to start improving processes



# What is your confidence level in recognizing and responding to opioid adverse drug events?



I am confident I can do this and help others do it, as well



I am confident I can do this with the assistance of others



I am confident I can do this on my own, but may need more practice



I have low confidence I can do this without the help of others

0

I have no confidence I can do this

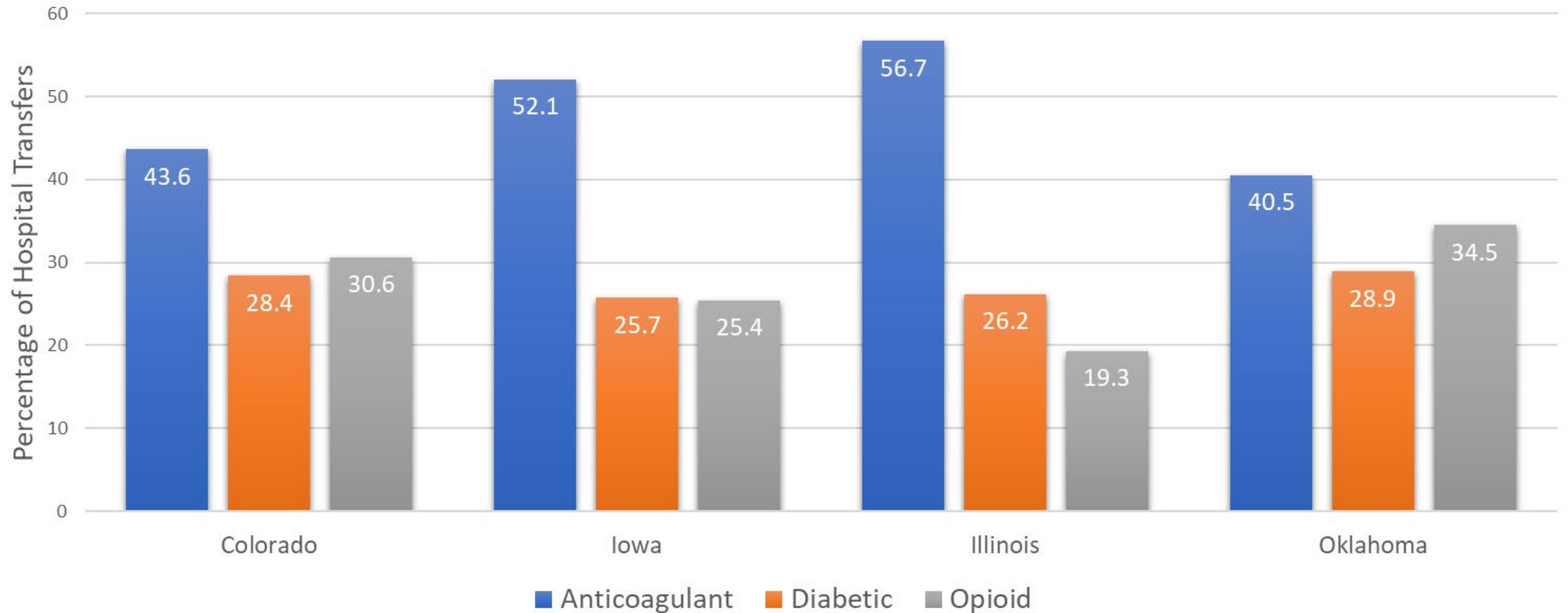
# Story of Self

- Recognizing signs and symptoms of opioid overdose



## Medication Related Adverse Drug Events that Resulted in a Hospital Transfer

(Data period 5/1/2022-4/30/2023)





# Top Diagnosis Given to Residents Who Are Receiving an Opioid Upon Arrival to the Hospital: Colorado, Illinois, Iowa and Oklahoma

Respiratory	Poisoning	Mental Status	Opioid Dependence
<ul style="list-style-type: none"> <li>• Acute respiratory failure with hypoxia</li> <li>• Hypoxemia</li> <li>• Acute respiratory failure, unspecified whether with hypoxia or hypercapnia</li> <li>• Respiratory failure, unspecified, unspecified whether with hypoxia or hypercapnia</li> <li>• Respiratory failure, unspecified with hypercapnia</li> <li>• Acute respiratory distress</li> <li>• Acute respiratory distress syndrome</li> <li>• Respiratory arrest</li> <li>• Respiratory failure, unspecified with hypoxia</li> </ul>	<ul style="list-style-type: none"> <li>• Poisoning by other opioids, accidental (unintentional), initial encounter</li> <li>• Poisoning by unspecified narcotics, accidental (unintentional), initial encounter</li> <li>• Poisoning by fentanyl or fentanyl analogs, accidental (unintentional), initial encounter</li> <li>• Poisoning by tramadol, accidental (unintentional), initial encounter</li> <li>• Poisoning by other narcotics, accidental (unintentional), initial encounter</li> </ul>	<ul style="list-style-type: none"> <li>• Altered mental status, unspecified</li> <li>• Syncope and collapse</li> <li>• Disorientation, unspecified</li> <li>• Transient alteration of awareness</li> <li>• Hallucinations, unspecified</li> <li>• Somnolence</li> <li>• Auditory hallucinations</li> <li>• Opioid abuse with intoxication delirium</li> <li>• Opioid dependence with opioid-induced psychotic disorder, unspecified</li> <li>• Opioid use, unspecified with intoxication delirium</li> <li>• Opioid use, unspecified with opioid-induced psychotic disorder with hallucinations</li> <li>• Persistent vegetative state</li> </ul>	<ul style="list-style-type: none"> <li>• Opioid dependence with withdrawal</li> <li>• Opioid use, unspecified with withdrawal</li> <li>• Opioid dependence with intoxication, uncomplicated</li> </ul>

# Adverse Events



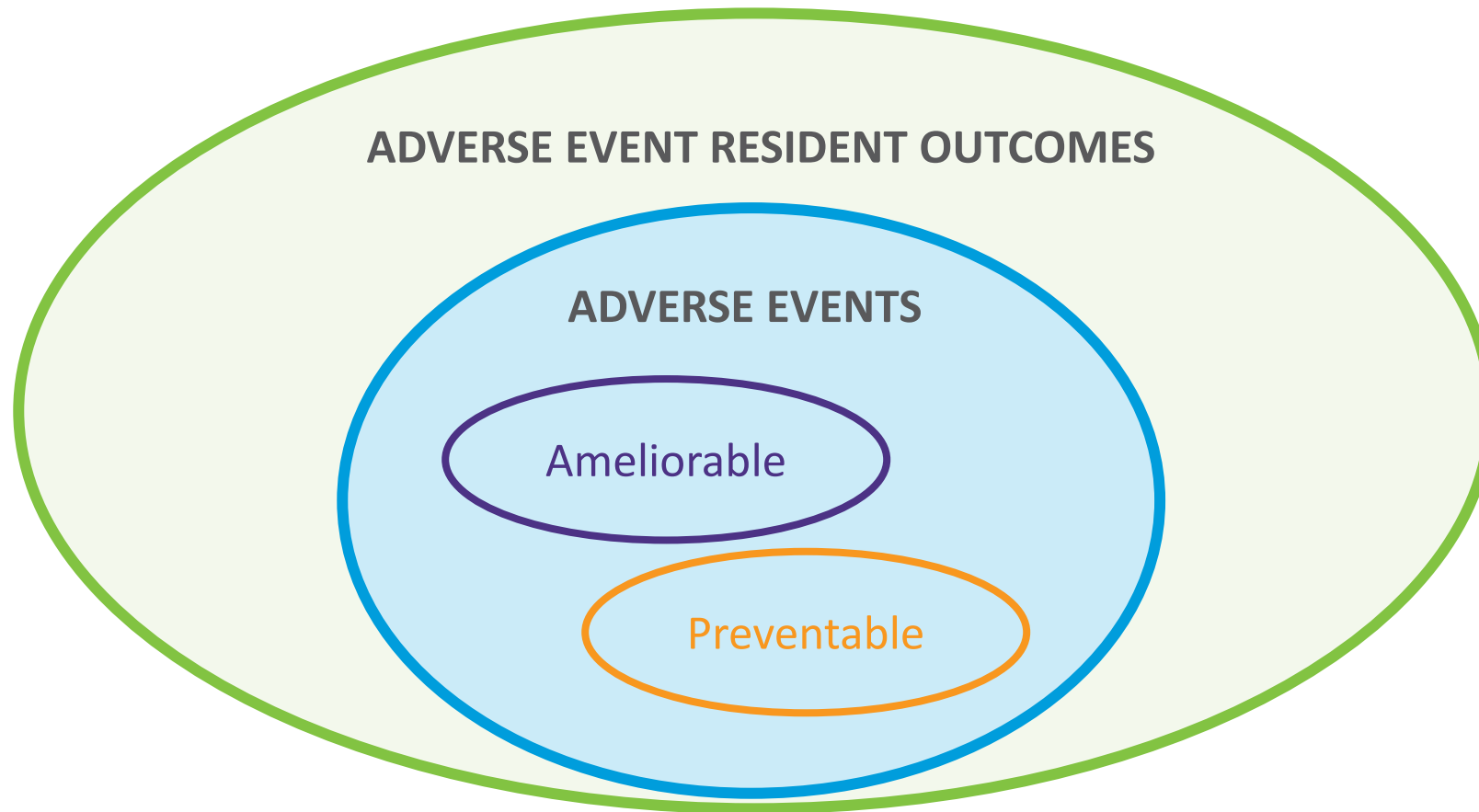
## Adverse Event (AE)

- Unintended physical injury resulting from or contributed to by medical care that requires additional monitoring, treatment, hospitalization or that results in death

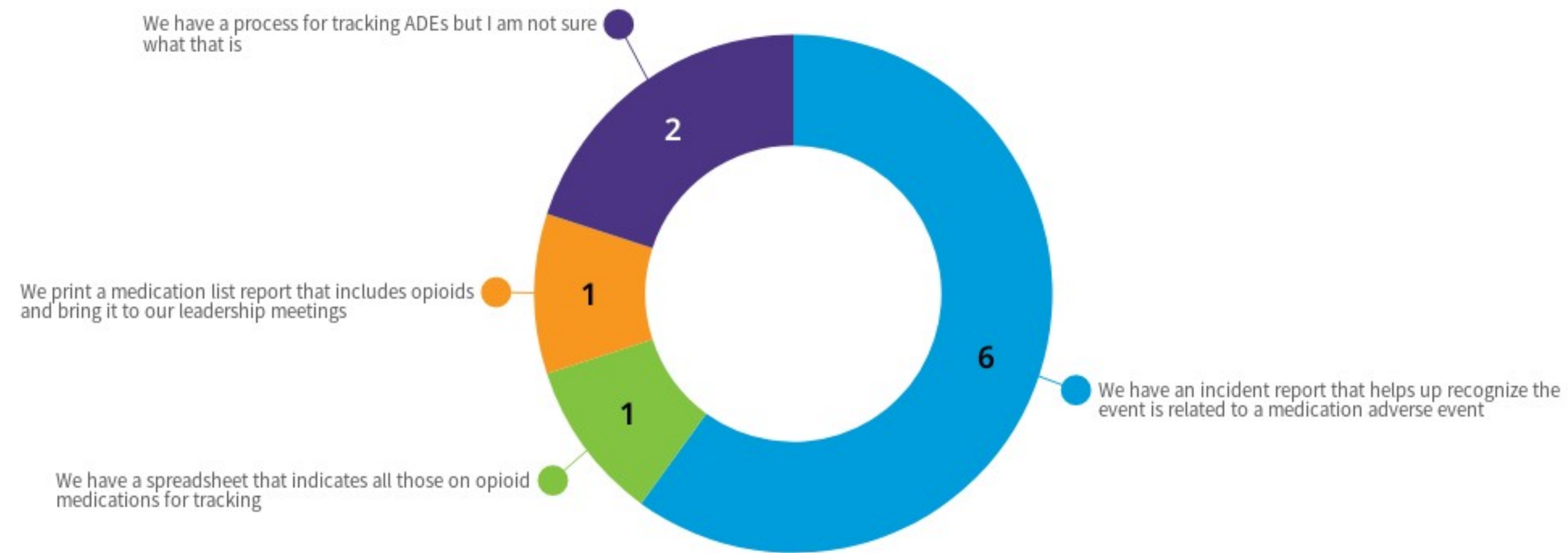
## Adverse Drug Event (ADE)

- An injury resulting from medical intervention related to a drug
  - Includes medication errors, adverse drug reactions, allergic reactions and overdoses

# Adverse Events Compromise Resident Safety and Diminish Quality of Life



# How are you tracking your adverse drug events (ADEs)? Select all that apply.

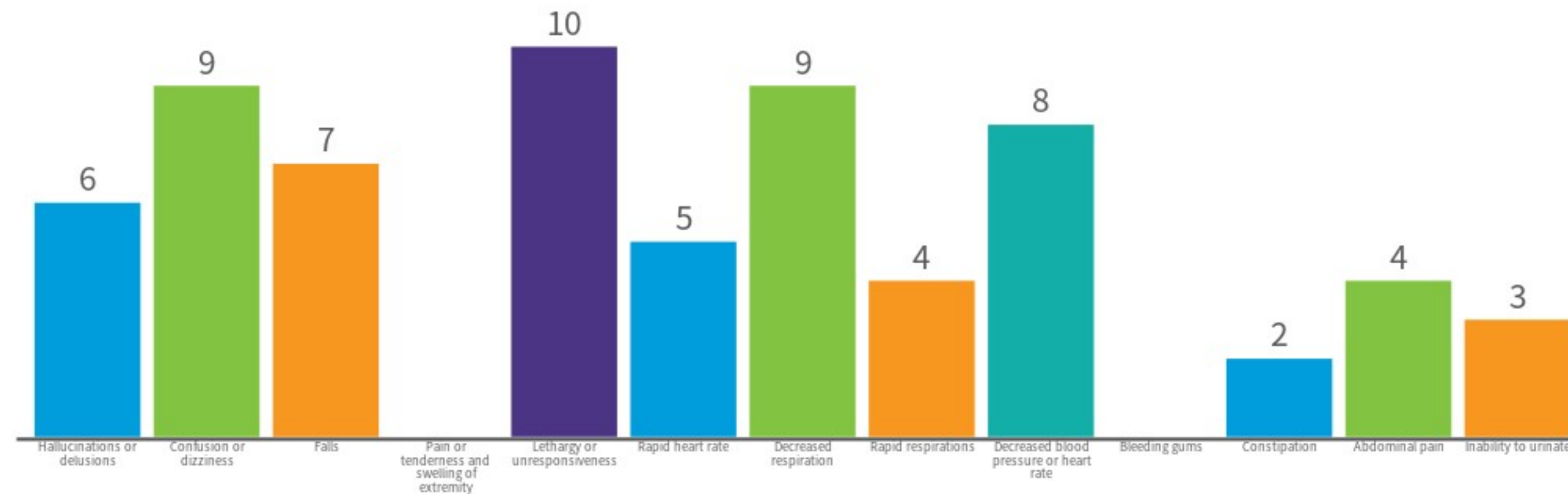


# In-House Data Tracking Recommendations



- List residents receiving an opioid medication
- Monitor for symptoms of adverse events – potential symptoms currently occurring
- Note if naloxone is available and is on resident’s as-needed orders
- Indicate if naloxone has been used
- Identify transfers to the hospital
  - Inpatient and observation stays, emergency department visits
  - Obtain ICD-10 codes for reasons for admission to hospital
  - List the symptoms that lead the resident to be transferred
- Indicate date of last medication review
  - Benzodiazepines, use of laxatives, medication changes
- Analyze data to prevent ADEs, identify gaps and system impacts

# Which are signs and symptoms of an opioid adverse drug event? Select all that apply.

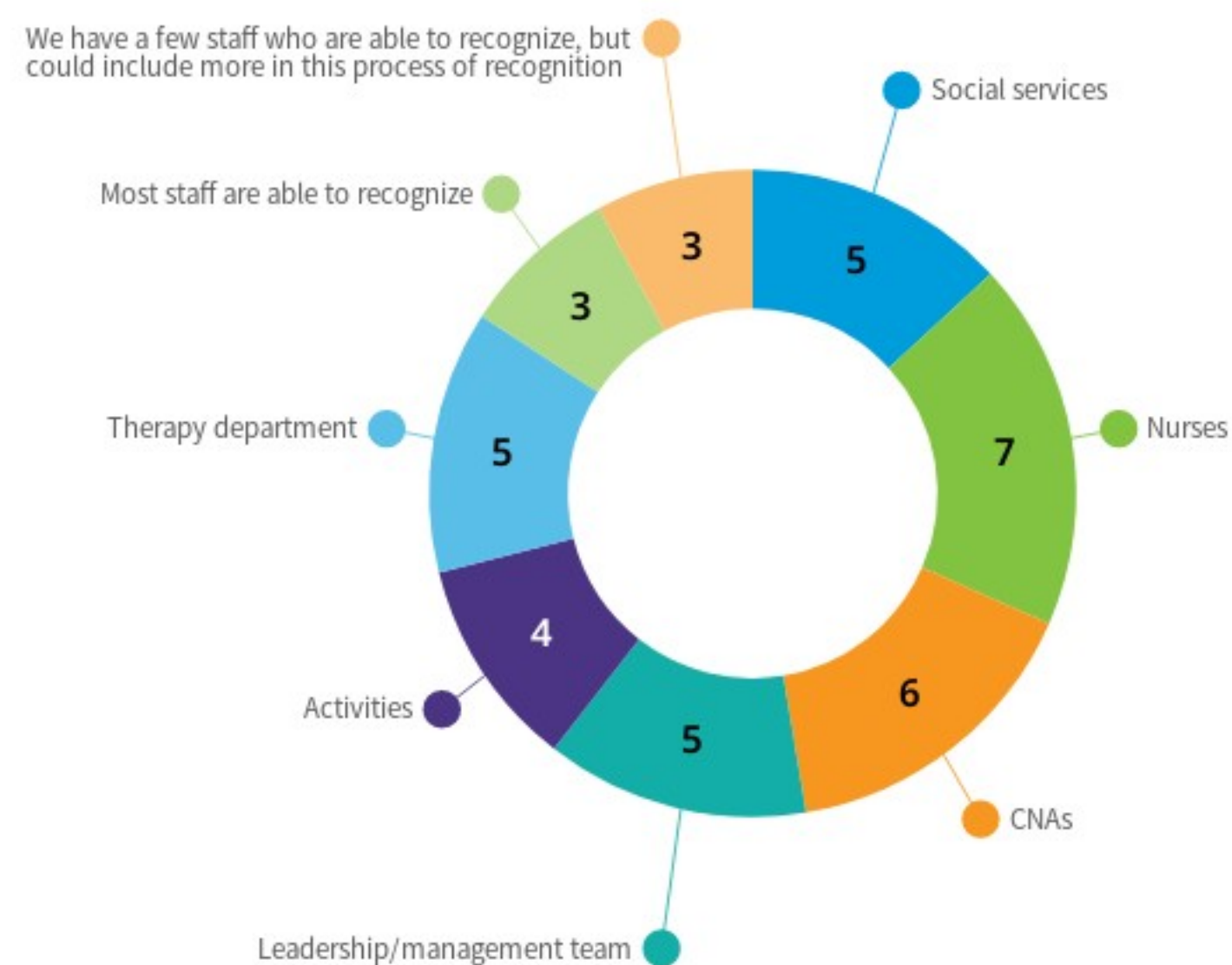


# Medication Related Regulation Guidance



- Physician Services [§483.30\(a\)](#)
- *Nursing Services* [§483.35](#)
- Pharmacy Services [§483.45](#)
- QAPI Plan to Address High-Risk Areas [§483.75\(e\)\(1\)](#)
  - See LTC Survey Pathways under Survey Resources in the [CMS Nursing Home](#) (downloads section)
    - [CMS QAPI News Brief Volume 2 Potentially Preventable Adverse Events](#)
    - [Pain Recognition and Management Critical Element Pathway](#)
- Reference the Regulation Map in [this presentation](#) on the topic of high-risk medication management (pages 17-18)

# What staff members or departments are able to recognize an adverse drug event? Select all that apply.







# Recognizing Signs and Symptoms of Opioid Related Adverse Events

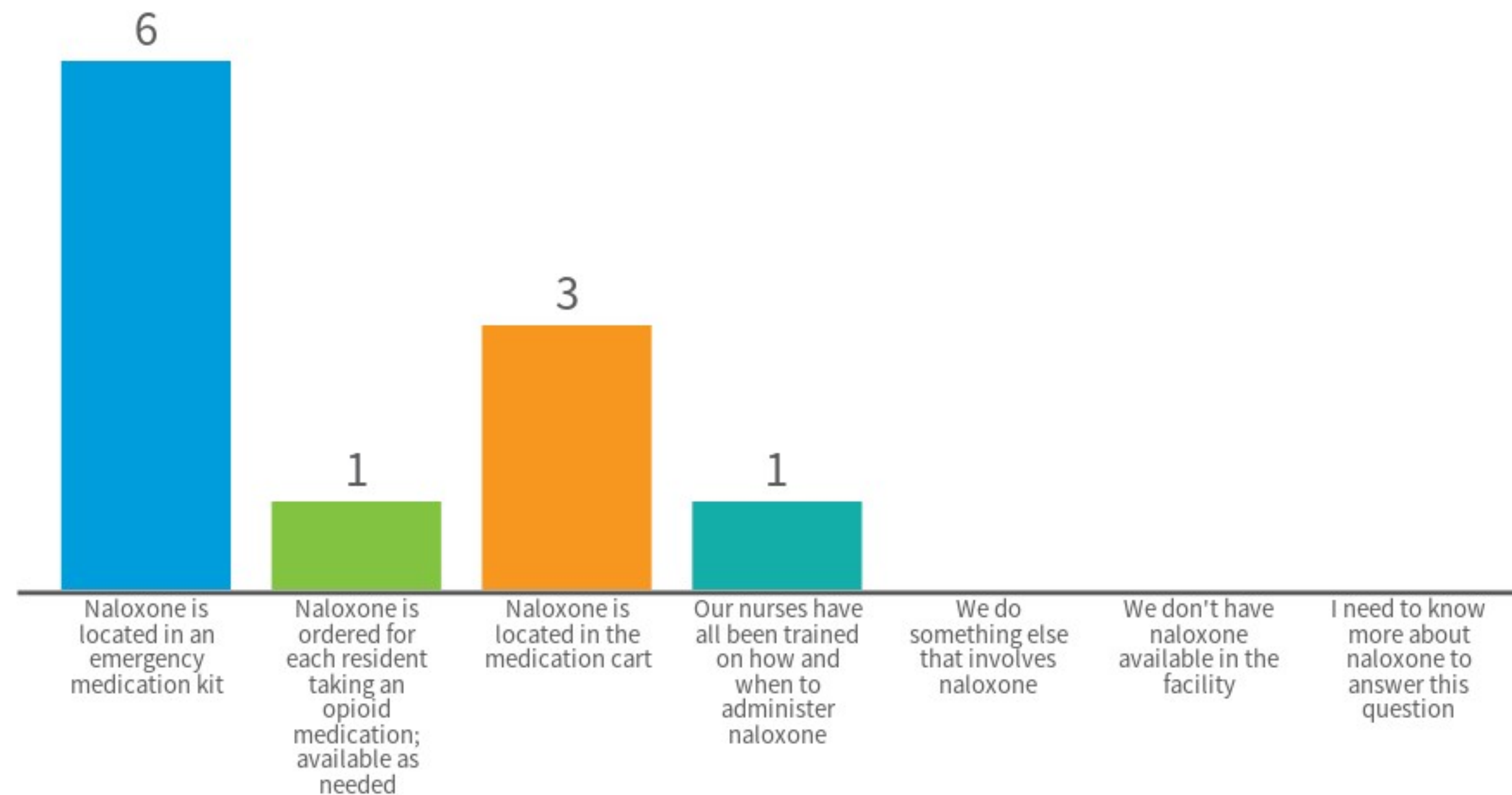
## Overdose Symptoms

- Small constricted “pinpoint pupils”
- Falling asleep or loss of consciousness
- Slow, shallow breathing
- Choking or gurgling sounds
- Limp body
- Pale, blue or cold skin

## Adverse Drug Event Symptoms

- Hallucinations or delusions
- Confusion or dizziness
- Falls
- Lethargy, somnolence or unresponsiveness
- Decreased respiration or blood pressure and heart rate
- Constipation, abdominal pain or inability to urinate

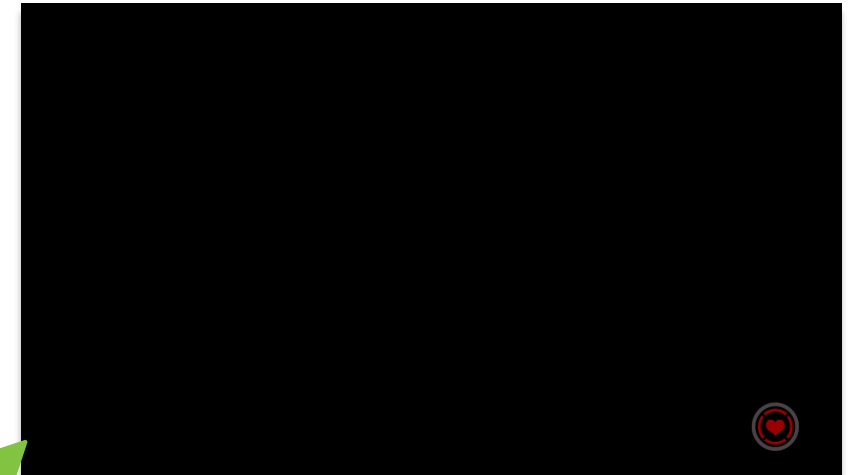
# What is in place for naloxone availability at your facility? Select all that apply.



# Mitigating an Opioid Overdose with Naloxone

- Incorporating Naloxone into your Plan

- Logistical items: stocked in ER kit, standing order or other process to get naloxone in the facility
  - Like other medical emergencies, time is of the essence – product should be easily accessible
- Staff readiness:
  - Recognizing signs and symptoms of an overdose ([Preventing An Opioid Overdose | CDC](#))
  - Addressing stigma – this is no different than making sure someone with severe allergies has access to an epinephrine pen, someone with asthma has access to albuterol, or someone with severe hypoglycemia has access to glucagon
  - How and when to use naloxone
  - Require and document staff training on an ongoing basis (upon hire and annually)
  - [Naloxone Fact Sheet 2022 \(oklahoma.gov\)](#)





# Open Discussion

## Leave in Action: Explore Your Data



- How many residents do you have on opioids (7 days)?
  - How long have they received opioids?
  - Have alternatives been tried?
  - Can pharmacy or MDS Coordinator run a report?
- How many residents receiving an opioid were transferred to the hospital in the past month?
  - Are you tracking unplanned hospital transfers? If yes, does it include ADEs?
- Create a plan
  - How do you monitor for opioid signs and symptoms of adverse event and resident's pain score?
  - How will you incorporate naloxone into your plan?
- Check in with your Telligen Quality Improvement Facilitator for 1:1 support
- Be ready to share at Session 2

# Create a Plan for Attending Sessions 2 and 3



- Thursday, February 15: Session 2
- Thursday, February 29: Session 3



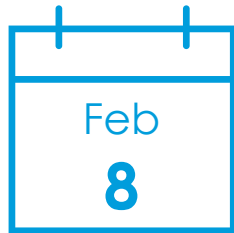
Take a call from your Telligen Quality Improvement Facilitator for 1:1 coaching!

# Upcoming Events



For all other events, visit our website:  
<https://www.telligenqiconnect.com/calendar>

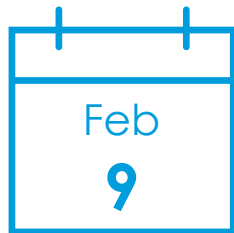
Don't miss out on these upcoming events:



**Nursing Home Quality Essentials – Managing Respiratory Infections and Outbreaks in Long-Term Care**

12 – 12:30 p.m. CT

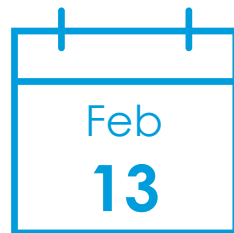
[Registration link](#)



**Ensuring Medication for Opioid Use Disorder (MOUD) Treatment through the Care Continuum**

11 a.m. – 12 p.m. CT

[Registration link](#)

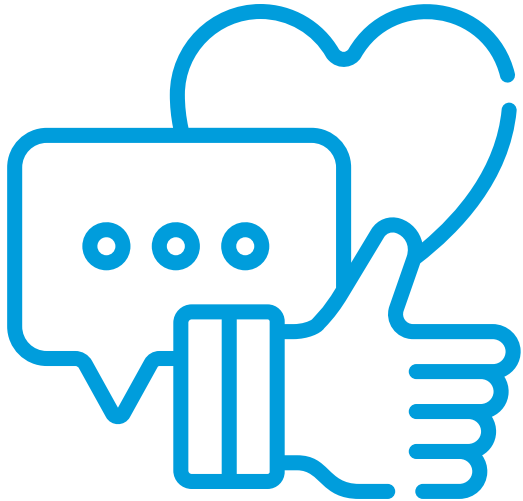


**Root Cause Analysis Training**

10:30 – 11:15 a.m. CT

[Registration link](#)

## How Did We Do? Let Us Know:



Please fill out our assessment here:

- <https://www.surveymonkey.com/r/3QX6WN2>



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