Description

Opioid overuse and drug diversion are critical topics for today’s Long Term Care leaders.

This information packed webinar will address best practice prevention strategies as well as investigation protocols and performance improvement initiatives.

Objectives

• Identify when opioid use for non-cancer chronic pain management outweighs the associated risks.

• Identify three key steps in a drug diversion prevention system.

• Describe the key components of a responsible drug diversion investigation.

• Incorporate elements of QAPI into the establishment and maintenance of system-wide changes regarding the use of opioids and the diversion of drugs.
Identify when opioid use for non-cancer chronic pain management outweighs the associated risks.

Pain Definition

- Unpleasant sensory and emotional experience that can be acute, recurrent, or persistent
  - Acute pain
  - Chronic pain
- Not part of normal aging
- Resident report of pain is the best indicator of pain
  - Many residents do not or cannot report pain

Prevalence of Pain in SNF/LTC

- 80% of residents have some condition that can be associated with pain
  - Nociceptive – pain arising from stimulation of nerve cells
  - Somatic
  - Visceral
  - Neuropathic – pain arising from nerves themselves
- Nursing Home Quality Measures
  - Percent of short stay (16.8%) and of long stay (8.2%) residents who self-report moderate to severe pain
Changes in Opioid Use in the U.S.

- From 1999 to 2010 we doubled the number of opioid prescriptions
- In 2009 hydrocodone was the single most prescribed drug in the U.S.
- Opioid analgesics are the third most common class of drugs prescribed
- Cost of 8.4 billion for opioids in 2010
- Limited evidence of effectiveness in chronic pain

Opioids

- Reduce the intensity of pain signals reaching the brain and affect those brain areas controlling emotion, which diminishes the effects of a painful stimulus
- Morphine
  - Before and after surgery for severe pain; end of life
- Hydrocodone/Oxycodone
  - Dental and injury-related pain
- Codeine
  - Coughs
- Diphenoxylate
  - Severe diarrhea

Opioids

- Opioids attach to opioid receptors in the brain, spinal cord, GI tract, and other organs thus reducing the perception of pain.
- Opioids can produce drowsiness, mental confusion, nausea, constipation, and depending upon the amount of drug taken, can depress respirations.
- Physical dependence occurs because of normal adaptations to chronic exposure.
  - Withdrawal symptoms, Tolerance
- Addiction can include physical dependence is distinguished by compulsive drug seeking and use despite sometimes devastating consequences.
Typically, opioids should not be used with other substances that depress the CNS
- Alcohol
- Antihistamines
- Barbiturates
- Benzodiazepines
- General anesthetics

Primary care providers account for approximately 50% of prescription opioids dispensed.
Nearly 2 million Americans, aged 12 or older, either abused or were dependent on prescription opioids in 2014.
An estimated 11% of adults experience daily pain.
Millions of Americans are treated with prescription opioids for chronic pain.
Primary care providers are concerned about patient addiction and report insufficient training in prescribing opioids.

Patients with pain should receive treatment that provides the greatest benefit.
Opioids are not the first-line therapy for chronic pain outside of active cancer treatment, palliative care, and end-of-life care.
Evidence suggests that non-opioid treatments, including non-opioid medications and nonpharmacological therapies can provide relief to those suffering from chronic pain, and are safer.
Low Back Pain

- Self-care and education in all patients
  - Advise patients to remain active and limit bedrest
- Nonpharmacological treatments
  - Exercise, cognitive behavioral therapy, interdisciplinary rehabilitation
- Medications
  - First-line: Acetaminophen, NSAIDs
  - Second-line: Serotonin and norepinephrine reuptake inhibitors (SNRIs)/tricyclic antidepressants (TCAs)

Migraine

- Preventive treatments
  - Beta-blockers
  - TCAs
  - Anti-seizure medications
  - Calcium channel blockers
  - Non-pharmacological treatments (Cognitive behavioral therapy, relaxation, biofeedback, exercise therapy)
  - Avoid migraine triggers
- Acute treatments
  - Aspirin, acetaminophen, NSAIDs (may be combined with caffeine)
  - Antinausea medication
  - Triptans – migraine specific

Neuropathic Pain

- Medications
  - TCAs
  - SNRIs
  - Gabapentin/pregabalin
  - Topical lidocaine
Osteoarthritis

- Nonpharmacological treatments
  - Exercise, weight loss, patient education

- Medications
  - First-line: Acetaminophen, oral NSAIDs, topical NSAIDs
  - Second-line: Intra-articular hyaluronic acid, capsaicin (limited number of intra-articular glucocorticoid injections if acetaminophen and NSAIDs insufficient)

Fibromyalgia

- Patient education
  - Address diagnosis, treatment, and the patient's role in treatment

- Nonpharmacological treatments
  - Low-impact aerobic exercise (e.g., brisk walking, swimming, water aerobics, or bicycling), cognitive behavioral therapy, biofeedback, interdisciplinary rehabilitation

- Medications
  - FDA-approved: Pregabalin, duloxetine, milnacipran
  - Other options: TCAs, gabapentin

Effective Approaches to Chronic Pain

- Use non-opioid therapies to the extent possible.

- Identify and address co-existing mental health conditions (e.g., depression, anxiety, PTSD)

- Focus on functional goals and improvement, engaging patients actively in their pain management.

- Use disease-specific treatments when available (e.g., triptans for migraines, gabapentin/pregabalin/duloxetine for neuropathic pain).
Effective Approaches to Chronic Pain

- Use first-line medication options preferentially.
- Consider interventional therapies (e.g., corticosteroid injections) in patients who fail standard non-invasive therapies.
- Use multimodal approaches, including interdisciplinary rehabilitation for patients who have failed standard treatments, have severe functional deficits, or psychosocial risk factors.

CDC Checklist

Eight Opioid Safety Principles for Patients and Caregivers:

1. Never take an opioid pain medication that is not prescribed to you
2. Never adjust your own doses
3. Never mix with alcohol
4. Taking sleep aids or anti-anxiety medications together with opioid pain medication can be dangerous
5. Always tell your healthcare provider about all medications you are taking from any source
6. Keep track of when you take all medications
7. Keep your medications locked in a safe place
8. Dispose of any unused medications

Proposed for Consideration by APhA
www.painmed.org
Identify three key steps in a drug diversion prevention system.

Best Practices

1. Employment Practices
2. Prescribing Practices
3. Drug Handling Practices

Employment Practices

- Drug Testing
  - Employer may require drug testing of job applicants if offer has been made and the drug test is required of all applicants conditionally offered employment for the same job.
  - Employers may establish a policy for drug and alcohol testing for employees performing the same job. Testing may only be done under certain circumstances.

- Staff Education
  - Orientation on drug handling practices
  - Training on controlled substances policies and procedures for all staff who have authorized access
  - Annual training to promote safe handling and awareness
  - Annual training on availability of support programs
Prescribing Practices

- State law identifies the health care professionals who have the authority to prescribe medications.
- DEA regulations and Board of Pharmacy control dispensing.
- The pharmacy needs a written and signed prescription before dispensing controlled substances.
- Complete orders. Beware of multiple PRN orders. Be specific:
  - Give range for frequency (q 4-6 hours)
  - Specify specific pain/severity if different pain meds are used and correlate with pain assessment tools
    - Acetaminophen for mild pain, Oxycodone for moderate/severe pain

Drug Handling Practices

- Procurement and Delivery
  - Delivery by pharmacy to licensed nurse
  - Count of controlled drugs confirmed by pharmacy delivery and licensed nurse (Double check-off)
  - Signatures, date, and time, on delivery inventory from vendor
  - Signatures of 2 nurses when entering locked controlled substances cabinet or cart
  - Rotation of nurses who receive and sign for drugs

- Storage and Security
  - Medication room and cart locked, with double locks for controlled substances
  - Only nurses on duty have the keys
  - At shift change, nurses transfer keys
  - At shift change, current and incoming nurse each count and sign for the medications and controlled substances in cart and medication room
  - All discrepancies are reported to the DON/DNS to investigate
  - Scheduled and random audits
  - One dosage of appropriate narcotics in emergency kit
Drug Handling Practices

• Administration of Medications
  – Signed out by a licensed nurse
  – Administered by a licensed nurse or "Medication Technician/Aide"
  – Before PRN administered by licensed nurse or "Medication Technician/Aide," nurse must assess the resident for pain
  – Licensed nurse or "Medication Technician/Aide" records medication, dosage, and count of remaining doses for resident on MAR (eMAR) and log book and signs both
  – Licensed nurse or "Medication Technician/Aide" to check and document narcotic patches on each resident on each shift

Drug Handling Practices

• Disposal and Destruction
  – Follow DEA, Board of Pharmacy, and Health Department statutes and regulations
  – Discontinued controlled substances signed out by DON and stored in double locked unit in DON's office
  – DON prepares tracking sheet for drugs to be destroyed
  – Consulting pharmacist and DON jointly destroy controlled substances and both sign tracking sheet at time of destruction. Use Board of Pharmacy form, keep one copy and send original to the Board.
  – Determine if flushing is permitted. Otherwise, use Board of Pharmacy approved destruction methods.
Potential Drug Diversion Indicators

- Inconsistent or incorrect charting
- Displays inconsistent work quality with times of high and low efficiency
- Offers to medicate other nurses’ residents on a regular basis
- Obtains larger dose of narcotics when the ordered dose is available, then documents the remaining amount as wasted
- Requests to care for specific residents
- Illustrates specific narcotic use with residents under his/her care

Potential Drug Diversion Indicators

- Narcotics administered when resident rarely takes PRN
- His/her residents reveal consistent pain scale patterns or complain that narcotics are not having the desired effect (especially when administered PRN) only on that shift
- Residents still complaining of pain after Roxanol given- appearance of medication is questioned. (Possible dilution)

Potential Drug Diversion Indicators

- Isolates self from others, eats meals alone, avoids staff social events
- Frequent, unexplained disappearances during shift
- Often shows up on days off to finish work or retrieve forgotten items
- Frequently volunteers to work extra shifts
- Frequently spills or wastes narcotics
- Chaotic home/personal life
- Refuses to comply with narcotic diversion investigational procedures
- Offers to perform narcotic counts and reads from the bound narcotic book
**Initial Steps**

- Ensure theft is reported through internal channels.
  - Notification of DON, Administrator, Pharmacy
- Determine any necessary measures to protect resident safety.
- Notify local law enforcement.
- Submit initial Vulnerable Adult Investigation for any theft from resident. Provide any necessary reports to resident and/or family.
- Notify the Drug Enforcement Agency (DEA) within 24 hours if theft of Controlled Substance.
  - Reports can be made online through DEA website.

**Internal Investigation in Coordination with Law Enforcement**

- Conduct internal investigation of staff.
  - Plan in advance who will conduct investigation, who will be interviewed, who will conduct interviews (may be more than one individual), who will maintain log of investigation findings.
- Gather necessary documentation.
- As interviews are conducted:
  - Ask open ended questions.
  - Is there anything else I should know?
  - Remind staff of the confidentiality required in the investigative process.

- Gather all information prior to determining findings.
- Be mindful of employment law issues both during interviews and determining employee outcomes.
Drug Diversion Investigation

Post Determination

• Determine further reporting requirements:
  – Department of Health
  – Licensing Board
  – DEA
  – Board of Pharmacy

• Plan communication strategies, internally and potentially externally if news coverage exists regarding diversion.

• Determine any necessary process/procedural changes to limit chance of reoccurrence.

Incorporate elements of QAPI into the establishment and maintenance of system-wide changes regarding the use of opioids and the diversion of drugs.

QAPI

Element 1: Design and Scope
Element 2: Governance and Leadership
Element 3: Feedback, Data Systems, and Monitoring
Element 4: Performance Improvement Projects (PIS)
Element 5: Systematic Analysis and Systemic Action
QAPI from a Practical Standpoint

1. Identify what is and is not working
2. Determine patterns and trends
3. Evaluate causative factors
   - Root Cause Analysis (RCA)
4. Determine scope, severity of concerns
5. Create an action plan to correct deficient practices or to improve on existing outcomes
6. Review the plan for effectiveness

QAPI

- Helpful Hints
  - Facts not Fiction (or Beliefs)
  - Across and up and down
  - Make changes by starting small before going whole house
  - Leadership removes or lessens barriers
  - No shame, no blame; search for answers

- RIO
  - Record Review
  - Interview
  - Observation

Pain Management/Opioid Use QAPI

- Signs of Improvement
  - Increased
    - Achievement of pain control
    - Function and quality of life
    - Scheduled pain medication
  - Decreased
    - Doses of PRN medications
    - Constipation or fecal impactions
    - Reports of daily pain
Drug Diversion QAPI

- Monitor for Signs of Improvement
  - Drug counts/audits balance
  - Verify orders against withdrawals
  - 2 person activities
  - Random compliance checks
  - Prescribing habits
    - Fewer PRNs
    - Short-term use of opioids

Resources

- CDC GUIDELINE FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN: www.cdc.gov/drugoverdose/prescribing/guideline.html
- NIDAMED: www.drugabuse.gov/nidamed-medical-health-professionals
- Advancing Excellence in America's Nursing Homes. Goal: Pain www.nhqualitycampaign.org

Thank You!

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