



OPIOID STEWARDSHIP: LEADERSHIP COMMITMENT AND ACCOUNTABILITY

August 19, 2021

CONTINUING EDUCATION

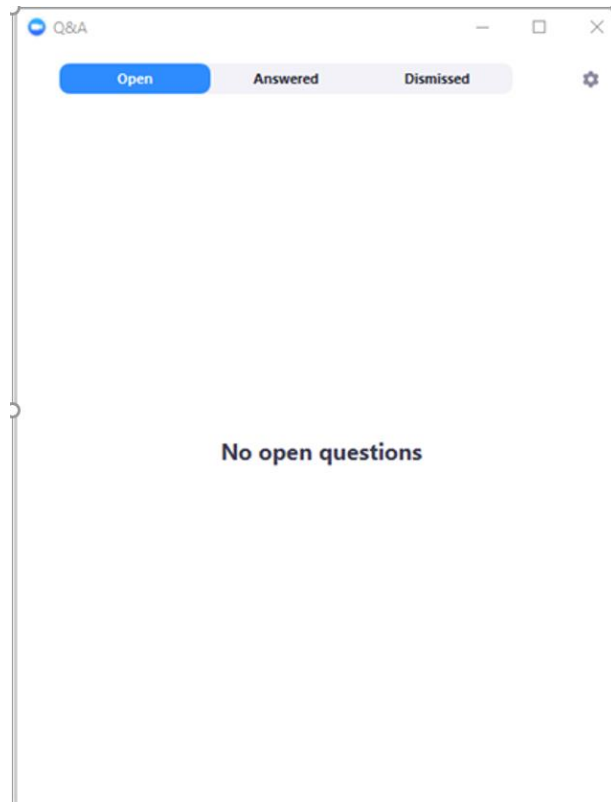
- The link for the evaluation of today's program is: <https://www.surveymonkey.com/r/Opioid8-19>
- Please be sure to access the link, complete the evaluation form, and request your certificate. The evaluation process will remain open **two weeks** following the webcast. Your certificate will be emailed to you when the evaluation process closes after the 2-week process.
- If you have any questions, please contact Dorothy Aldridge (Dorothy.Aldridge@ohiohospitals.org)



The Ohio Pharmacists Foundation, Inc. is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.



SUBMITTING QUESTIONS



ACKNOWLEDGEMENT

The Ohio Hospital Association received a grant from Coverly's Community Healthcare Foundation to support this opioid stewardship effort.



PANEL

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Leadership in Opioid Stewardship

August 19, 2021

Bios



Presented by:

- Dr. Ron Martinson, MD
(Medical Director for Department
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and

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No real or perceived conflicts of interest exist for the presenters related to this presentation.





https://www.youtube.com/watch?v=GFJjDJ6Qh_o



Learning Objectives

- Describe leadership commitment components of opioid stewardship programs
- Identify methods to reduce barriers to successful implementation for an opioid stewardship program
- Discuss sustainability practices in a highly reliable organization
- Explain accountability within an opioid stewardship program



Who and What

As noted in the Ohio Hospital Association presentation from July 15, 2021, on Opioid stewardship gap analysis and current trends, key focus areas begins with leadership commitment through communication and policies.

- What are expectations for leaders?
- At ALL levels: culture development and resource allocation (time, money, staff, etc.)
- The Joint Commission/ government entities/ payors help to set expectations
 - Leadership expectations: pain management/ safe opioid prescribing/ develop and monitor performance improvement.
 - Performance Improvement (PI) chapter for analysis of data for pain assessment and management, tracking opioid adverse events, naloxone use, duration and dose of opioid prescriptions
 - Medical Staff involvement in all aspects of Protocols and PI
 - Hospital details throughout various chapters

Leadership Commitment and Accountability: How



- From Strategic Planning to Operationalization
- Mission, Vision, and Values
- Process Improvement Methodology/Tools
 - A3 problem solving (including PDSA steps)
 - Process Observation and Measurement
 - 5S (Sort, Set in order, Shine, Standardize, Sustain)
 - Value Stream Mapping (Current State and Future State)
 - FMEA (Failure Modes Effects Analysis)
 - Mistake-Proofing
 - Standard Work
 - DMAIC (define, measure, analyze, improve, and control)
- High Reliability Principles from anticipation to containment (Preoccupation with failure, reluctance to simplify, sensitivity to operations, deference to expertise, and resilience)

**High
Reliability**

**High
Value**

***Patient
Trust***

**Innovative
Excellence**

**Accessible
Care**



From Strategy to Operations

- **A3 charter stakeholders**
 - Macro and Micro level
 - Pharmacy and Therapeutics (P&T) Committee oversight
 - Individual unit/population projects
- **Gap Analysis** (Multiple versions available: American Hospital Association, Wolter Kluwer, National Quality Forum, ISMP, TJC, Ohio Hospital Association survey, Advisory Board, etc...)
- **Prioritization:** Institute for Safe Medication Practices (ISMP)

Prioritization



Highest Ranked Priorities for Opioids

Item #	Self-Assessment Item	Maximum Weighted Score	My Scores	
			Weighted Score	Letter Score
1	Standard protocols and/or guidelines for adults exist and are used to guide practitioners when opioids are prescribed, prepared, dispensed, administered and monitored.	8	4	C
9	Concentrations of continuous IV opioid infusions for adult patients are standardized per drug to a single usual concentration and a single high concentration	8	0	A
12	When initiating orders for opioids, computer order entry systems default to the lowest initial starting dose and frequency, and alert practitioners when a dose adjustment is required due to age, renal or liver impairment, or when patients are prescribed other sedating medications.	12	0	A
33	Guidelines exist to RESCUE a patient with unintended advancing sedation and/or respiratory depression during opioid therapy, and, if labor and delivery services are provided, for a neonate with severe respiratory depression whose mother received an opioid within hours of delivery.	8	0	B
38	Computer order entry systems alert practitioners if the prescribed medication could exceed the maximum safe daily dose of acetaminophen for adults, neonates, and pediatric patients, considering all possible scheduled and PRN doses of acetaminophen-containing medications.	12	6	C
43	PCA is initially prescribed using a standard order set.	8	6	D
44	Order sets for PCA include: recommended initial and MAX doses and a lock-out interval based on whether the patient is opioid-naïve or opioid-tolerant, and/or a high-risk patients; monitoring guidelines; and an order for naloxone to reverse respiratory depression, including directions for use.	8	0	A
45	PCA basal infusions are not used initially in opioid-naïve patients.	6	0	A
58	Effective systems are in place to deter and promptly identify drug diversion at any point of opioid use, from procurement to administration and/or wasting or unused drug; and an INTERNAL group is available to quickly investigate concerns that arise during drug diversion surveillance.	8	4	C

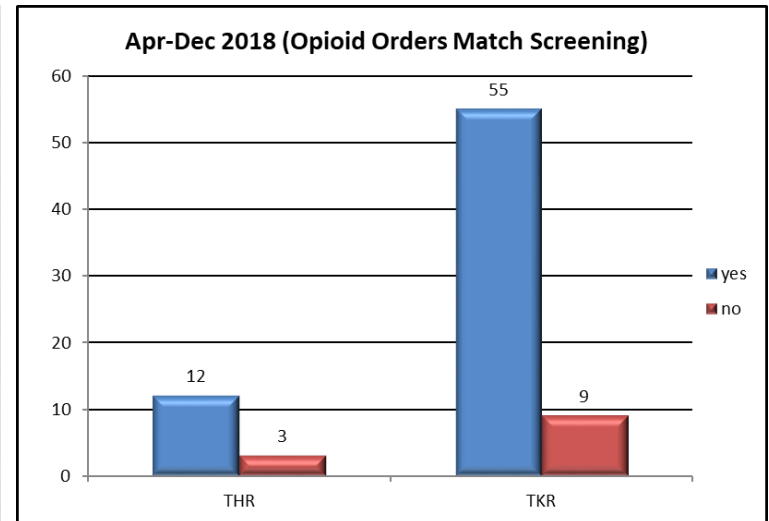
- ISMP Self-Assessment



Getting Started

- PDSA
 - Plan (Team, Scope, Background, Current State, Goals, Root Cause, Interventions/Future State)
 - Do/Study/Act (Observations, Conclusions, Follow up, Plan to Sustain)
- Total Joint Replacement patient population PDSA

- Surgeon will use this visual cue to assist in selecting the most appropriate multi-modal pain protocol
- Will now have 2 options: Opioid Tolerant & Opioid Naïve.





Addressing Barriers

- Leadership
 - Money: How much can you afford?
 - Grants
 - Time
 - Technology (E.H.R., BI, etc.)
 - Staff incentives
- Medical Community
 - Buy-in
 - Alignment = produce evidence and productivity support
 - Bias and subjectivity = address individually
- Patient population
 - experience (changes to Pain questions has helped us)



Other Considerations from Gap Analysis

AHA: Stem the Tide's 8 elements

1. Education

- Initial and ongoing for clinical staff, tracking in electronic learning system

2. Non-opioid pain management

- change in order sets (making it hard to do the wrong thing) reduced prn opioid use and increase routine non-opioid;
- Rehab and wellness program
- Birthing Center changes such as nitrous oxide, SBIRT screenings for NAS, local anesthetics and NSAIDs

3. Addressing Stigma

- Sensitivity trainings completed through electronic learning system
- Reviews of AMAs, LWBT, patient complaints, etc.

4. Treatment for Opioid (substance) use disorder

- Inpatient medical stabilization & withdrawal management service for adults with drug, alcohol and related health issues.
- Pain management clinic

(Continued...)

(...continued) AHA: Stem the Tide elements



5. Patient/family/caregiver education

- Patient Family Advisory Council (PFAC)
- New material developed to meet regulations and patient needs with consistency throughout the organization

6. Transition of Care

- Pain prescription agreements
- Ohio Automated Rx Reporting System (OARRS)

7. Diversion safeguards

- Detailed Diversion Committee

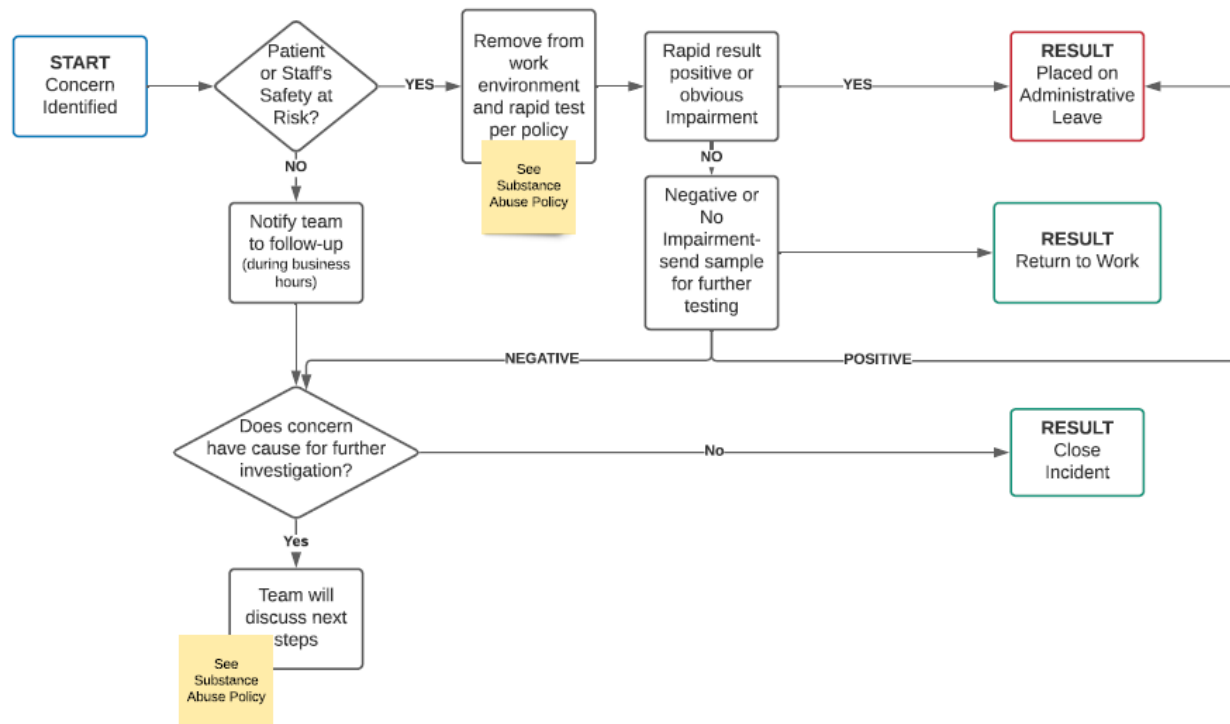
8. Community collaboration

- Needed for programs with Outpatient Medication Assisted Treatment; exploring ED options
- Home health from case management lace scores
- Chronic Care Management/ Transitional Care Management in Accountable Care Organization (ACO)
- Hospital leaders as board members in the community
- Community fairs in cafeteria with resources and drug give-back programs
- Law enforcement relationships



Diversion Team

- Leaders on-call/available 24/7 through anonymous hotline
- Hired coordinator





Leadership Tools for Sustainability

- High Reliability Characteristics
 - Look for problems and thrive on the impact of clinical expertise with collaboration
- Integration into meetings and reports already in use (i.e. P&T committee)
Also helps to avoid flavor or the month/quarter perception
- Policies and Technology = Diversion monitoring systems, pain management, electronic health records, continuity interfaces, and data.



Accountability



- **Medical Staff Education**
 - Provide new and ongoing updates on Ohio Revised Code and Medical Board Rules
 - Provide updates on insurance and formulary coverage for opioid prescribing
- **Standardization for Success**
 - Review and update medical staff bylaws, rules & regulations to reflect opioid prescribing expectations and compliance
 - Develop EHR opioid prescribing templates
 - Provide prescriber guidance on enhanced clinical documentation to reflect medical necessity and reflect escalating treatment justification



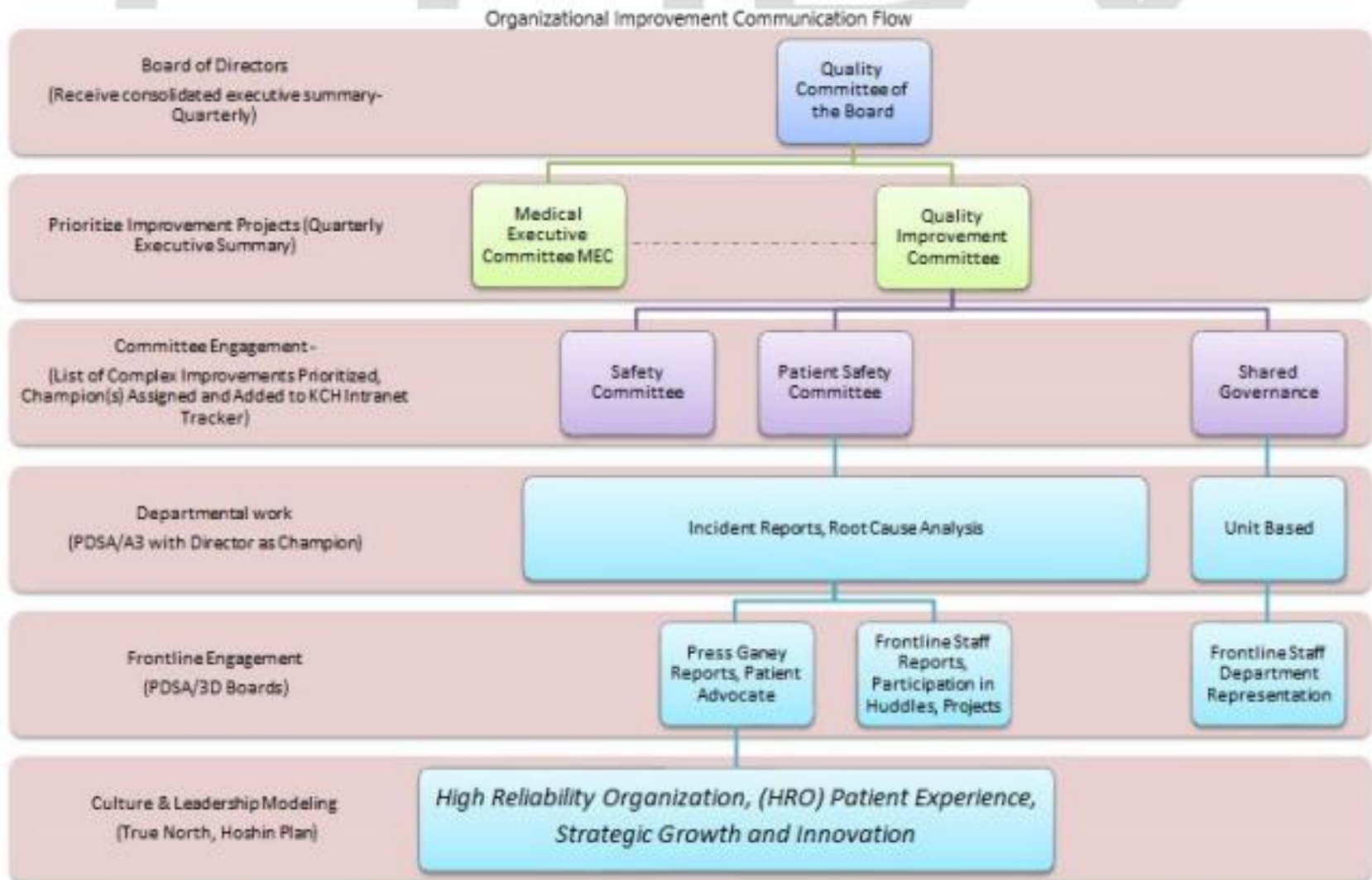
- **Monitoring and Enforcement**
 - Use of OARRS Prescriber Report
 - Submit annually as a part of Provider Recredentialing
 - Prescriber MME and Opioid/Benzo analytics
 - Opioid Stewardship Committee
 - Departmental meeting dashboards
 - Board of Pharmacy and OARRS Prescriber notifications
 - Insurance/payor Prescriber Utilization reports
 - OPPE/FPPE, Peer Review

Accountability



- **Non-Prescribing Clinical Staff (Inpatient/Outpatient)**
 - Review and revise current workflows to minimize redundancy and potential negative outcomes
 - Encourage submission of adverse event reports and good catches
 - Provide feedback of medication errors
 - Potential reporting to Board of Pharmacy and Board of Nursing

Hierarchy of Communication





Optimization (Next Level)

- When you think you are done....
- Where are you looking for issues?
- Current best practice literature reviewed?

[Ohio Hospital Association | Ohio Hospital Association
\(ohiohospitals.orghttps://ohiohospitals.org/Patient-Safety-Quality/Statewide-Initiatives/Opioid-Initiative/Hospital-and-Clinician-Resources-Resourcesg\)](https://ohiohospitals.org/Patient-Safety-Quality/Statewide-Initiatives/Opioid-Initiative/Hospital-and-Clinician-Resources-Resourcesg)

- Have you completed the OHA survey tool as a gap assessment?

<https://www.surveymonkey.com/r/OPIOID2021>



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Opioids, Leadership, and Comprehensive Patient Care

University Hospitals' Structure, Progress, and Future Directions

Sean Hoynes, MD

Primary Care Physician

Primary Care Institute & Pain Management Institute



Confidential & Proprietary

Opioid Impact in Ohio

In 2007, unintentional drug poisoning became the leading cause of injury death in Ohio, surpassing motor vehicle crashes for the first time on record. This trend has continued through 2019.

2018 Opioid-Involved Overdose Death Rates (per 100,000 people)¹

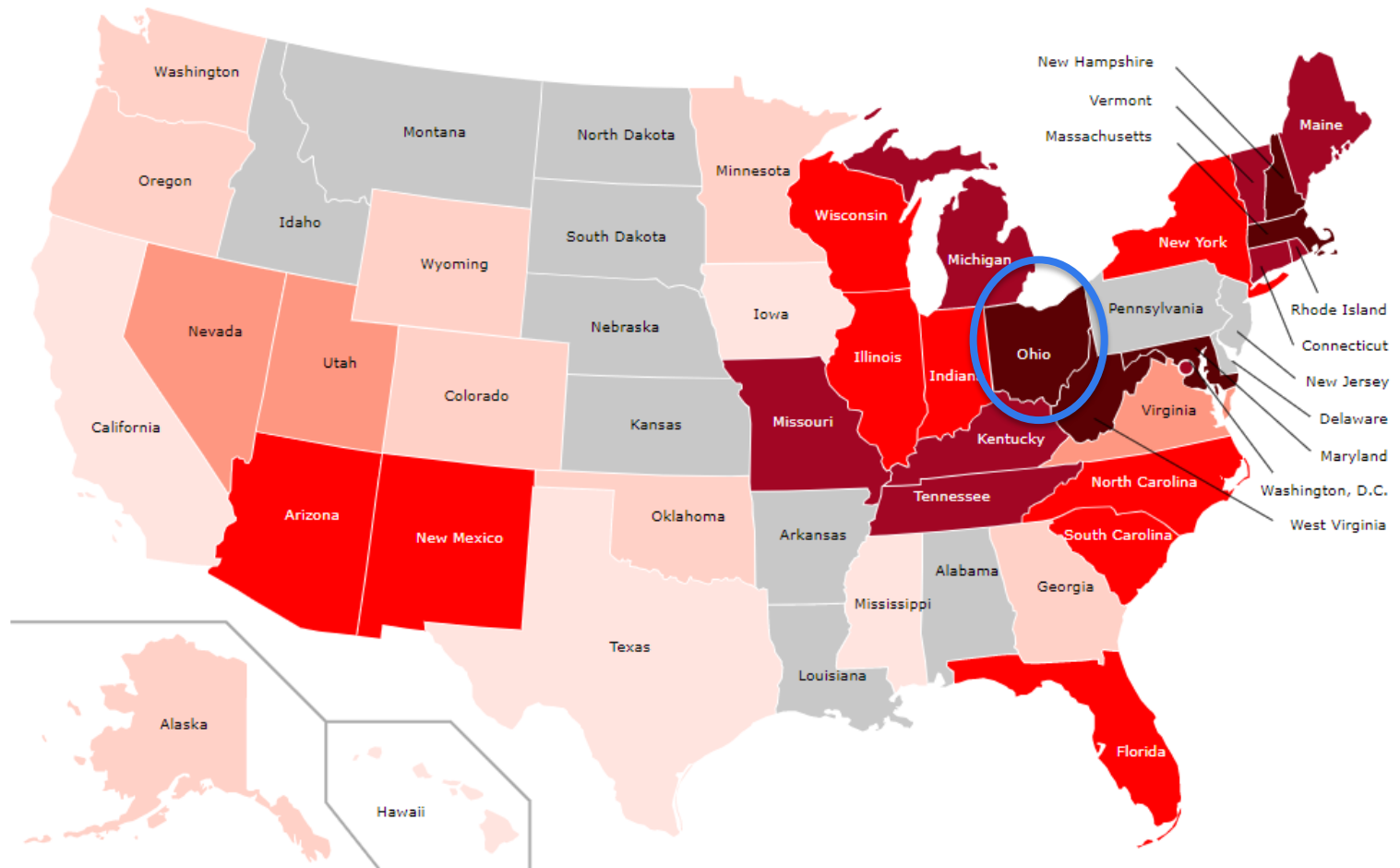
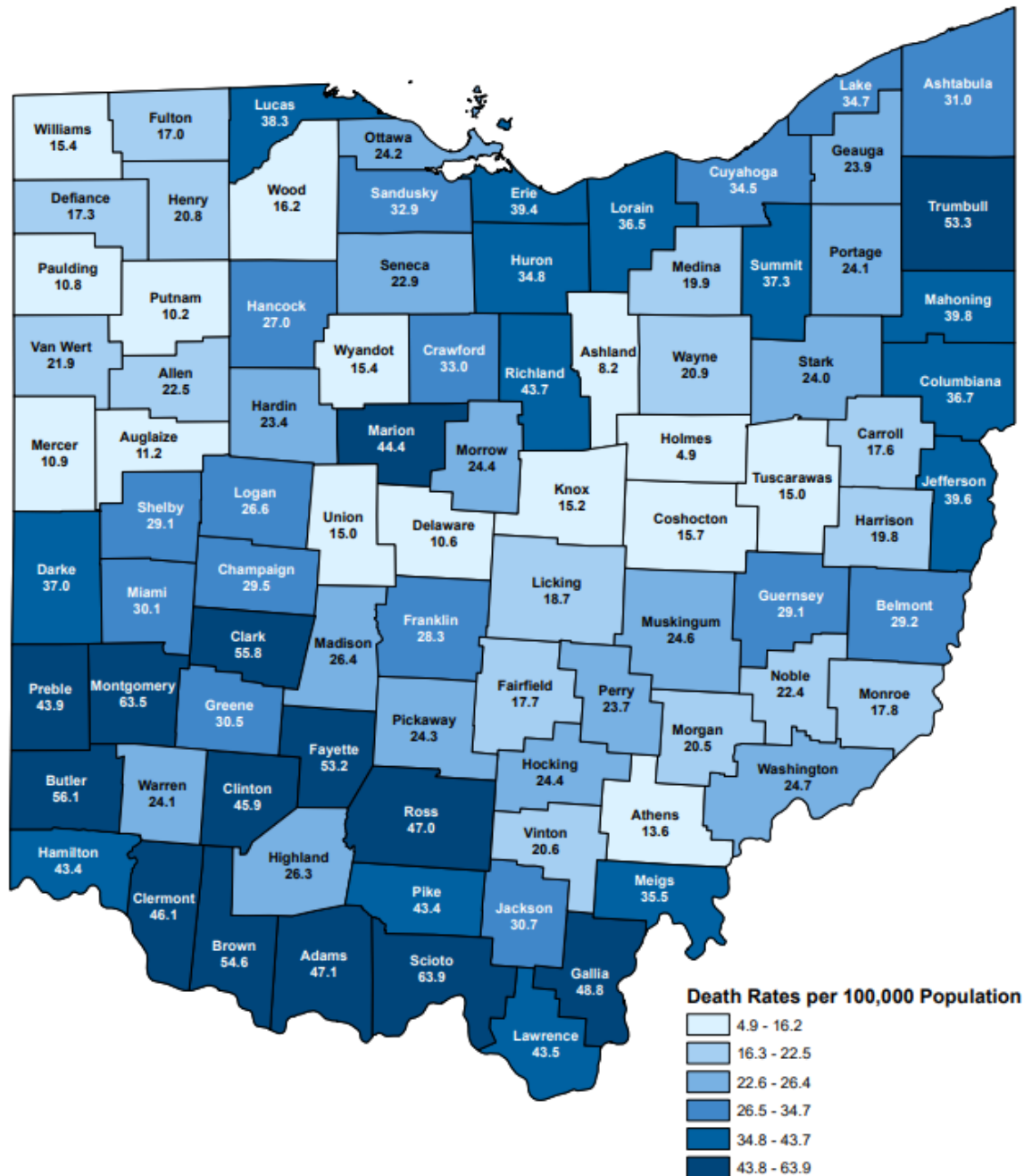


Figure 12. Average Age-Adjusted Rate of Unintentional Drug Overdose Deaths by County, Ohio, 2014-2019



Ohio Overdose Data: 2019

- 4,028 people died of unintentional drug overdoses (up 7% over 2018)
- Fentanyl was involved in 76% of overdose deaths in 2019, often in combination with other drugs (heroin, cocaine, other stimulants)
 - **Up from** 73% in 2018, 71% in 2017, and 58% in 2016
- Carfentanil was involved in #508 fentanyl-related overdose deaths in 2019
 - **Up from** #75 in 2018
- Deaths involving natural and semi-synthetic opioids (e.g., oxycodone) continued to **decrease**; contributed to 9% of overdose deaths in 2019
 - Compared with a high of 29% in 2011

University Hospitals Health System

- **\$4.5 billion** system annual revenues
- **Super-regional** healthcare system one of Ohio's Largest
- **Over 1 million** individual patients/year
- **30,000 +** physicians, nurses, employees
 - Northeast Ohio's second-largest employer
- **23** hospitals, including 5 joint ventures
- **50+** outpatient health centers with over 200 physician offices
- **3,000+** registered beds with over 1000 tertiary care beds
- **16** counties in service area



University Hospitals Health System

- **1,180** residents and fellows
- **Academic Medical Center 100+** resident training programs
- **Affiliated with Case Western Reserve University School of Medicine, Oxford University and Technion Isreal Institute of Technology**
- Regions only freestanding cancer Hospital: **UH Seidman Cancer Center**
- **Nearly 3,000+** active interventional clinical trials and research studies



Growth and Progress

- **2012:**
 - Released first set of opioid prescribing guidelines for chronic pain
- 2013:
 - State of Ohio released its first set of opioid prescribing guidelines, which were modeled on UH's 2012 guidelines*
- **2012-2016:**
 - Robust provider education
- **2016:**
 - Created Opioid Task Force, to drive UH strategic goals (education, intervention, IT optimization, patient care elements)
- **2017:**
 - Renamed Opioid Patient Safety Steering Committee
- **2018 and beyond...**

Leadership Engagement

Ohio's Progress & Innovation Gives the U.S. Surgeon General Hope
Dr. Jerome Adams addressed most pressing public health concerns in recent visit.



Clinical Leadership



Connor
Integrative
Health Network

Dr. Françoise
Adan



Pain
Management
Institute

Dr. Jeanne
Lackamp



Physical
Medicine and
Rehabilitation

Dr. Mike
Schaefer



Behavioral
Health

Dr. Steven
Krause



UH
Neurological
Institute

Dr. Nick
Bambakidis



Primary
Care
Institute

Dr. George
Topalsky



Institutional Support

- Supportive of quality initiatives, including hiring personnel for quality teams and creating **Digital Toolkit**
- Supportive of comprehensive **communications** strategies to inform providers, faculty, trainees, and staff
- Supportive of extensive **educational program** for providers, faculty, trainees, and staff

Institutional Support

- Supportive of **multiple IT improvements**, including HPI note template, OARRS inclusion (inpatient/ambulatory), EPCS
- Supportive of expanded services for patients with opioid use disorder, including **Thrive peer support** in Cuyahoga County Eds
- Supportive of creating a new, System-wide **Pain Management Institute** to address multifaceted elements of pain



pitals

UH COMMUNITY

Digital Workplace

Toolkit Home

TOOLKIT CONTENTS

EXTERNAL RESOURCES

UH COMMUNICATIONS

Communications

- **Cliff Megerian**, MD, UH CEO ... area, understanding recently implemented legislation of **opioid** prescribing, and the nature ...
- By **Cliff Megerian**, MD, UH CEO ... proactive approach to addressing the **opioid** epidemic in our community and substantiates ...
- Dr. **Cliff Megerian's** UH CEO monthly blog posts and other articles from UH ... Pain **Institute** to be part of the solution ...

Educational Opportunities

- Trainee orientation and New Provider on-boarding:
- PowerPoints edited/presented annually → Quality teams
 - General controlled substance safety
 - Overview of safe controlled substance utilization
 - Pain management
- New provider education (individual) on as-needed basis → Quality teams
- Buprenorphine Prescribing Education – pending for Fall 2021
 - For trainees and prescribers who are interested in learning about buprenorphine for opioid use disorder; anticipated earlier in 2021 but federal changes caused a delay

Educational Opportunities

Fundamentals of Evolving Appropriate Treatment ("FEAT") – ongoing

- UH Pain Management Institute (PMI)-sponsored interdisciplinary educational opportunities for interested UH providers who treat patients experiencing pain
 - Virtual one-hour webinars twice monthly from Sept-June
 - CME is available for participants in all sessions
- Expanding from ambulatory prescribers to include inpatient prescribers in 2021

IT Enhancements

- **OARRS BUTTON**

- One-Click Access to OARRS.
- A single click connects providers to Ohio's Prescription Drug Monitoring Program, known as the Ohio Automated Rx Reporting System (OARRS).
- OARRS collects information on all outpatient prescriptions for controlled substances, giving providers valuable insight into a patient's controlled substance prescription history.

IT Enhancements

- **Note Template**
 - A template was created in the **History of Present Illness (HPI)** section of the note that enables providers to document management with controlled substances.

IT Enhancements

- **Electronic Prescribing (EPCS)**
 - Streamlined process that helps to reduce confusion
 - Eliminates risk of loss of paper prescriptions
 - Eliminates risk of tampering with prescriptions
 - Reduces risk of diversion and inappropriate use of provider's DEA number.

Thrive peer support

- Via Cuyahoga County opioid settlement funding dispersed through the ADAMHS Board, University Hospitals has incorporated peer supporters into the 6 Emergency Departments within Cuyahoga County, to target patients with opioid use disorder and/or overdose
- June 2020 – June 2021 = over 500 patient encounters
 - Roughly 75% of referred patients agree to engage with Thrive
 - Of those who agree to engage, approximately 1/3 agree to go **directly** into treatment in real-time, ranging from warm handoffs to direct transportation
 - https://www.youtube.com/watch?v=njKX_CIs5rl

Opioid Patient
Safety Steering
Committee

9.2017



Pain Medicine
Institute

Opioid
Quality Initiative

1.2018



System-wide
Pain
Management
Institute

Opioid and Pain
Committees

Controlled
Substance
Quality Initiative

1.2019

Clinical Leadership



Connor
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Lackamp



Physical
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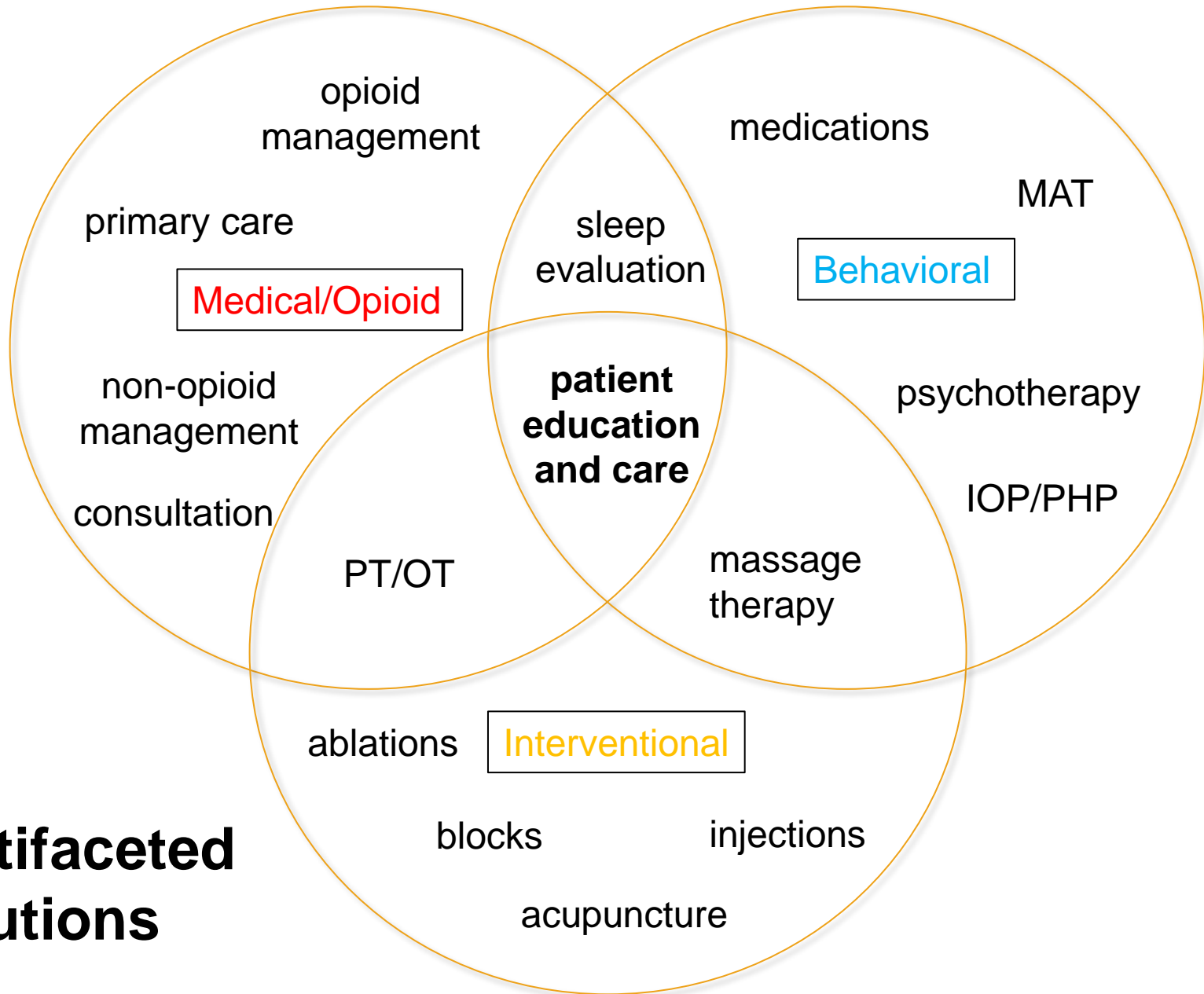
Primary
Care
Institute

Dr. George
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Past and Present

- UH Pain Clinic had origins in the 1980s, within the Department of Neurology
 - Interdisciplinary participants included psychologists and PT providers
 - Patient participants were limited to those who could engage in high-intensity treatments multiple days per week
 - Closed in 2004, it was not felt to be financially sustainable
- In 2019, thru the UH Pain Management Institute, there was interest in creating new clinics for comprehensive pain management



Multifaceted Solutions

Effective Treatment via Team Approach

- Our common goal is to maximize function and minimize risk
- We can help optimize quality of life despite ongoing medical issues
- Our communication and our behaviors matter!
 - Reducing negative behaviors by using distraction and redirection
 - Reinforcing positive behaviors
 - Establishing trust with safe, effective treatment modalities

Communication is Key!

Communication in all parts of planning/implementation:

- Create an expectation of improvement
- Challenge negative and harmful beliefs/statements
- Identify and replace negative coping behaviors
- Encourage open dialogue
- Reframe the focus from *pain* to *function*



The Fast Pace of Progress!

- Between April 2020 and November 2020, while treating acute and chronic pain patients, Dr. Kutaiba Tabbaa and PMI leadership worked to create a complete interdisciplinary pain management center
- Named the “UH Comprehensive Pain Center” – this pilot program launched in November 2020, with media release in March 2021
- Already changing lives of patients in Northeast Ohio!

UH launches Comprehensive Pain Center in Parma

LYDIA COUTRÉ

TWEET SHARE SHARE EMAIL

REPRINTS PRINT



UH Parma Medical Center's new pain management center helps Brook Park resident feel like 'functioning human' again

Updated Mar 19, 2021. Posted Mar 19, 2021



Brook Park resident Bill Elliott finding relief with the help of UH Parma Medical Center's recently-opened Pain Management Center. (Photo Courtesy of UH Parma Medical Center)

Pain Management Services

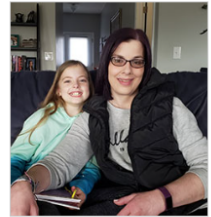
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Home / ... / Patient Stories / Maura's Story

Maura's Story

Silencing the Deafening Drumbeat

Chronic pain patients find solace in the wide spectrum of services at the Comprehensive Pain Center



A constant drumbeat of pain reverberates throughout Maura Stine's life. Born with a debilitating disease of her connective tissue, the 40-year-old Columbia Station mother experienced frequent joint dislocations that could send her spiraling into

of University Hospitals' Comprehensive Medical Center, working with a variety of specialists to treat the whole persistent relief from this steady cadence of discomfort.

here is unbelievable," says Maura, who saw many physicians before she found Dr. Tabbaa. "So many doctors had told me my pain was Tabbaa said the best thing you could ever hear from a doctor: 'I believe through."

The reasons we are here?

- To take excellent care of all patients
- To treat patients like our own
- To maximize function and minimize risk for all of our patients
- To work as an effective, multifocal, interdisciplinary team
- ***To Heal. To Teach. To Discover.***



Questions?

OPIOID STEWARDSHIP REGIONAL COORDINATORS

- Two regional coordinators
 - Jean Hurd, RN
 - Marsha Rodgers, RN
- Work one-on-one with hospitals
 - Assist with implementation of opioid stewardship programs
 - Routine contact to offer appropriate support
 - Follow-up on areas of opportunity from opioid Gap analysis
 - Provide resources and share effective practices with hospitals
 - Follow-up regarding progress towards goals
 - Identify and collect resources to share
- Continuing education programs
 - Source speakers for monthly opioid presentations
 - Obtain necessary documentation for continuing education application
 - Develop programming



OPIOID GAP ANALYSIS

Opioid Stewardship Program Leadership Assessment

1. Contact Information

Name

Title

Email Address

Hospital Name

Health System Name

* 2. State in which your hospital is located:

- New Jersey
- Ohio
- Pennsylvania

3. Has your facility's leadership identified opioid stewardship as a facility/system priority supported by strategic and operational planning?

- Yes
- No

<https://www.surveymonkey.com/r/OPIOID2021>





Dear Local Partners,

Ohio Governor Mike DeWine recently signed Senate Bill 30, sponsored by Senator Matt Dolan (Chagrin Falls), designating August 31st as *Ohio Overdose Awareness Day*.

In support of Ohio Overdose Awareness Day and Recovery Month this September – RecoveryOhio, the Ohio Department of Health (ODH), and the Ohio Department of Mental Health and Addiction Services (OhioMHAS) are partnering to offer naloxone, stipends to facilitate overdose awareness and naloxone distribution events in your local community, and a partner toolkit.

If you are community organization and not a registered Project DAWN program, you can:

1. Apply for up to 1,000 naloxone units (2,000 doses) per agency per month by completing this [online request form](#). This opportunity to receive Naloxone through this program is available through September 30, 2021.
2. Use the [Ohio Overdose Awareness Day partner toolkit](#) to raise awareness about Overdose Awareness Day.

Please note: Agencies are not required to be a registered Project DAWN program to apply for the naloxone doses.

If you are a Project DAWN program, you can:

1. Apply for up to 1,000 naloxone units (2,000 doses) per agency per month by completing this [online request form](#). This opportunity to receive Naloxone through this program is available through September 30, 2021.
2. Apply for a \$2,475 stipend to facilitate an overdose awareness and naloxone distribution event in your local community. *(See page two of this document for the application.)*
3. Use the [Ohio Overdose Awareness Day partner toolkit](#) to raise awareness about Overdose Awareness Day.

Please note: Stipends will be provided by ODH, and naloxone units will be provided by OhioMHAS separately. Project DAWN programs are eligible to apply for both the naloxone doses and stipend but are not required to apply for both.

For general questions about naloxone orders, please email: naloxone@mha.ohio.gov

TO APPLY FOR A \$2,475 STIPEND TO FACILITATE AN OVERDOSE AWARENESS AND NALOXONE DISTRIBUTION EVENT IN YOUR LOCAL COMMUNITY:

Agencies must have a State of Ohio OAKS Supplier ID to be eligible for a stipend; funds are only available at the registered lead agency level and are not intended to be per event planned (only one stipend per agency). The funded agency may offer one or more events during the months of August and September, depending on the capacity and needs within your community. Please complete the short application below and submit to projectdawn@odh.ohio.gov by close of business on **Tuesday, August 17, 2021**.

***** All fields are required*****

Registered Project DAWN Program Name:

Address:

State of Ohio OAKS Supplier ID Number: (e.g. 001234)

Point Person Name:

Point Person Email Address:

Short Description of Overdose Awareness and Naloxone Distribution Event(s) Planned*:

Estimated # of People Reached**:

*** The standard Project DAWN Intake reporting requirements are suspended for these events to facilitate ease of distribution. However, kits should be counted as "Non-ODH Kits" on the Monthly Distribution Log.*

Funded applicants will be notified by close of business Friday, August 20. Final receipt of the funding is contingent upon ODH receipt of a flyer, social media post, or other documentation demonstrating the event has been planned and executed. Please direct questions about this opportunity to: projectdawn@odh.ohio.gov.

<https://recoveryohio.gov/wps/portal/gov/recovery/resources/all-resources/ab-oh-od-awareness-day>



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Opioid Crisis

Patient Safety & Quality Services

OHA Regional Quality Collaboratives
Continuous Service Readiness
OHA Quality Summit



Hospital and Clinician Resources

OHA and Cardinal Health have partnered to provide online resources to help advance clinical solutions to address the state's opioid crisis. [Click here to learn more.](#)



OHA OPIOID WEBINAR SERIES

Located at the bottom of the page.

OHA collaborates with member hospitals and health systems to ensure a healthy Ohio

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HelpingOhioHospitals



@OhioHospitals



www.youtube.com/user/OHA1915