

Ontario Naloxone Program for Pharmacies

Quarterly Report Back Form (QBRF)

In June 2016, the ministry launched the Ontario Naloxone Program for Pharmacies (ONPP) to make publicly funded naloxone available in pharmacies at no charge to eligible persons who require it.

Purpose of the QBRF:

- To document the outcomes of the individuals who were provided a naloxone kit by a participating pharmacy in the ONPP.
- To help assess the effectiveness of the ONPP in addressing and response to the opioid crisis occurring in the province.

Instructions for completing the QBRF:

- The QBRF is a fillable PDF and to be completed in full by a participating pharmacy in the ONPP. Click on the “Save File” button on the last page.
- The ministry requires this form to be submitted electronically by email only as an attachment to ONPP.QRBF.moh@ontario.ca.
- One form is to be submitted per reporting quarter.
- For confidentiality purposes, please do not include any form of personal health information (PHI) within the meaning of the Personal Health Information Protection Act, 2004, or personal information (PI) within the meaning of the Freedom of Information and Protection of Privacy Act. In addition, no PHI or PI should be sent to the ministry in regard to QBRFs.
- Additional features on the last page include:
 - Click on the “Print Form” for your records.
 - Click on the “Reset Form” to reset the form (i.e., restart).

**Additional information on the ministry's naloxone programs,
including ONPP:**

www.health.gov.on.ca/en/pro/programs/drugs/naloxone

www.health.gov.on.ca/en/pro/programs/drugs/opdp_eo/notices/exec_office_20180321.pdf

Pharmacy Business Information

ON Billing Number:

Name of Pharmacy:

Pharmacy mailing address:

Pharmacy telephone number:

Pharmacy contact name:

Pharmacy email address:

QRBF Information

Reporting Quarter:

Reporting Year:

Date Form Completed (DD/MM/YY):

Previous QRBF submitted (DD/MM/YY):

A. Naloxone Kits Distribution and Training

1. Please provide the number of initial naloxone kits distributed by the following categories:

Note: If the number is unknown, then enter “Unknown” into the entry field.

Eligible Person Category	Injectable	Nasal
a. Person at-risk of opioid overdose		
b. Family and/or friends of persons at-risk of opioid overdose		
c. Other persons*		

* Examples are outreach personnel, health care workers, caregivers, etc.

2. Please provide the number of persons who received **injectable** naloxone kits **with** or **without** training (i.e., replacement kits) by the following categories:

Note: If the number is unknown, then enter “Unknown” into the entry field.

Eligible Person Category	Training	No Training
a. Persons at-risk of opioid overdose		
b. Family and/or friends of persons at-risk of opioid overdose		
c. Other persons*		

* Examples are outreach personnel, health care workers, caregivers, etc.

B. Naloxone Kit Preparation

3. What type of naloxone kits were distributed by your pharmacy?

Note: If the information is unknown, then enter “Unknown” into the entry field.

Type of Naloxone Kit	“Yes” or “No”
a. Pharmacy-assembled naloxone kits	
b. Pre-assembled naloxone kits provided by a supplier	

C. Naloxone Kit Outcomes

4. For your pharmacy, how many naloxone kits were reported to be administered in the following situations, as well as calls to 911?

Note: If the information is unknown, then enter “Unknown” into the entry field.

Overdose Situation		911 was called	
Injectable	Nasal	Injectable	Nasal

5. How many persons received a naloxone kit previously that was **not** from a pharmacy and provide the source of the naloxone kit.

Note: If the information is unknown, then enter “Unknown” into the entry field

Naloxone Kit Format	Number	Non-Pharmacy Source
a. Injectable		
b. Nasal		

D. Pharmacy Feedback

For the following questions, please select all that apply by marking the checkbox and/or entering comments for the last entry field (i.e., “Other, please specify:”).

6. What are the successes in regard to your naloxone distribution program?

The naloxone kit has saved a life or potentially saved a life

The ONPP has raised awareness of the benefits of naloxone to persons at-risk of opioid overdose, family and/or friends of persons, or other persons

The ONPP has helped or encouraged individual(s) to decrease opioid use

The ONPP has raised awareness of the other harms reduction programs available

Our pharmacy has initiated harm reduction services and/or supports for the public

Our pharmacy has initiated facilitated training sessions for the public

Other, please specify:

7. What are the challenges in regard to your participation in the ONPP?

Lack of patient and/or public knowledge on the benefits of naloxone

Lack of public awareness that naloxone kits are available at the pharmacy

Lack of trained staff to provide injectable naloxone training for the public

Lack of resources to participate in the ONPP

Difficulty procuring supplies in the assembly of naloxone kits

Inability to obtain pre-assembled naloxone kits

Inability to obtain outcome information from individuals who received naloxone kits

Other, please specify:

8. What additional information is provided by the pharmacy when distributing naloxone kits to individuals?

Harm reduction services and/or supports

Pharmacy development materials such as handouts

Facilitated training sessions

Other, please specify:

9. In your professional opinion, what type of community does your pharmacy service as it relates to opioid overdoses?

Highly at-risk

Moderate risk

Low risk

Unknown

n/a

10. Does your pharmacy dispense methadone and/or Suboxone?

Yes

No

n/a

11. If your pharmacy is no longer participating in the ONPP, please select all that apply.

N/a

Pharmacy business decision

Lack of interest or need in the community

Lack of trained staff to provide naloxone training and/or resources to participate

Other, please specify:

12. Do you have any suggestions to improve the ONPP and/or the new format of this Quarterly Report Back Form (QRBF)? If there are no comments, please enter “n/a” into the comment box.

13. Did you complete every section of this form?

Please submit this form electronically by email as an attachment to ONPP.QRBF.moh@ontario.ca.