VHA Diffusion of Excellence

Syringe Service Programs in VHA

IMPLEMENTATION GUIDE

VA | U.S. Department of Veterans Affairs

VHA Diffusion of Excellence

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Chapter 1: Welcome

Welcome, and thank you for your interest in implementing Syringe Service Programs (SSPs) in Veterans Health Administration (VHA) at your facility. This implementation guide is intended for multidisciplinary teams leading implementation at your facility.

The goals of this implementation guide are to provide:

- **Background Information** on SSPs in VHA;
- **Steps** to implement this practice at your facility; and
- **Supportive Tools** to bolster your program.

What are Syringe Service Programs?

Syringe Services Programs (SSPs) are community-based prevention programs which provide access to evidence-based, life-saving services for individuals who use non-prescription drugs. SSPs offer infection screening, linkage to treatment, naloxone for opioid overdose rescue, and supplies to reduce drug-related harms. Example supplies include those for safer injection, smoking, snorting, wound care, sex, and drug checking. SSPs are an evidence-based practice with over thirty years of research and are endorsed by Centers for Disease Control and Prevention (CDC), World Health Organization (WHO) and the Office of National Drug Control Policy (ONDCP), the advisory group to the White House. Since conception over 30 years ago, over 400 SSPs operate within the United States (U.S.); however, few are directly integrated into healthcare systems, including VHA, the largest integrated U.S. healthcare system.

Syringe Service Programs in VHA Origin

SSPs and specifically, syringe access for people who inject drugs, has not existed within VHA due to a lack of clarity around using federal funds to purchase syringes which will be used to inject illegal drugs. VHA's first SSP started at the Danville VA Medical Center (Danville, IL), in response to a veteran infected with hepatitis C virus (HCV) requesting sterile syringes. The pilot started with syringes donated through Illinois Department of Public Health. Over time, it was clarified that federal restrictions on the purchase of syringes used to inject illegal drugs do not apply to VHA or most other federal departments. VHA guidance from May 2021 recommends SSP implementation in VHA facilities where not prohibited by state, county, or local law; this translates to over 100 total prospective programs. To date, over 10 VHA facilities have functional SSPs, with many more in progress.

In 2021, the team at the Danville VA Medical Center (Danville, IL) applied to the seventh **Veterans Health Administration (VHA) Shark Tank Competition**, a Diffusion of Excellence initiative for sourcing clinical and operational Promising Practices that originate at VA facilities. After several rounds of rigorous evaluation from subject matter experts (SMEs) and program office representatives, SSPs practice was pitched in the seventh VHA Shark Tank Competition and designated as a Promising Practice to be replicated at VA Boston Healthcare System.

Syringe Service Programs practice is **1 of 10** Promising Practices to emerge from the seventh VHA Shark Tank Competition, selected from a **total of 323** practice submissions.

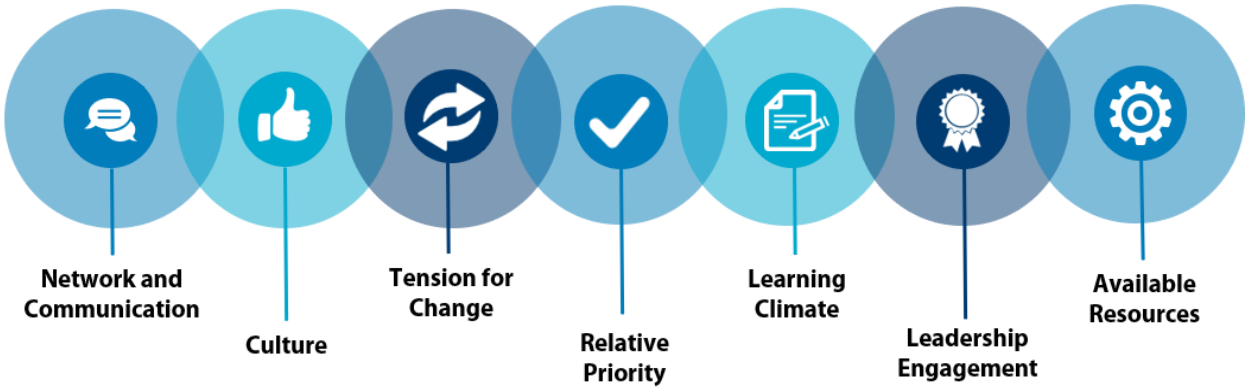
How does this practice work in VHA?

VHA guidance from May 2021 recommends SSP implementation in VHA facilities where not prohibited by state, county, or local law. There is not federal supremacy over state and local laws, meaning that in the approximately 10 states where operation of SSPs is not allowed, VHA facilities there cannot provide syringe access. In areas where SSPs are allowed, syringes can typically be purchased by a pharmacy to then be prescribed to patients, similarly to what is done for patients on insulin.

Chapter 2: Organizational Readiness

An Organizational Readiness Assessment can by employed to ensure maximum success in implementing SSPs in VHA. This assessment takes stock of your site's existing processes, which is a key step in preparing for the assimilation of a new intervention into your facility's culture and work systems. One way of approaching this is through the Consolidated Framework for Implementation Research (CFIR), which is an implementation science model that offers several considerations to prepare your organization for a successful implementation. While any number of the CFIR considerations may be useful, we recommend focusing on evaluating your facility's barriers and facilitators, and developing a plan to proceed by following these seven considerations:

Figure 1. Seven considerations when evaluating barriers and facilitators



Refer to the Attachments section in Table 4 for an embedded worksheet to assist your team in conducting this assessment. This exercise can shed valuable light on the existing work systems within your facility by identifying and planning for potential barriers, as well as understanding ways to leverage facilitators. Each consideration will allow you and your team to increase the likelihood of a successful implementation!

Chapter 3: Implementation Roadmap

The implementation of SSP at your facility is estimated to take approximately eight months; however, this can vary based on stakeholder engagement and protected time. Implementation can move quickly if your team is provided with protected time, approximately three to five hours per week, or as determined by your implementation team.

Figure 2 below provides a high-level roadmap for implementation.

Figure 2. Implementation Overview for Syringe Service Programs in VHA

Phase One: Design Phase (Months 0-1)	*Step One: Plan and Design*
	Step Two: Set Project Scope and Charter
	Step Three: Engage all Relevant Stakeholders
Phase Two: Planning Phase (Months 1-4)	*Step Four:* Compile Resources
	Step Five: Determine Practice Logistics
	Step Six: Train Staff
	Step Seven: Gather Supplies and Materials
	Step Eight: Develop a Plan for Metrics
Phase Three: Implementation Phase (Months 4-6)	*Step Nine:* Practice Go-Live
	Step Ten: Incorporate Feedback
Phase Four: Post-Implementation Phase (Months 6-8)	*Step Eleven:* Collect and Interpret Data
	Step Twelve: Share Success and Celebrate!

Chapter 4: Implementation Phases

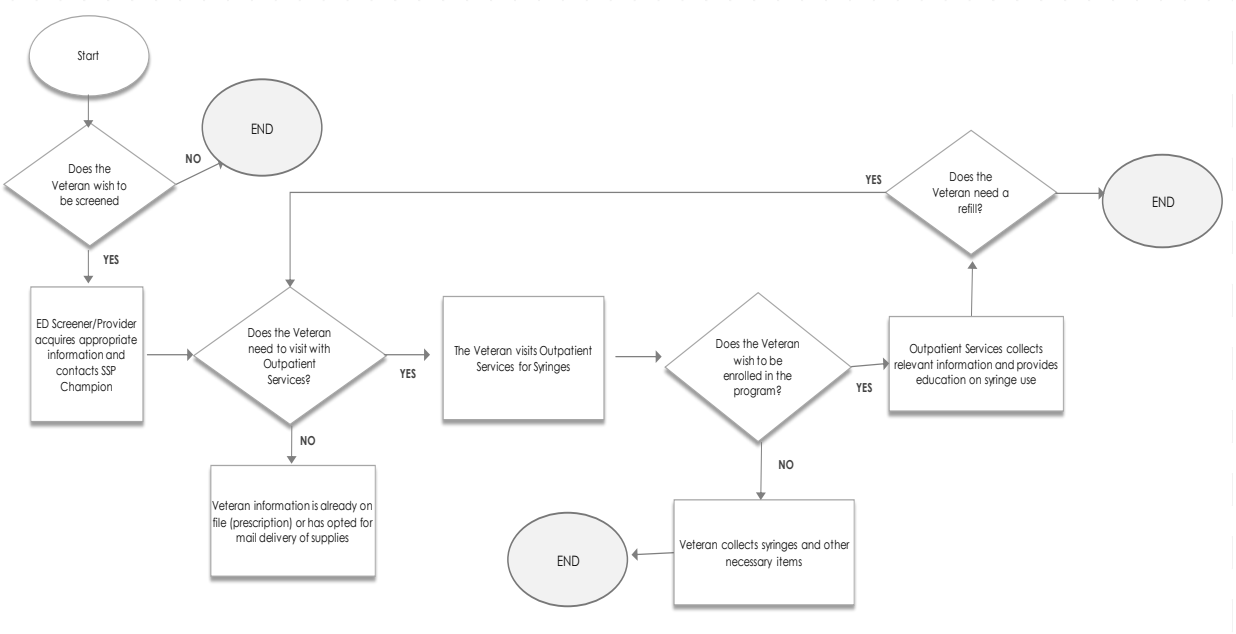
Phase One: Design Phase

Step One: Plan and Design

Ideally, you will have multiple paths for patients to access syringes, including through a fixed location, such as outpatient pharmacy, mail services either local or Consolidated Mail Outpatient Pharmacy (CMOP), clinic (i.e., Infection Disease), peer based, and community distribution.

Below in Figure 3 includes an example from the Orlando VA which operates their SSPs out of their Infectious Disease (ID) clinic.

Figure 3. Process flow map for SSPs



Step Two: Set Project Scope and Charter

This step is not required, but many facilities have found that creating a project charter helps to guide the implementation of the practice. This step is especially helpful if you are experiencing any barriers or pushback from leadership or other important stakeholders.

- Please reference the Standard Operating Procedure (SOP) Template for VA-SSP or SSP Community Referral Pathway at your facility here, or in the resource links in *Table 3*. This template can be adopted to the local needs of your facility. The SOP template on SSP SharePoint can also be adapted to local needs.

The **Project Charter** will serve as a guide for implementing this practice and will include:

- General project description
- Scope of implementing this practice (e.g., which units to involve)
- Problem/opportunity statement to be addressed by implementing the practice
- Facility goals for implementation
- Facility timeline for implementation
- Resources your facility will need to obtain
- Team members and leadership who will support implementation (see **Step 1**), and their respective time commitments

As with many Promising Practices identified through Diffusion of Excellence, the implementation of SSPs in VHA can be modified to fit the needs of your medical center. Certain aspects of the practice are flexible and should be discussed with the Interdisciplinary Team and then documented in the Project Charter. For example, the following information highlights the flexible components of the practice:

- If your facility wants to issue fentanyl test strips (FTS) or locally created "kits", then you'll need to identify funds and a pharmacy procurement technician or pharmacist with a purchase card to help you. The funds will go to a "fund control point" and the tech or pharmacist will draw funds from to make the purchases. These items can also be donated through a community organization, in which case you will let your volunteer services aware upon receipt of donation. You can also ask your logistics department to purchase them. It is important to note that FTS are considered paraphernalia in some states. Also, national standardized kits (containing sharps container, alcohol swabs, syringes) will be available in near future, hopefully available through consolidated mail outpatient pharmacy (CMOP) and logistics.

Step Three: Engage all Relevant Stakeholders

Implementation of this practice requires actions from hospital leadership, clinical staff, physicians, local Clinical Application Coordinator (CAC) and Automated Data Processing Applicants Coordinator (ADPAC), pharmacy, social work, peer support, mental health, addiction medicine, and infectious disease.

Refer to Table 1 below for a list of the commonly involved stakeholder groups. When you initially engage these groups for implementation at your site, consider how you can best communicate with each group to get the response needed for successful implementation.

Table 1. Implementation Overview for Syringe Service Programs in VHA

Stakeholder Group (From whom do I need help?)	**Dependencies** (What do I need from them?)
Local SSP Champion	Coordinating meetings, assisting with procurement, policy, etc. (a pharmacist, physician, social worker, or registered nurse)
Social Work	Engaging patients, especially those who work under Healthcare for Homeless Veterans (HCHV)
Peer Support Specialists	Connecting with Patient Engagement and Navigation
Physician/Clinical Staff	Overseeing patient enrollment and scheduling; providing specialist services such as ID and SUD clinics to help patients with conditions associated with injection of drugs intravenously (IVDU)
Clinical Application Coordinator (CAC)	Building process flow, integrating screening, and developing the e-Consult
ADPAC (Pharmacy IT)	Creating order menu, quick orders, and drug file entries
Pharmacy	Providing e-Consult, education and training, discharge screening, practice distribution, and conduct physician engagement
Pharmacy Procurement Technician/Pharmacist	Purchasing of fentanyl test strips or contents in kits
Peer Specialist	Conducting patient engagement

Patient Champion	Engaging at least one patient with lived or living experience around drug use and they assist with development of policies, education. Best practice is to compensate them (honorarium payment or canteen store coupons).
Mental Health & SUD	Coordination of care and referrals
Pain Management, Opioid Safety, and PMP (PMOP)	Coordinating work with your local or VISN PMOP POC and promoting program awareness and may have funds to share for items not typically purchased by pharmacy (i.e. fentanyl test strips)
Veterans Justice Outreach Program (VJP)	Engaging patients involved in court system or who are incarcerated or recently incarcerated are at very high risk of overdose
Office of General Council (OGC)	Clarifying legal questions, specific to your area – start with regional OGC attorney. Amelia (Amie) Parsons is the national OGC POC if they have questions.
Homeless PACT	Engaging patients – if you have HPACT at your facility, they will be a great way to engage patients!

Remember: Your facility might have additional stakeholders that you need to engage, so be sure to tailor this list to fit your facility needs!

Once you've determined the stakeholder groups and individuals to engage, you may want to host a meeting with your team members to present the Project Charter and provide background on the Practice and what the implementation process will look like.

After meeting with team members and working with them to refine the Project Charter, meet with your facility's leadership and present the final Project Charter to obtain their buy-in and approval. Leadership may also be able to provide information and support around addressing potential challenges and obtaining resources. We have provided links to materials to assist you with engaging stakeholders below. Feel free to tailor the materials to be specific to your facility.

Remember: It is important to maintain regular stakeholder engagement during this phase, so we recommend monthly updates to less-involved stakeholders. During your first meeting with them, ask them how they would like to stay engaged in this process (email, in-person, etc.).

Phase Two: Planning Phase

Step Four: Compile Resources

There are several resources which are highly recommended to successfully implement SSP at your facility, the list can be found below:

- Secure **Syringes** to distribute to patients. (Optional to secure source through donation or logistics; these can be given minus a prescription which can be a barrier. Otherwise, they are the same syringes used for insulin, by prescription)
- Assemble **harm reduction** kits to distribute to patients. (optional & upcoming National kits)
- Identify program **champions** to assist with program promotion.
- Develop **educational materials** to provide staff training and program promotion.
- Secure **Fentanyl test strips** to distribute to patients. (optional)
- Create **outreach and communication plan** to enroll patients.
- Create CPRS **order menu**
- Determine **clinical space** to host in-person consults.
- Identify **storage space** for harm reduction kits and supplies.
- Develop **data dashboard** for tracking and analysis.
- Create local patient handouts to provide local points of contact and education regarding other options like naloxone, buprenorphine, etc. There is a national safe injection handout available. National TMS trainings and a provider handout are in the works.

Step Five: Determine Practice Logistics

To begin implementation of SSP at your facility, you and your team will want to determine tracking methods. First, it is recommended that you work with your Application Coordinator (ADPAC) and Clinical Application Coordinator (CAC). Once your team has been assigned an ADPAC and CAC, you will need to request the following be made to your staff's medical record functions:

- **New Drug File Entry** – create duplicate drug entry and name it differently than national drug entry. This will allow for the most reliable and accurate data to be collected. There may be sites that refuse to comply; however, this will be counter-intuitive to the maintenance of the drug file.
- **Quick Order Utilization** – this acts as a surrogate marker for how often the Harm Reduction menu is used. Additionally, you will want to add specific text in the "Remarks Field" of the prescription. For example, the quick order assigned on the Danville menu reads "PSJQ Harm Reduction Syringe OP" for our team.

Step Six: Train Staff

Over 20 VA national talks have been delivered since 2021, through platforms including VA ECHO, VHA Opioid Safety and Risk Mitigation Community of Practice, CPPO, PDSI.

Step Seven: Gather Supplies and Materials

Procurement: Syringes purchased by pharmacy can be prescribed by prescription, like diabetics who are on insulin. National tools in development include a Computerized Patient Record System (CPRS) note template, standardized "safe injection kits" (sharps container, alcohol swabs, syringes), and a directive to succeed the May 2021 memo. The national note will have embedded health factors to allow for program evaluation. Many sites have order menus in CPRS, titled "harm reduction" with an array of items, including syringes, condoms, lubricant, naloxone, etc.

Syringes and other non-medication items, such as fentanyl test strips, can also be donated through a non-VHA entity. This could be a community organization or bought

by another VHA department (i.e., logistics). If donated or purchased by a VHA service other than pharmacy, you can give them out minus a prescription. If you plan to give syringes out minus a prescription, you still need to document that somewhere in the chart, the specifics are not specified. When the national note template is available, the expectation is that you document any syringes given out minus a prescription in that note. Many facilities have developed "kits" using awarded funds (say PMOP), purchased the items separately and then composed them into kits which you could give away minus prescription.

Distribution: It's best to have a variety of pathways. You could have mail based (CMOP, local pharmacy), fixed location (like outpatient pharmacy or an ID clinic, etc.), community outreach, peer distribution (through peer specialists). A pending question which will hopefully be addressed by the directive is whether employees who do community outreach can provide non-medication items into the hands of patients. For now, it is recommended to inquire with your local social work leadership.

Step Eight: Develop a Collection Plan for Monitoring Feedback Metrics

Potential Monitoring and Feedback Metrics

Implementation can be assessed through both process measures and outcome measures. We recommend using **process measures** to assess how the implementation is going for your team. We also recommend the use of **outcome measures** to assess the success of the program from the Veteran perspective.

Ideas for **process measures:**

- Number of Syringes Ordered
- Number of Harm Reduction Kits Assembled

Ideas for **outcome measures:**

- Number of Patients Served
- Number of Syringes Dispensed
- Number patients linked to services (housing, primary care, etc.)
- Items other than syringes which were dispensed: naloxone, condoms, fentanyl test strips, etc.

Phase Three: Implementation Phase

Step Nine: Practice Go-Live!

Now that you have completed the pre-implementation portion of SSP you have a roadmap to successfully provide syringes, along with other harm reduction resources, to Veterans in need of these services.

Step Ten: Incorporate Lessons Learned

Consider addressing stigma with implementation staff, participating providers, and patients through education materials and training. Overall, this will allow for a better quality of patient engagement and provide services to Veterans in need.

Additionally, it is recommended to establish a relationship with Procurement and Logistics at the early stages of implementation. This will allow for troubleshooting early in the process as it relates to purchasing the necessary resources needed for successful implantation of the SSP.

Lessons learned from early adopter facilities (2017-2020) include the following:

- Engaging patients who use drugs is challenging! There are many reasons people who use drugs (PWUD) may not want to receive supplies through VA, including those related to stigma and confidentiality. It's important to let those patients know of any community resources, including SSPs.
- Clinician stigma towards PWUD and unawareness of harm reduction and SSPs. Both are new concepts to many clinicians, and some may have opposing viewpoints. Those who work in SUD may have perspectives that the only path forward is complete abstinence. Use motivational interviewing and tailor your response. A must read on how to do that: Sheila Vakharia PhD MSW on Twitter: "🧵A THREAD 🧵 / Twitter.
- Lack of standardization of supplies and their procurement. There is a lack of national buy in for supplies other than syringes, like fentanyl test strips and materials for non-injection routes.

- Balancing anonymity and access with need for evaluation data. Community SSPs are very accessible and relatively anonymous; it's difficult to replicate this in a healthcare system.
- Harm reduction practices, like SSPs, fentanyl test strips, naloxone, etc. are one piece of the puzzle. Harm reduction philosophy may be the more difficult piece to integrate into healthcare and requires some culture change, particularly around the way we treat PWUD in the healthcare setting.

Phase Four: Post-Implementation Phase

Step Eleven: Collect and Interpret Data

It is recommended that SSPs now will collect data on number of syringes dispensed and patients engaged or linked to other services. You can identify data points for collection by utilizing the methods described in tracking from Step Five and Step Eight. The national note template (see draft on SSP SharePoint) will contain health factors to allow for better data collection and evaluation. This will eventually allow for measurement of bigger outcomes, like HCV transmission, engagement in SUD care, etc.

Step Twelve: Share Success with Stakeholders and Celebrate!

Let your public affairs officer know! They can post on Facebook or other social media posts covering the work. Become a member of the SSP Affinity Group and share your success, along with questions and lessons learned. Connect and share with community SSPs in your area.

Chapter 5: Resources

Questions?

Do you have questions or need advice about implementing Syringe Service Programs at your VHA facility?

Check out the SSPs on VHA Diffusion Marketplace page and our SharePoint site!

- Marketplace: Diffusion Marketplace (va.gov)
- SharePoint: SSP Home (sharepoint.com)

Or contact:

- Beth Dinges, PharmD, Elizabeth.dinges2@va.gov

Abbreviations

Table 2. Definitions of Acronyms

Acronym	Definition
SSPs	Syringe Service Programs
PII	Personal Identifiable Information
PHI	Personal Health Information
MOUD	Medication for Opioid Use Disorder
HIV	Human Immunodeficiency Virus
HCV	Hepatitis C Virus
CDC	Centers for Disease Control and Prevention
WHO	World Health Organization
SUD	Substance Use Disorder
CMOP	Consolidated Mail Outpatient Pharmacy
SOP	Standard Operating Procedure

IVDU	Injection of drugs intravenously
ONDCP	Office of National Drug Control Policy
ID	Infectious Disease
SOP	Standard Operating Procedure
CAC	Clinical Application Coordinator
ADPAC	Automated Data Processing Applicants Coordinator
CPRS	Computerized Patient Record System
PWUD or PWID	People who use (or inject) drugs
FTS	Fentanyl Test Strip
HCHV	Healthcare for Homeless Veterans

SharePoint Resource Links

Table 3. Links to Resources

Resource	Link
Standard Operating Procedure Template for VA-SSP or SSP Community Referral Pathway	Link to Standard Operating Procedure Template
Interim Guidance on Syringe Services Programs (SSPs) in the Veterans Health Administration (VHA) (VIEWS# 05009598)	Interim Guidance on Syringe Services Programs (SSPs)
SSP Affinity Group - Resources and materials for the affinity group working on Syringe Service Programs.	Resources (sharepoint.com) Joins Teams group
VA Law Home – Offices of Chief Counsel in the Districts	VA Law Home - Districts (sharepoint.com)

Other Helpful Links

- PDAPS - Syringe Services Programs Laws state laws around SSPs
- Federal Restrictions on Funding for Syringe Services Programs - Network for Public Health Law (networkforphl.org)
- Legality of drug checking equipment in the United States: A systematic legal analysis - Clinical Key State Laws around fentanyl test strips
- Homepage - CA Bridge: healthcare-based harm reduction resources
- National Harm Reduction Coalition
- Drug Policy Alliance | Drug Policy Alliance
- Changing the Narrative | Drug Use & Addiction - responding to media misinformation, fact-checked information
- Patient instructions on how to use fentanyl test strips (Dance Safe)
- More FTS instructions. These went through VA education/media. Dance Safe ones above are recommended.

Attachments

Table 4. Links to Resources

Document	File
Organizational Readiness Assessment	 Organizational Readiness
Patient Injection Drug Use Handout	PDF Brochure
SSP provider fact sheet	PDF Fact Sheet
Danville Screenshots of Harm Reduction Menu and Notes	 Danville screen shots of harm reduc

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