Improving Naloxone Prescribing: Education Alone is Not Enough

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Background

- In 2021, over 75% of drug overdoses involved opioids
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• CDC recognizes targeted naloxone spray distribution to prevent opioid overdose
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• CDC recognizes targeted naloxone spray distribution to prevent opioid overdose
• August 03, 2022, FL Governor Ron DeSantis announced expansion of Coordinated Opioid Recover (CORE) program.
Aim for QI Project

• Increase naloxone nasal spray prescribing by 25% to patients at risk of opioid overdose at discharge from our inpatient behavioral health unit
Methods

• Limited to population at risk on adult behavioral health unit

  o Inclusion Criteria:
    ▪ History of Opioid Use Disorder
    ▪ Prescribed opioids and benzodiazepines
    ▪ History of Substance Use Disorder and prescribed Opioids
Methods

• Limited to population at risk on adult behavioral health unit

• 1-hour education session to residents and attendings
  - History of Opioid Use Disorder or History of Opioid overdose
  - Prescribed opioids and benzodiazepines
  - History of Substance Use Disorder and prescribed Opioids
  - Prescribed Opioids >50 MME/day
Methods

- Limited to population at risk on adult behavioral health unit
- 1-hour education session to residents and attendings
- Provide educational flyer to patients
  - isavefl.com nextdistro.org/naloxone

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Methods

- Limited to population at risk on adult behavioral health unit
- 1-hour education session to residents and attendings
- Provide educational flyer to patients
- Pre-education data over 3 months compared to post-education data over 3 months
Methods

Pre-Intervention

308 starting encounters

300 with home meds

45 final encounters

41 final patients

Post-Intervention

226 starting encounters

222 with home meds

41 final patients

67 combined patients

Removed due to missing data

Removed due to having a SUD with no opioid on d/c

Removed due to duplicate encounters

26 final patients

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### Results

#### Pre-Education

<table>
<thead>
<tr>
<th>Statistic</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>OUD with naloxone / Patients with OUD</td>
<td>1</td>
<td>27</td>
<td>3.70%</td>
</tr>
<tr>
<td>SUD with opioid with naloxone / Patients with SUD with opioid</td>
<td>0</td>
<td>24</td>
<td>0%</td>
</tr>
<tr>
<td>Benzo &amp; opioid with naloxone / Patients with benzo &amp; opioid</td>
<td>0</td>
<td>3</td>
<td>0%</td>
</tr>
<tr>
<td>Patients with naloxone / Total patients</td>
<td>1</td>
<td>41</td>
<td>2.44%</td>
</tr>
</tbody>
</table>

#### Post-Education

<table>
<thead>
<tr>
<th>Statistic</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>OUD with naloxone / Patients with OUD</td>
<td>2</td>
<td>20</td>
<td>10.00%</td>
</tr>
<tr>
<td>SUD with opioid with naloxone / Patients with SUD with opioid</td>
<td>0</td>
<td>9</td>
<td>0%</td>
</tr>
<tr>
<td>Benzo &amp; opioid with naloxone / Patients with benzo &amp; opioid</td>
<td>0</td>
<td>1</td>
<td>0%</td>
</tr>
<tr>
<td>Patients with naloxone / Total patients</td>
<td>3</td>
<td>26</td>
<td>11.54%</td>
</tr>
</tbody>
</table>

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Results

• Non-significant increase in total proportion of patients prescribed naloxone at discharge
  • 2.44% (pre-education) to 11.54% (post-education) (p=0.567)
Discussion

• What happened?
  o Limitations of Study:
    ▪ 1 isolated hour of education
    ▪ Small sample size
    ▪ Did not include community harm reduction principles
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• What happened?
  o Limitations of Study:
    ▪ 1 isolated hour of education
    ▪ Small sample size
    ▪ Did not include community harm reduction principles
  o Factors contributing to discharge management
    ▪ Time constraints
    ▪ Change in primary psychiatric provider
Discussion

• What happened?
  o Sketris et. al (2009) review:
    ▪ Passive education ineffective
    ▪ Recommended multi-faceted approach with reminders
Discussion

• What happened?
    ▪ Follow-up reinforcement and reminders improved change in prescription behavior in physicians
Discussion

• What happened?
  o Tu et al (2002):
    ▪ EMR prompt in combination with education improved hypertension follow up in 7 out of 12 studies
Discussion

• Where do we go from here?
  o Electronic prompt added to discharge order in EMR
  o If successful, implement throughout hospital
References


