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Project Description

After accidental opioid overdoses, ED providers may be the only healthcare providers these patients may encounter. I wanted ED providers to prescribe Naloxone to the high risk patients (taking more than 50 mg morphine equivalent or active or current IVDU) for their family and friends to prevent accidental overdose related death and subsequent ED visits.

Problem Statement:

The number of patients dying from accidental opioid overdoses are on the rise. A recent study showed, the percentage of all death attributable to opioids increased approximately 300% between 2001 and 2016, resulting in approximately 1.68 million person-years lost in 2016 alone. In ED, many of these patients with these high-risk features are often presented for their care and ED providers may be the only healthcare providers they may see. A study showed that every 164 naloxone prescriptions results in one saved life. Despite the recommendations from multiple medical organizations including AMA and CDC on awareness and increased access to this drug, the naloxone prescription rate to these population remains low. Effective communication with the patient and family on overdose management utilizing Naloxone remains a challenge.

Discovery:

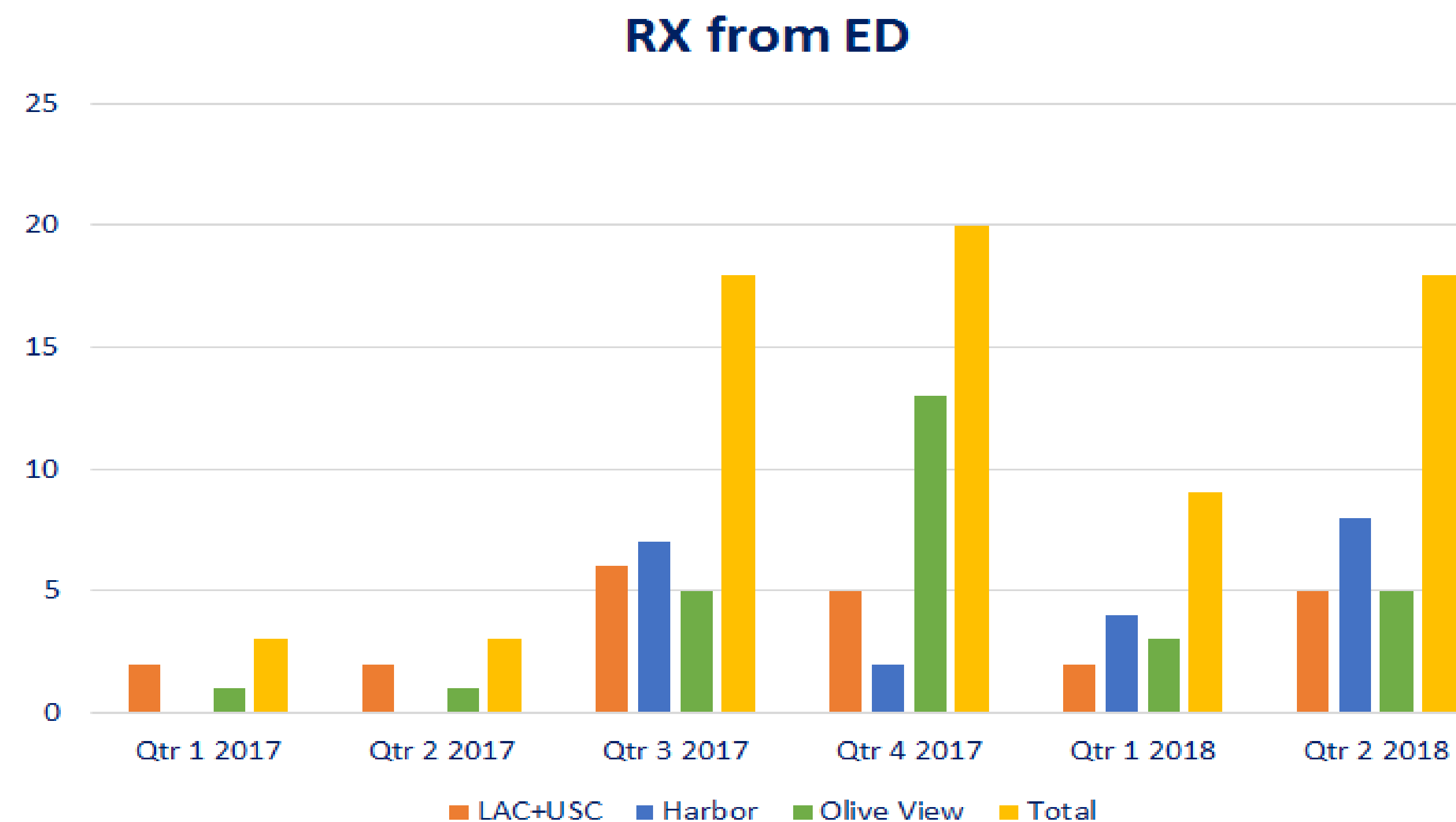
- 1) Interviewed over 40 ED providers on prescribing naloxone from ED.
 - While the majority of the providers felt that prescribing Naloxone was a good idea, they didn't feel comfortable prescribing naloxone from ED.
 - Some had questioned legal status of prescribing medication for another individual to administer.
 - Some were concerned that increased access to naloxone may create false sense of safeness to these patients and promote even more use.
- 2) The naloxone kit was complicated to use for the lay person in an emergency.
- 3) Pharmacy was eager to participate in reducing opioid related death. They were going through the training at that time on dispensing naloxone.

Goal: At least 50% of high-risk patients who presents to LA county Department of Health Services Emergency Departments receive a prescription for naloxone and improve communication regarding use of naloxone to the patients, family and friends.

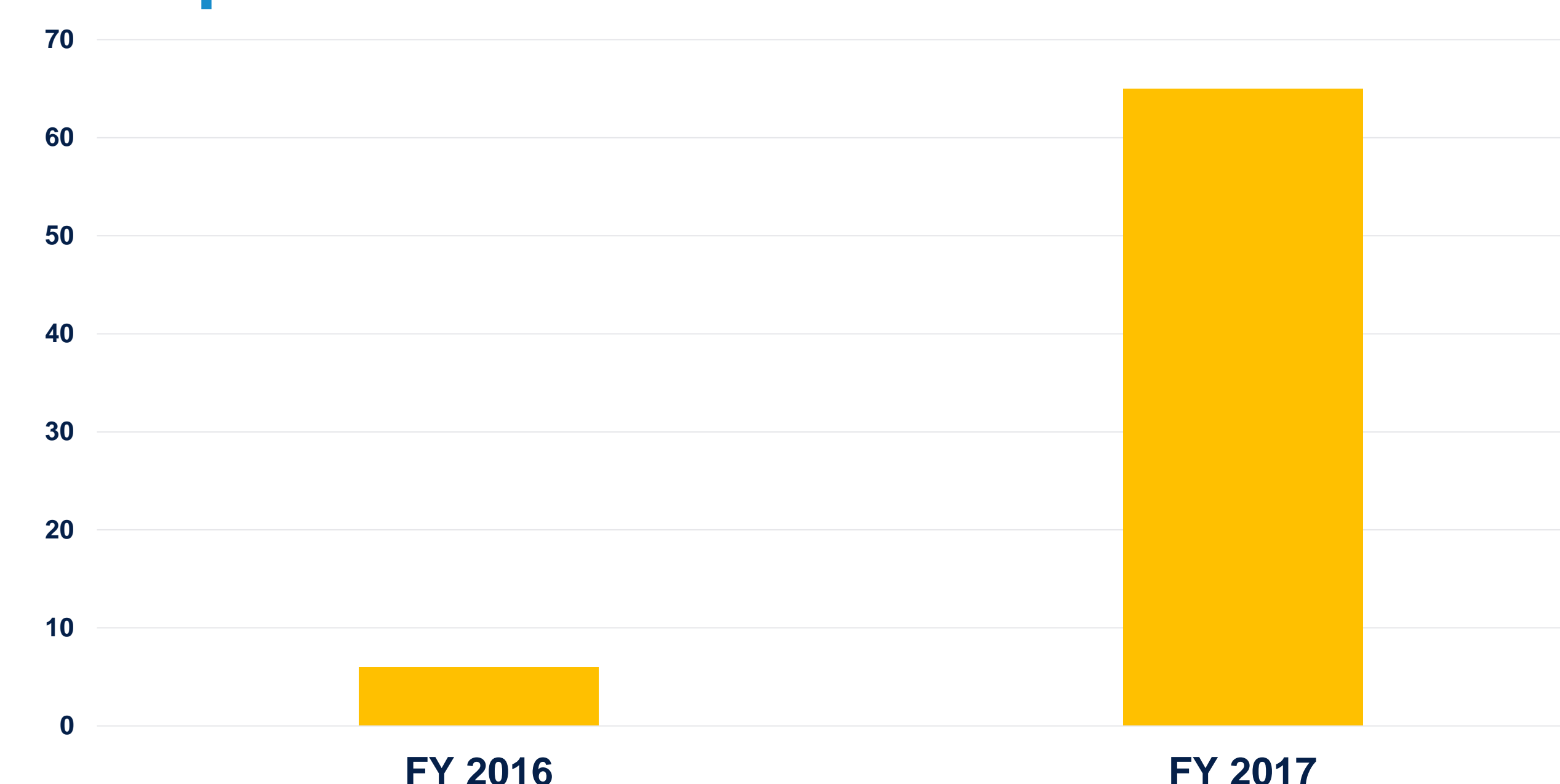
Outcome-oriented Objective: Increase Naloxone prescriptions within LA county DHS ED by 500% in FY 2017 vs 2016.

Results

Rx from ED



Comparison FY 2016 vs 2017



Lessons Learned

- The project aligned with the Federal and the State level direction.
- Getting buy-in from the leadership is essential.
- Identify a champion in each facility to promote the message.
- Utilizing analogy helped with the message (Epi-pen for anaphylaxis).
- Identify key partners to help promote the message and achieve the goal.
- Despite education and awareness, physician prescribing behaviors are difficult to change.
- Sustainability is challenging (PDSA cycle).

Next Steps:

- Pharmacy to develop standing order.
- Utilizing EHR to identify high-risk patients to manage these populations.
- Introducing MAT from ED.
- Utilizing the same tool to develop other projects including a new critical care transportation team from Olive View.

Mission Model Canvas

Key Partners <ul style="list-style-type: none"> • Pharmacist • ED Providers • Pain Management Group • Electronic Health Records 	Key Activities <ul style="list-style-type: none"> • Frontline Staff Education • Data Collection • Education material for patients • Standardization on the Narcan 	Value Propositions <p>Increase access to naloxone (Narcan) to community by 500% by identifying those high risk patients (who may overdose on opioids) who presents to LA county EDs and prescribe naloxone to reduce future overdose deaths</p>	Buy-in & Support <ul style="list-style-type: none"> • Pharmacy • DHS Leadership • ED Directors 	Beneficiaries <p>Patients who are high risk:</p> <ol style="list-style-type: none"> 1. Morphine equivalent > 50mg/d 2. h/o IVDA and overdose
Key Resources <ul style="list-style-type: none"> • ED Social work • Substance Abuse Counselors • 340B Pricing 		Deployment <ul style="list-style-type: none"> • Monthly ED directors meeting • Grand Rounds • Blast Emails 		
Mission Budget/Cost <ul style="list-style-type: none"> • Cost of Naloxone Nasal Sprays (340B Price) • Time to educate ED Staff and Pharmacy 			Mission Achievement/Impact Factors <ul style="list-style-type: none"> • Make both providers and patients about the danger of opioid medications • Reduce Accidental Death (Every 164 Naloxone rx = one saved live) • Reduce ED admissions 	