



Lifesaving Measure: Improving Provision of Take-Home Naloxone Kits

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Background

In July 2021, The Addiction Medicine Consult Team (AMCT) was created in Burnaby Hospital (BH) to address the growing need for inpatient addiction care in the Fraser Health Authority. In 2022, our retrospective chart review found that **only 51%** of eligible patients received take-home naloxone (THN) kits. It was unclear if this low rate was reflective of an unclear work-flow process or if patients truly were not receiving THN kits.

Objectives

Due to the worsening opioid crisis in B.C. and the mortality benefit provided by THN kits, the aim of this quality improvement (QI) project is to increase the percentage of addiction patients provided with a THN kit from 51% to **80% by July 2023**.^{1,2}

Methods

We formed a QI team consisting of the AMCT Department Head (LJ), medical student (DW), AMCT nurse, Physician QI Data Analyst, Clinical Nurse Educator, Patient Care Coordinators, and Pharmacy Distribution Coordinator.

Starting with one ward, we implemented process-related changes in stepwise order. Monthly chart reviews were performed to monitor the percentage of patients receiving THN kits, along with process and balancing measures (**Table 1**). Based on results and feedback from staff, we modified or added initiatives.

Process Measures
% of patients that were offered a kit
THN kit ward stock inventory
Attendance at nursing education sessions
Number of nursing education sessions
Balancing Measures
Substance use disorder-related ER readmissions within 30 days
Nursing workload and satisfaction

Table 1: Process and balancing measures were observed regularly as part of the quality improvement process..

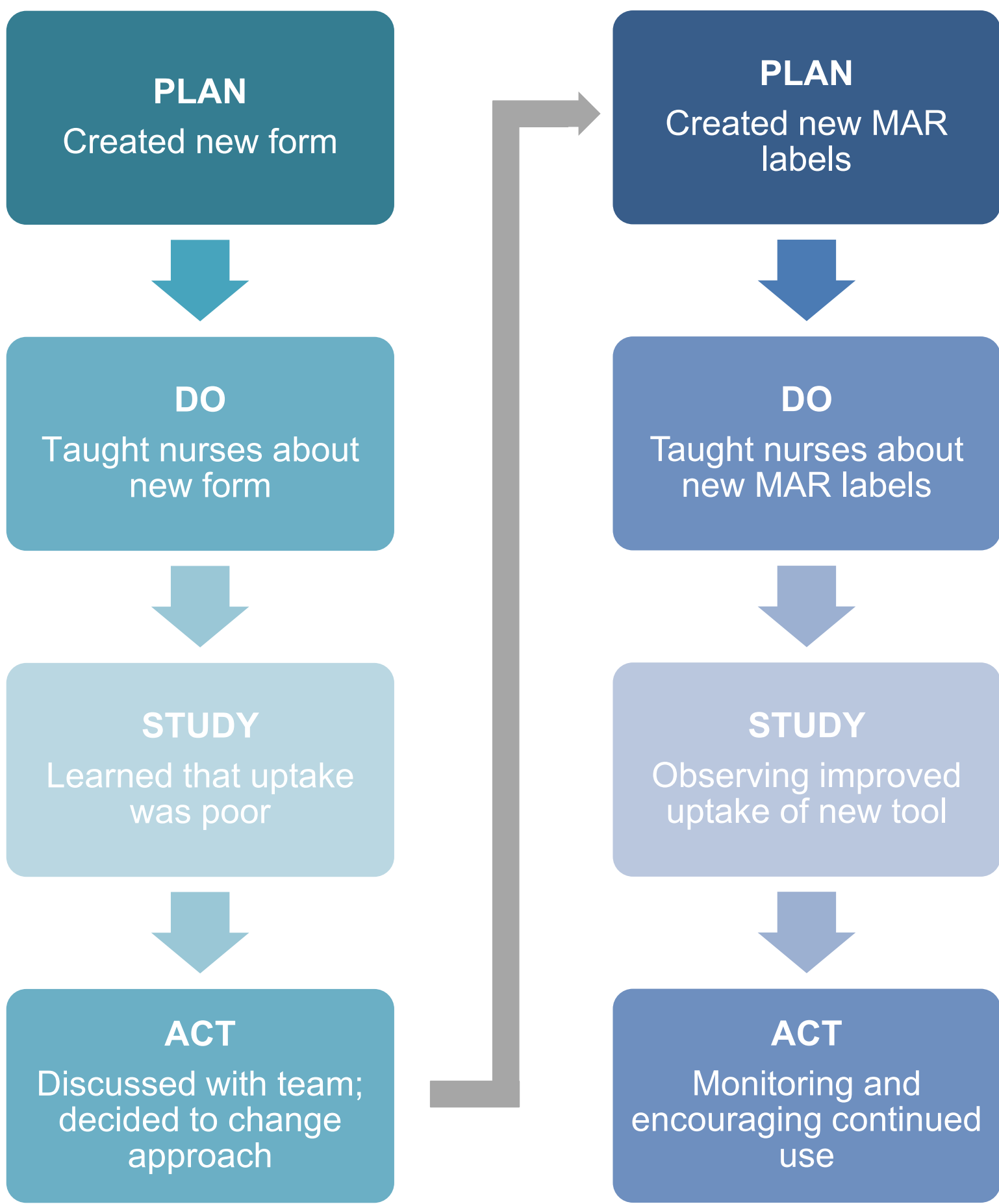
Results

The project started in September 2022. As of April 2023, THN kit provision rate is **71%** over the last 3 months with no substance use disorder-related ER readmissions within 30 days. It is currently ongoing with expansion to one additional ward, but interventions thus far include:

- Onboarding a fulltime AMCT nurse prescriber
- Creation of a streamlined documentation tool
- Nursing education
- Implementation of a new referral process and patient tracking system on MEDITECH

Documentation System

In the 2022 chart review, documentation of THN kit provision was found inconsistently in the nursing notes, medication administration record (MAR), progress notes, and orders. Our goal was to develop a new, standardized documentation tool.



Nursing Education

The AMCT nurse hosted six educational huddles for 24 ward nurses. We provided handouts summarizing how to use kits, along with indications for offering kits to patients even if not ordered by a physician as it is within their scope. Lastly, we illustrated the QI process on ward whiteboards to improve engagement.

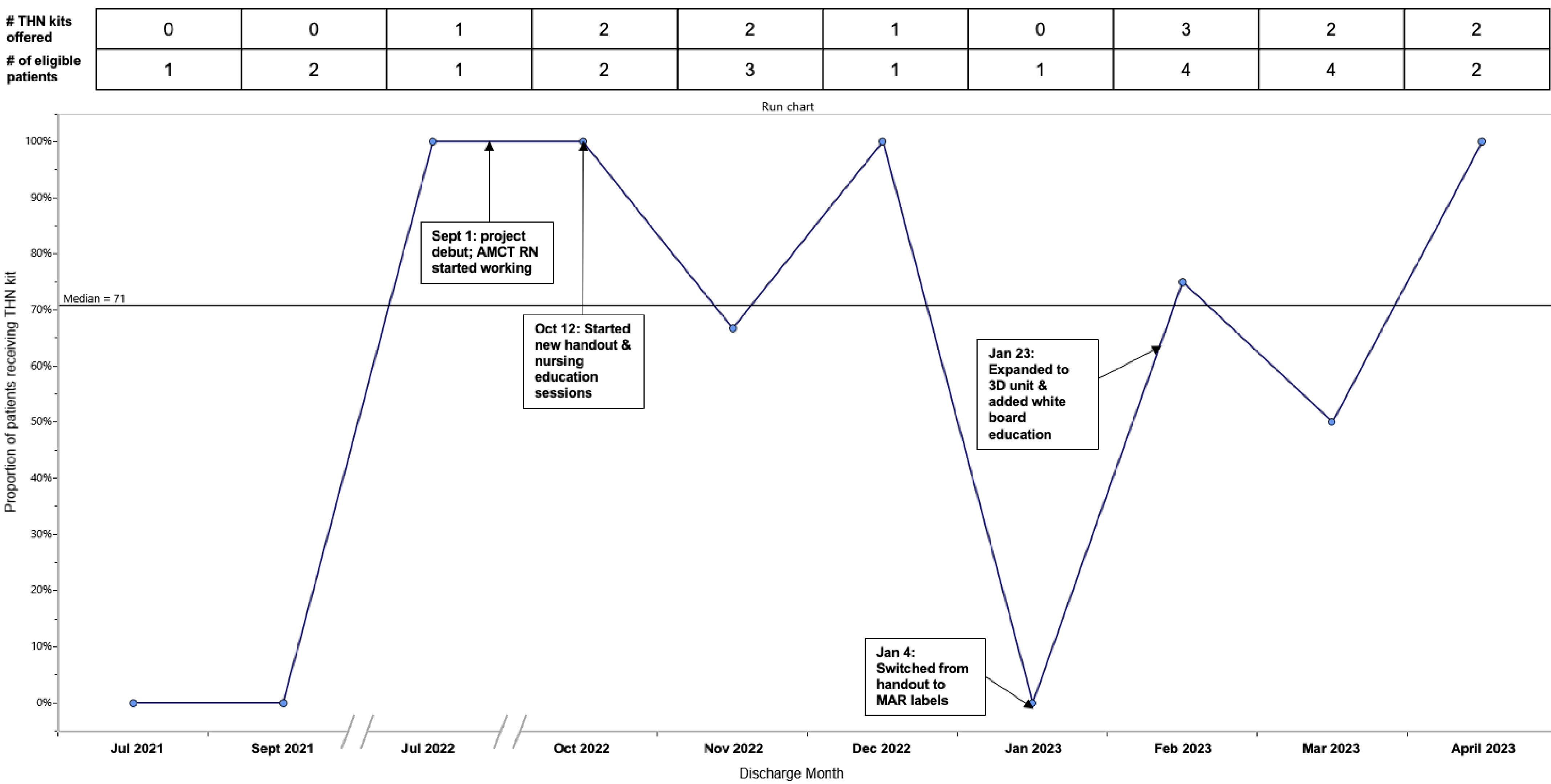


Figure 2: Run chart displaying fluctuations, but gradual improvement in THN kit provision rates with respect to several initiatives.

Feedback

Feedback was sought from nurses initially with paper forms using multiple choice questions. Due to low uptake of these forms, we pivoted to an anonymous Likert-scale tool on ward whiteboards in addition to informal qualitative conversations on the unit. As of April 2023, 5 out of 6 nurses were supportive and agreed with the project’s initiatives.

Monthly data updates are also posted on ward whiteboards and shared with the Clinical Nurse Educator who then presents the data at nursing huddles.

Take-home naloxone kit

Naloxone kit and education provided to:
☐ Patient
☐ Family and/or friend(s)
☐ Patient declined. Reason: _____

Date: _____ Time: ____:____

Staff signature: _____

PLACE IN TODAY'S M.A.R. IN AN EMPTY ROW

Figure 1: Example of documentation labels attached to THN kits. When a THN kit is given to a patient, this label is to be filled out by the provider and attached to an empty row in the MAR.

Discussion

Lessons learned:

- Documentation tools and other workflow changes must be simple to minimize workload for staff, especially in light of the COVID-19 pandemic and staffing shortages.
- Implementation of QI initiatives requires constant feedback, adjustment, and persistence.

Next steps:

- Continue monitoring for sustained improvement or maintenance above the 80% target.
- If successful, we plan to expand to other wards as the process is further optimized.

We hope that our service development success may serve as a model for clinicians who wish to create a substance use team at other community hospitals.

References

1. McDonald R, Strang J. Are take-home naloxone programmes effective? Systematic review utilizing application of the Bradford Hill criteria. *Addiction*. 2016;111(7):1177
2. Chimbar L, Moleta Y. Naloxone Effectiveness: A Systematic Review. *J Addict Nurs*. 2018 Jul;29(3):167–71.

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