

Implementing Opioid and Opioid Reversal Education For Providers To Improve Patient Safety In A Tertiary Louisiana Hospital.



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Background

The most common major surgery in the United States is the cesarean delivery. Approximately 85% of patients will fill an opioid prescription after a cesarean birth. Between 2017-2019, Louisiana had 182 pregnancy-associated deaths, with accidental overdose being the most common cause. Data shows that 81% overdoses in Louisiana occur outside the hospital, and naloxone is only administered in 0.8% of instances by a bystander.

Unfortunately, pregnant and postpartum patients are not exempt from the devastating outcomes of addiction and opioid use. This study was performed at Woman's Hospital, a specialty hospital in south Louisiana where nearly 50 OB-GYN physicians perform approximately 8,000 deliveries annually. In 2022, 221 of these deliveries were to patients who were enrolled in a substance misuse program. The postpartum period comes with increased stressors, and patients who are receiving medically assisted therapy for opioid use disorder are more likely to relapse during this period. As the largest birth center in Louisiana, we have a responsibility to protect our patients by being educated on opioid overdose, and their reversal agents.

In 2022 providers at Woman's Hospital prescribed naloxone 23 times to postpartum patients. Prior to 2022 there were zero prescriptions written. CDC recommendations state that high-risk patients taking opioids should be prescribed a reversal agent. High-risk patients are patients who meet one of the following conditions: are prescribed more than 50 morphine milligram equivalents, have a disorder that may increase their risk of overdose (COPD, sleep apnea, reduced kidney/liver function), receiving medication for opioid use disorder, have a history of overdose, are using illicit drugs, or have a history of opioid use and have been in a setting that lowered their tolerance.

Aim

Evaluate what providers understand about opioid use and opioid reversal agents to determine how to best implement additional education to improve patient safety.

Methods

Pre-implementation survey administered to OB/GYN residents to assess physician's knowledge related to naloxone and identification of patients at high risk of opioid overdose.

Results

Only 36.4% of providers surveyed had ever prescribed naloxone, and 75% of them had only prescribed it less than five times. Prior to education 10% of providers knew the indications for naloxone prescriptions, and 0% of them felt comfortable counseling patients on naloxone use. Post-survey results showed that 100% of providers knew the indications of naloxone and felt comfortable counseling patients on naloxone use. 100% of providers stated that they are planning on changing their opioid use practices when treating high-risk patients. 100% of providers stated that they planned to change their practice by prescribing more naloxone. 50% stated they would consider decreasing their current opioid prescriptions

Figure 1a: Prescription Data

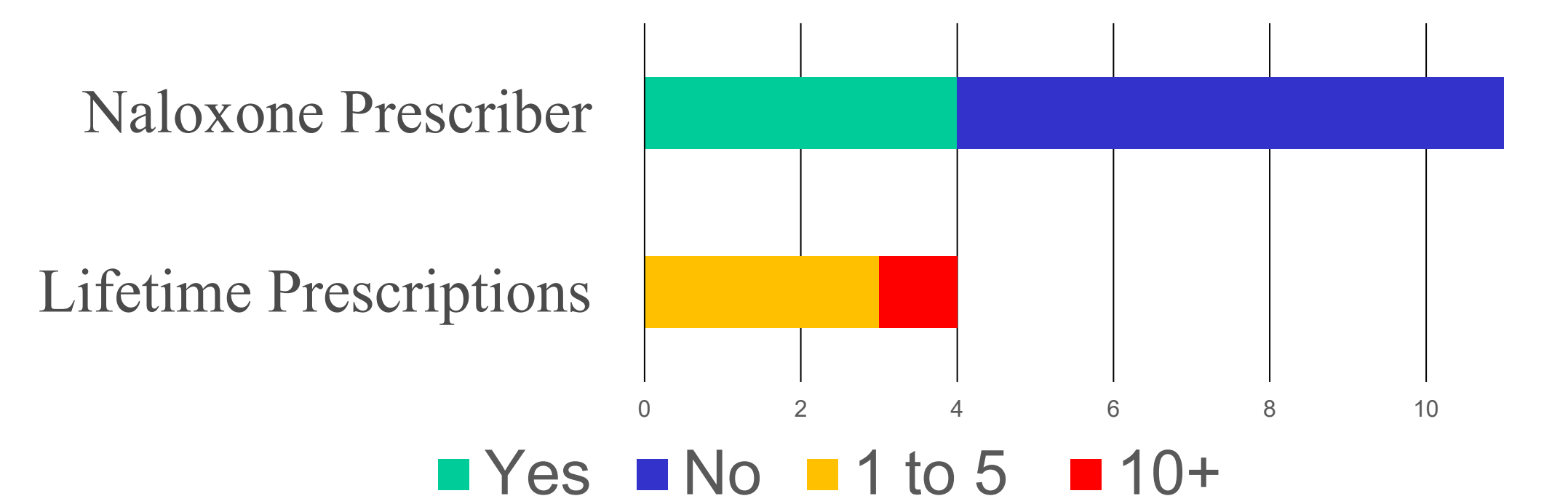


Figure 1b: Naloxone Knowledge

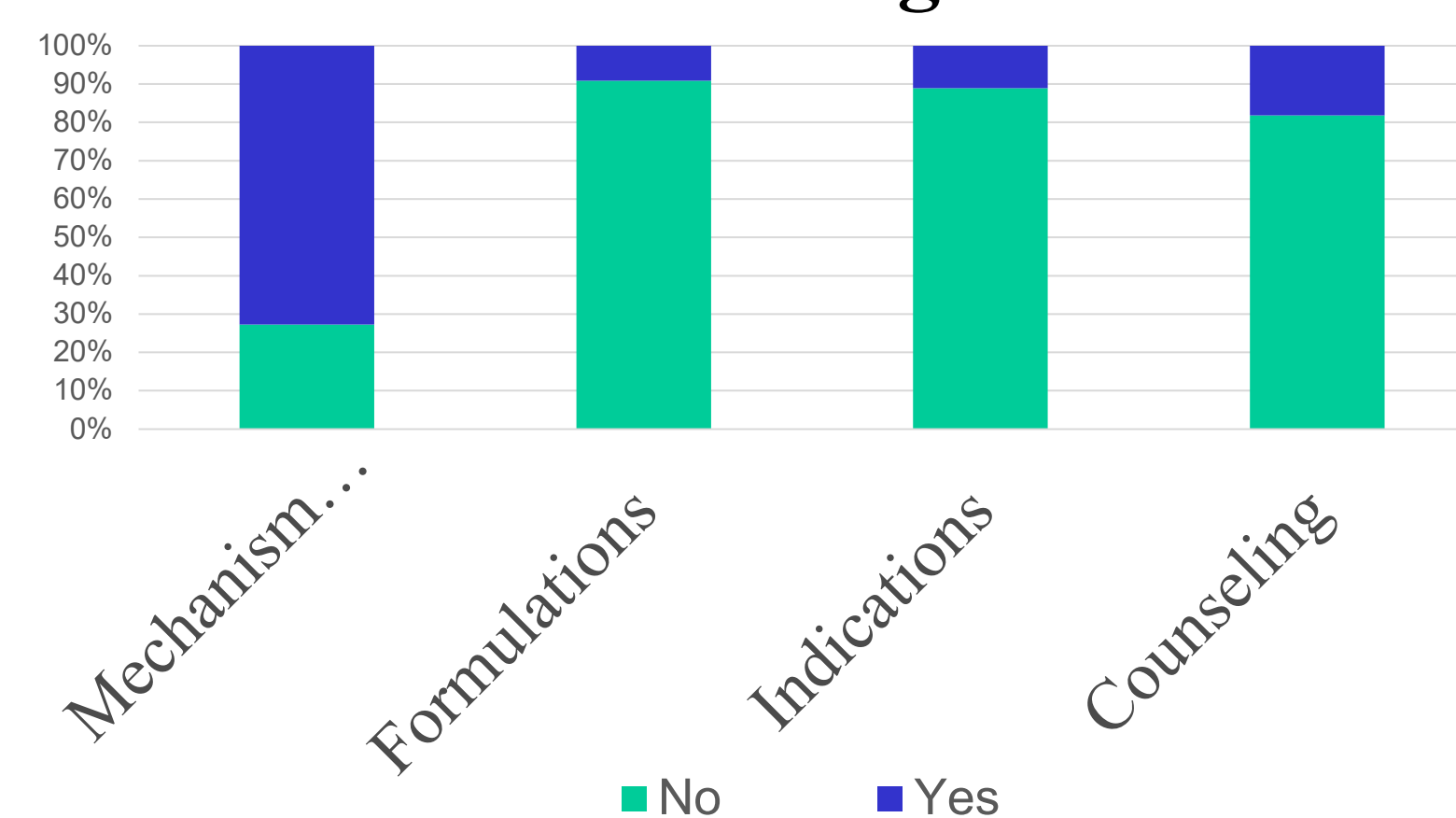


Figure 2: Naloxone Knowledge

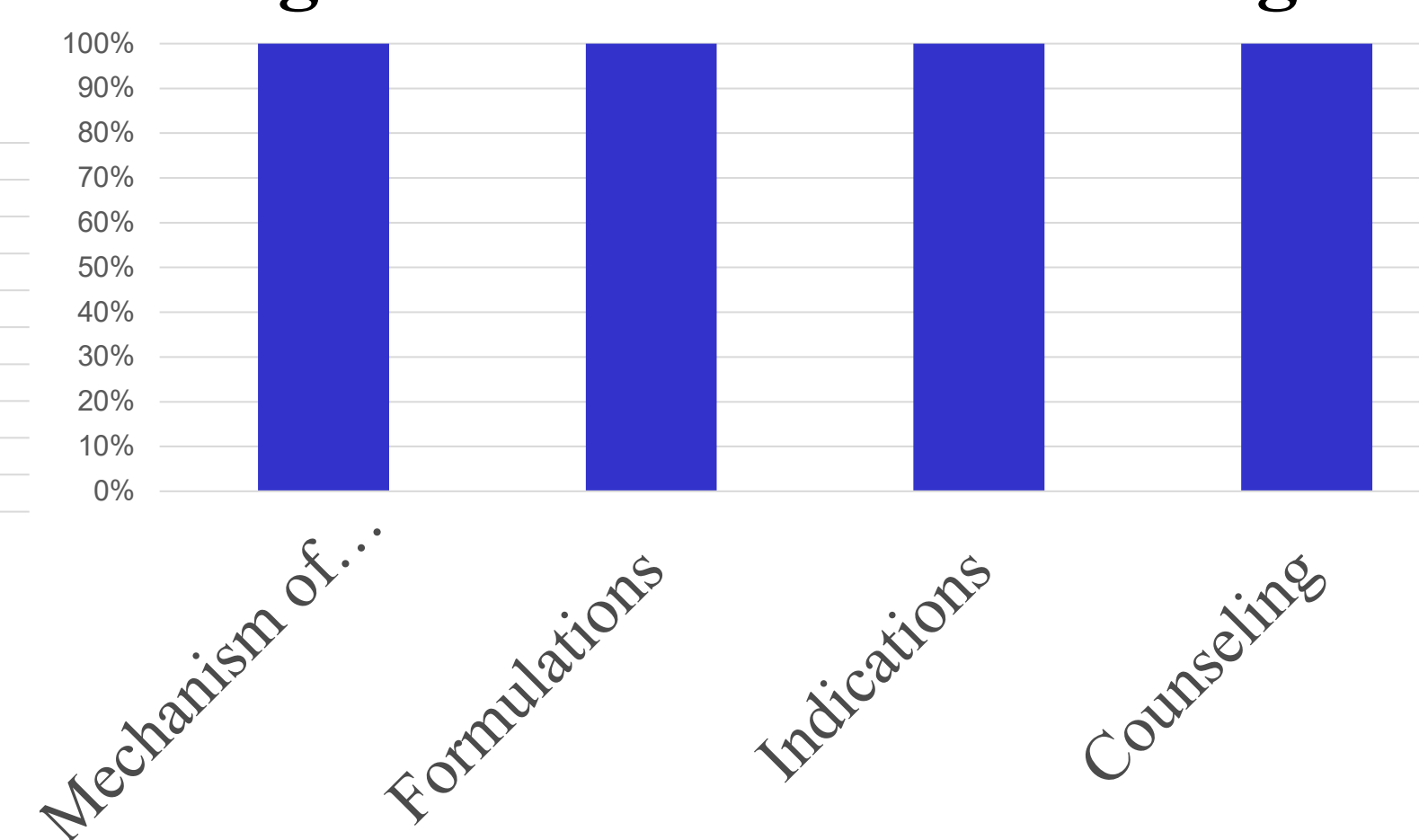
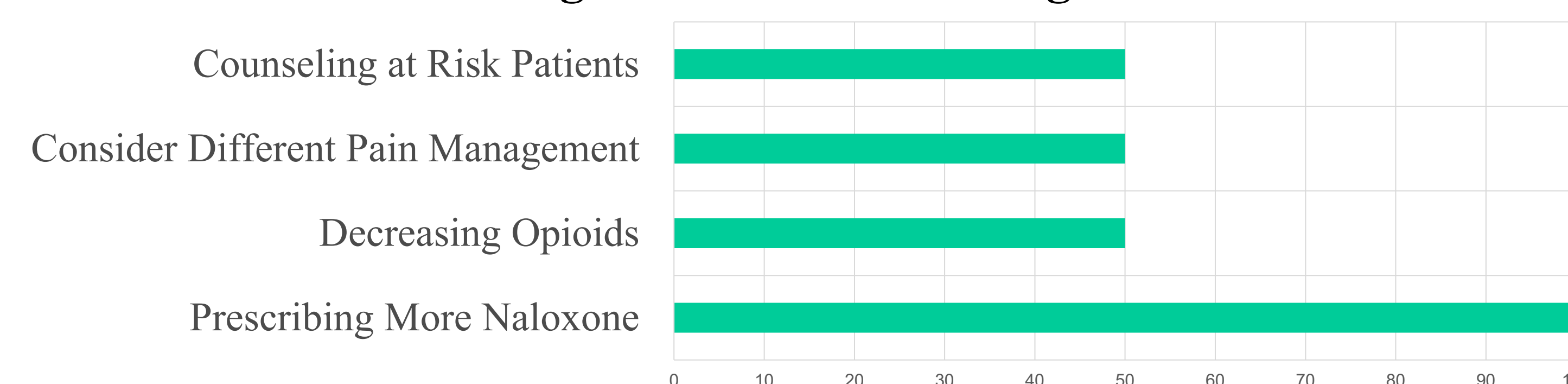


Figure 3: Practice Changes



Conclusion

Provider education is important in educating and motivating providers to change their current opioid prescribing practices. Providers who underwent this education, even in a brief 15-minute didactic session, were more likely to consider prescribing naloxone to their patients, and were more confident in counseling patients on naloxone, and were better able to identify high-risk patients.

Future Directions

- ❖ Administering provider education to Woman's Hospital staff physicians
- ❖ Incorporating opioid risk assessment tools into electronic health record
- ❖ Follow-up prescription data after provider education

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