Washington State Hospital Association

Opioid Harm Prevention: Naloxone Distribution

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Measure eligibility:	All adult acute and pediatric hospitals with emergency departments or inpatient psychiatric units, freestanding emergency departments, and freestanding psychiatric hospitals
Clinical Rationale:	For 2024, changes are being made to the naloxone distribution measure to better understand barriers faced in effective naloxone distribution as well as providing healthcare services for people who use drugs. Opioid-related death rates continue to climb nationally and in Washington state. According to data from the Department of Health, over 17,000 Washington residents died from a drug overdose between 2007 and 2021 and 68% of those deaths involved an opioid. Due to the evolving illicit drug landscape and presence of fentanyl in non-opioid drugs, understanding who is at-risk must also evolve. In 2021-2022, 26% of overdose deaths in Washington were poly-substance including both a stimulant and fentanyl. Offering naloxone only to those who present with identified opioid use is not sufficient to get naloxone in the hands of individuals at-risk of opioid-related harm. Any person who uses illicit drugs may be at-risk. **Part 1: Needs Assessment** Hospitals are frequently the first healthcare contact for a person who uses drugs and requires medical care. This creates an opportunity for hospitals to provide them with the care and resources needed to reduce the risk of harm from drug use and take steps toward recovery. Because of service variability across Washington hospitals, a needs assessment is being included in the 2024 naloxone distribution measure. The needs assessment is a tool to objectively evaluate each hospital's current state with implementation of naloxone distribution and support strategic aims in improving care for patients who use drugs. **Part 2: Naloxone Distribution** Naloxone distribution has been an MQI metric since 2SSB 5195 went into effect on January 1, 2022. The intent of the law is to ensure all patients at-risk of an opioid overdose, who enter the emergency department or an inpatient behavioral health setting, receive take-home naloxone at discharge. According to 2SSB 5195, individuals at-risk of opioid-related harm and eligible for naloxone distribution include:

	1. Opioid overdose 2. Opioid use disorder 3. Other adverse event related to opioid use Since the implementation of 2SSB 5195, hospitals developed workflows to ensure people at-risk are offered naloxone prior to discharge. Due to the prevalence of fentanyl in the drug supply, hospitals are strongly encouraged to work on including this list of diagnosis codes in their current workflows. 2024 Naloxone Distribution Reference In 2025, this list is expected to be used to establish the denominator for the naloxone measure moving forward. By utilizing a diagnosis list, the denominator can be extracted from available administrative claims data, thereby reducing the reporting burden for hospitals. While using diagnosis codes to establish the denominator has limitations, the advantages of long-term standardization and automation outweigh the loss of those specific data points. HCA Emergency Department Implementation Toolkit HCA Behavioral Health Agency Implementation Toolkit
Definition:	Patients who were seen in a hospital emergency department, freestanding emergency department, inpatient psychiatric unit, or freestanding psychiatric hospital and were determined to be eligible for distribution of naloxone, an opioid overdose reversal medication, based on 2SSB 5195. This includes patients who present with symptoms of the following: 1. Opioid overdose 2. Opioid use disorder 3. Other adverse event related to opioid use
Included Populations: **Exclusions:**	Any patient receiving care in a hospital emergency department, freestanding emergency department, or inpatient behavioral health setting who is identified as being at-risk of opioid-related harm. Exclusions: Patients who were not discharged from the care settings included in this measure (e.g., patient died, patient was admitted to a different inpatient unit, patient was transferred to another facility) or patients on hospice care.

Fields to be reported:	**Needs assessment:** Complete the needs assessment using the Qualtrics survey: SUD Needs Assessment Survey Link **Naloxone distribution:** **Emergency departments** (all adult and pediatric hospitals with emergency departments as well as freestanding emergency departments) Numerator: number of included population of patients who received naloxone at discharge Denominator: total number of discharged patients who were identified as being at-risk of opioid-related harm **Behavioral health settings** (freestanding psychiatric hospitals and acute hospitals with inpatient behavioral health units) Numerator: number of included population of patients who received naloxone at discharge Denominator: total number of discharged patients who were identified as being at-risk of opioid-related harm
Data Collection period:	July 1, 2024 - December 31, 2024
Reporting deadline:	1. Needs assessment: Complete survey by December 31, 2024 2. Naloxone distribution: 30 days after the close of the performance period or by January 31, 2025.
Audits and validation: Do not change	Data are subject to audit by the state. WSHA will not audit but will complete a few basic validity checks.
Submission Frequency:	Needs assessment: One time submission completed by December 31, 2024. Naloxone distribution: Monthly (every month for the six months of the performance period from July 1, 2024, to December 31, 2024).
Data collection system:	Needs assessment: SUD Needs Assessment Survey Link: Qualtrics Survey Naloxone distribution: Washington State Hospital Association Quality Benchmarking System, QBS.

Data Scoring:	Hospitals receive 5 points for submission of the needs assessment in Qualtrics and 5 points for submission of the six months of naloxone distribution data.

Thresholds	Submission of the Needs Assessment in Qualtrics	Submission of all six months of data
Point Awards 2024	5 points	5 points