Exploration of healthcare professionals' perceptions of take home naloxone dispensing in acute care areas.

OSINSKI, K. and AFSETH, J.

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Review question

What are healthcare professionals' perceptions of take home naloxone dispensing from acute care areas?

Searches

Sources:

MEDLINE

CINAHL

PubMed.

Restrictions:

English language papers

Publication dates post 2011.

Additional search strategy information can be found in the attached PDF document (link provided below).

Types of study to be included

Criteria for inclusion:

• Papers which focus on acute care healthcare professionals' experiences/perceptions/beliefs/attitudes of take home naloxone initiatives.

• Qualitative studies.

• Quantitative survey designs.

• Undertaken in any country.

• Full text and written in English language.

Criteria for exclusion:

• Conference abstract.

• Quality improvement/audit/case study/opinion.

• Randomised control trials/cohort studies.

• Studies only relating to primary care/third sector areas.

• Papers earlier than 2011.

Condition or domain being studied

Opioid overdose.

Participants/population

Healthcare professionals providing care to patients who use opioids.

Intervention(s), exposure(s)

Take home naloxone programmes in acute care areas.

Comparator(s)/control

Not applicable.

Main outcome(s)

Insight into and understanding of perceptions and experiences of healthcare professionals regarding take home naloxone dispensing.

Additional outcome(s)

None.

Data extraction (selection and coding) [1 change]

Search results will be exported to the reference manager Mendeley, and duplicates removed. A five-stage review process will then be implemented, as follows:

Stage 1: all retrieved articles will be screened as abstracts by each of the reviewers independently against the inclusion and exclusion criteria.

Stage 2: all articles identified as meeting the inclusion criteria in stage 1 by at least one reviewer will be retrieved for a full-text review. This stage will be conducted by all two reviewers separately. If there are any articles which do not have consensus the reviewers will meet to discuss and resolve to appropriately include or exclude them.

Stage 3: all articles identified as meeting the inclusion criteria at stage 2, by two reviewers, will be selected for retention and inclusion in the review.

Stage 4: the reference lists of the included articles will be hand searched for further studies meeting the inclusion criteria. These articles will be discussed between the two reviewers in order to ensure their inclusion is agreed before final selection.

Stage 5: Data from included articles will be extracted using data extraction sheet designed for this specific review by two reviewers and collated.

At all stages, any differences in opinion will be discussed, and a resolution for inclusion sought. A Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) diagram (Page MJ et al., (2021). The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ 29;372:n71. doi: 10.1136/bmj.n71. PMCID: PMC8005924) will detail this process.

Data Extraction sheet will include - Author/ year/title/ journal/country/ date of data collection/ professional group, health care setting(s) ; Primary and secondary objective/aim, sample, methodology, data collection method, outcome, professional and workplace barriers and facilitators, key experiences; key message related to findings and strengths and limitations of the study.

Risk of bias (quality) assessment

By giving equal consideration to quantitative and qualitative methods, the Research Critique Framework (Caldwell, 2005) was found to most accurately fit the requirements of this review. The authors used this tool in conjunction with a simple, self-developed scoring system out of eighteen in order to categorise quality and appropriateness of each study. The initial questions are rather general and should be considered for all studies, with focus on design and methodology. The framework then splits into two pathways for either qualitative or quantitative routes. The authors devised a simple grading method whereby each question was assigned a ‘yes’, ‘no’ or ‘not applicable’. These were then scored numerically with percentages calculated and finally further categorised as poor (<75%), moderate (75-90%) or high quality (>90%).

Strategy for data synthesis

Step 1:

Identify themes reflective of the research question from the results or discussion section of each paper, which ultimately convey the connotations of the information gathered.

Step 2:

Collected data is then broken into as many parts as are identifiable, aided by use of data extraction tables, followed by grouping into manageable themes based on resemblances.

Step 3:

Follow the three stages of analysis, namely basic, intermediate and higher, through which researcher can progress back and forwards until a robust understanding of the issues are gained.

Step 4:

Generated themes are then summarised and analysed in order to formulate explanations and recognise discrepancies within the research so as to justify conclusions and highlight potential implications for clinical practice, service development, education and ongoing research.

Analysis of subgroups or subsets [1 change]

Not applicable

Contact details for further information

Karen Osinski

kronosinski@gmail.com

Organisational affiliation of the review

National Poisons Information Service, Royal Infirmary of Edinburgh

https://www.npis.org/

Review team members and their organisational affiliations [1 change]

Miss Karen Osinski. National Poisons Information Service

Dr Janyne Afseth. Robert Gordon University

Type and method of review [1 change]

Systematic review

Anticipated or actual start date

05 April 2021

Anticipated completion date

23 January 2023

Funding sources/sponsors [1 change]

National Poisons Information Service

NHS Lothian

Conflicts of interest

Language

English

Country

Scotland

Stage of review

Review Ongoing

Subject index terms status

Subject indexing assigned by CRD

Subject index terms

Delivery of Health Care; Humans; Naloxone; Narcotic Antagonists

Date of registration in PROSPERO

16 September 2022

Date of first submission

09 September 2022

Stage of review at time of this submission

Stage	Started	Completed
Preliminary searches	Yes	Yes
Piloting of the study selection process	Yes	Yes
Formal screening of search results against eligibility criteria	Yes	Yes
Data extraction	No	No
Risk of bias (quality) assessment	No	No
Data analysis	No	No

The record owner confirms that the information they have supplied for this submission is accurate and complete and they understand that deliberate provision of inaccurate information or omission of data may be construed as scientific misconduct.

The record owner confirms that they will update the status of the review when it is completed and will add publication details in due course.

Versions

16 September 2022