Information was disseminated to providers -
- O - local and national trends of OAE
- O - criteria used for identifying patients at risk for an OAE
- O - indications for prescribing naloxone
- O - review of the process to prescribe the medication on hospital discharge
- O - educational sessions for nurses on opioid misuse and overdose
- O - instructions on intranasal naloxone administration
- O - Information dissemination to patients

- Patient education
- - O - video from Monroe County
- O - brief PowerPoint overview
- O - instructions on intranasal naloxone rescue kit

- The Opioid Task Force at the University of Rochester Medical Center
  - Provided guidelines for safe opioid prescribing/naloxone use
  - Mandated providers to complete training modules regarding OAE and naloxone.

INTRODUCTION

- Opioids were involved in 47,600 overdose deaths in 2017 (67.8% of all drug overdose deaths) in the US (1)
- In Monroe County, NY, heroin and fentanyl deaths have increased 200% from 2015 to 2017 (2)
- High lifetime prevalence of a substance use disorder (50%) occurs among hospitalized individuals.
- Center for Disease Control & Prevention and the Surgeon General have issued guidelines recommending co-prescription of naloxone with opioids for a subset of patients
  - O - Those on opiate pain medications
  - O - Those with risk factors for opiate overdose
- Naloxone prescribing for high-risk patients is a risk mitigation strategy.
- Aim: Increase access to naloxone in the community by identifying patients at risk of an OAE upon hospital discharge, targeting staff and patient education, and increasing the number of naloxone prescriptions.

METHODS

- A faculty development conference for prescribing - providers
  - O - O - local and national trends of OAE
  - O - criteria used for identifying patients at risk for an OAE
  - O - indications for prescribing naloxone
  - O - review of the process to prescribe the medication on hospital discharge
- O - Educational sessions for nursing
  - O - opioid use disorder & epidemic
  - O - signs of an overdose
  - O - instructions on intranasal naloxone administration
- O - Information dissemination to patients
  - O - Patient education
    - O - video from Monroe County
    - O - brief PowerPoint overview
    - O - instructions on intranasal naloxone rescue kit

- We compared data from 7 months before and after implementing our program.
- O4 patients received naloxone and education at discharge after starting our project, compared to only 2 in the preceding 7 months.
- Naloxone prescriptions declined a few months after project initiation. We found that patients being discharged to skilled nursing facilities did not require naloxone prescriptions, as these facilities had their own supply.

RESULTS

- Data was obtained from the hospital outpatient pharmacy records of naloxone nasal spray prescriptions at the time of discharge
- Patients who received naloxone after program implementation:
  - O Mostly male (56%, n=36)
  - O Mean age 51 ± 15 years
  - O Median hospital length of stay was 6 days
  - O 59% were on chronic opioids prior to admission
- Co-payments:
  - O 85.9% of patients had a co-pay ranging from $0 to $1
  - O Seven patients (10.9%) had a co-pay ranging from $2 to $35
  - O 3% had a co-pay of higher than $35

DISCUSSION

- O Other patients that are at risk that were not included:
  - O - decreased opioid clearance and metabolism (e: liver cirrhosis or chronic kidney disease)(12)
  - O - discharged to skilled nursing facilities and thus already have access to naloxone
  - O - patients who preferred to use an external pharmacy
  - O - patients receiving opioids for cancer related pain
- Limitations include:
  - O - inability to measure how often naloxone is being used after discharge, partly due to limited access to external databases
  - O - ability to study how our intervention of increasing naloxone in the community is impacting the number of emergency department visits and deaths related to OAE
- Additional inpatient hospital medicine units replicated this pilot and prescriptions for naloxone have increased across the institution as a whole.
- The ambulatory internal medicine clinic started a similar Narcan Initiative to increase naloxone prescriptions in the outpatient setting.
- The Opioid Task Force at the University of Rochester Medical Center provided guidelines for safe opioid prescribing/naloxone use.

REFERENCES

2. Singer, Patti. Monroe County opioid overdose deaths up more than 200 percent in two years. Democrat and Chronicle. 3 July 2018
5. Singer, Patti. Monroe County opioid overdose deaths up more than 200 percent in two years. Democrat and Chronicle. 3 July 2018