Improving Patient Outcomes: Interventions to Address Opioid Overdose in the Hospital Setting

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• Begin buprenorphine in the inpatient setting
• Nasal naloxone prescriptions for any outpatient receiving long term opioids
• Nasal naloxone prescriptions for hospitalized patients with
  • Overdose history
  • Substance use disorder and opioid prescription
  • High dose opioid prescription
  • High risk, as defined by physician
Massachusetts General Hospital

Inpatient Addiction Consult Team

• Hospital admission is a “reachable moment”
• Systematic screening (RN-based AUDIT-C/NIDA-1)
• Motivational enhancements/engagement
• Pharmacotherapy Initiation
• Linkage to treatment
• Recovery coaches
Connect overdose patients in emergency rooms with recovery coaches at the hospitals, in order to provide the support needed to link patients to treatment and recovery.
Providence, RI

ANCHOR ED

- Linking people to treatment and recovery services
- Provide education on OD, prevention and access to naloxone
- Contact patient with F/U call after DC from ED
- On-call 24/7 at 12 of the 14 RI hospitals
- After six months of using recovery coaches, participating hospitals report 89% of patients admitted for an overdose end up seeking treatment
Yale: ED Initiated Buprenorphine/Naloxone Treatment

• NIH funded study Yale School of Medicine and School of Public Health

• Among opioid-dependent patients, ED-initiated buprenorphine treatment vs brief intervention and referral significantly increased engagement in addiction treatment, reduced self-reported illicit opioid use, and decreased use of inpatient addiction treatment services
PROJECT DAWN  
(DEATHS AVOIDED WITH NALOXONE)  
OHIO ED’S

- Developed by the Ohio Department of Health
- Education by RN in ED
- Patients and families are educated on recognizing the signs and symptoms of a drug overdose, distinguishing between different types of drug overdose, performing rescue breathing, calling emergency medical services, and administering intranasal Naloxone
- A “Naloxone kit,” which includes two nasal atomizers, a face shield for rescue breathing, a quick reference guide, an educational brochure, and an instructional DVD
- Follow-up calls are made to determine efficacy and if patient sought treatment
THOUGHTS....

• Hospitals are a touch point to a population that is unintentionally dying
• There are some simple and not so simple interventions that can be implemented
• It’s a complex issue
• Caring
• What can be done that is solution focused?