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OBJECTIVE

- Assess the need for a multimodal approach to increase access to harm reduction services as a quality improvement process for standard of care.
- Evaluate the impact of a pharmacist-led education for healthcare providers to improve access to harm reduction services.

BACKGROUND

- Hospitalists are increasingly responsible for the management of infectious consequences of opioid use disorder, including increasing rates of injection-drug use associated endocarditis, osteomyelitis, and soft tissue infections.
- The complications related to unsafe injection practices often lead to requiring acute care in the emergency department and/or hospitalization.
- Despite the high risk of complications among people who inject drugs, harm reduction interventions have not been widely adopted in inpatient settings.
- Few publications have addressed how to integrate harm reduction approaches into the care of hospitalized patients who inject drugs.

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DISCLOSURES

Authors have no disclosures concerning possible financial/personal relationships with commercial entities that may have a direct/indirect interest in the subject matter.

METHODS

Pre-Intervention

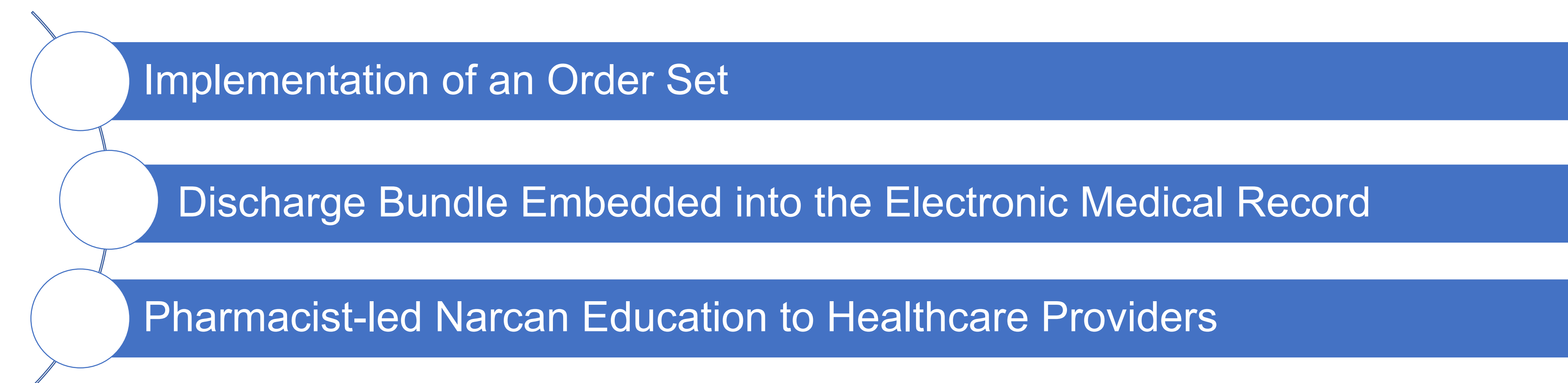
- A retrospective chart review of people over the age of 18 who inject drugs that presented to the emergency department or are hospitalized between June 1, 2021, to September 1, 2021, in the Guthrie Health System*.

Post-Intervention

- Conduct a prospective audit to assess and re-educate healthcare providers on the use of the multimodal intervention.
- Targeting people over the age of 18 who inject drugs that present to the emergency department or are hospitalized in the Guthrie Health System*.

*The Guthrie Health System includes Robert Packer Hospital, Cortland Medical Center, and Corning Hospital.

Multi-modal Intervention



Order Set

- Narcan prescription
- Vaccinations (hepatitis A and B, influenza, tetanus, pneumococcus)
- Disease screening (hepatitis B and C, HIV)

Discharge Bundle

- Narcan education
- Fentanyl test strips education
- Safe injection practice education
- Outpatient resources (syringe exchange programs, substance use disorder clinic referrals)

Narcan Survey

- Data will be compared with the pre and post pharmacist-led education of Narcan to healthcare providers.
- Confidence changes will be assessed through Likert Scale questions.
- The survey questions consist of:
 - Distributing naloxone will encourage people to use more opioids.
 - Preventing overdoses is not effective because people will overdose again.
 - Naloxone should be given by medical professionals only.
 - I am aware of the adverse effects associated with the utilization of Narcan nasal spray.
 - I am confident that I can demonstrate how to use Narcan nasal spray to a patient.
 - I have provided education on the role of Narcan to every patient who inject drugs that was on my service.
 - I have offered a Narcan kit/prescription to every patient who inject drugs that was on my service.
 - I am confident that I can provide a patient with outpatient resources for obtaining Narcan nasal spray.

Outcomes

- **Primary Outcome**
 - Quantitative measure of Narcan prescriptions or education provided at discharge
- **Secondary Outcomes**
 - Quantitative measure of the following:
 - Disease screening (HIV, hepatitis B and C)
 - Vaccination rates (hepatitis A and B, influenza, tetanus, pneumococcus)
 - Fentanyl strip education
 - Safe injection practice education
 - Discharge instruction that contain outpatient resources (syringe exchange programs, substance use disorder clinic referrals)
 - Survey data pre and post pharmacist-led education of Narcan to healthcare providers