

Hospitalist Opioid Action Plan

Phase 1: Reducing Harm for Patients with High Risk

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PROBLEM

Canada is one of the **highest** per capita consumers of opioids in the world¹.

Hospitalizations for opioid toxicity have **risen by 30%** since 2007².

Opioid related deaths are **rising exponentially**^{2,3}.

Long term, high opioid doses increase risk of toxicity and death without evidence for improved pain or function⁴.

PLAN

Support Physicians to identify patients with risk for an adverse opioid event^{5,6,7}:

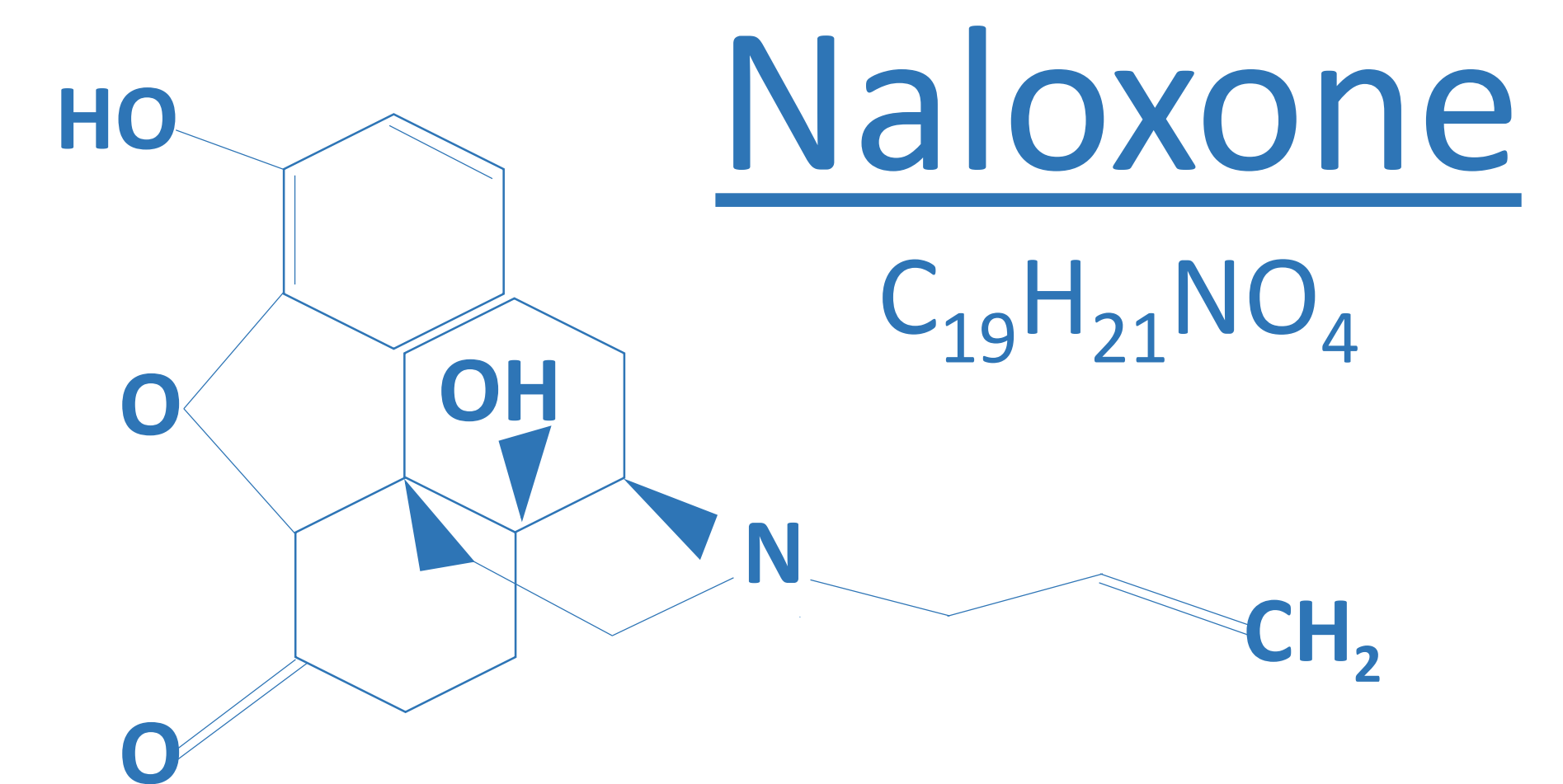
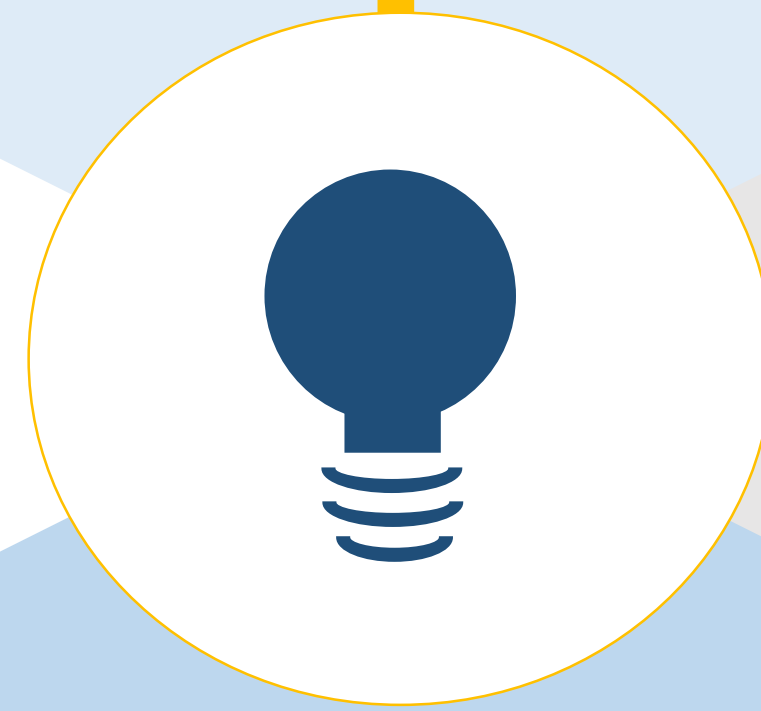
- Regular high dose opioids
- Concurrent alcohol and/or benzodiazepine use
- Medical conditions such as liver/lung disease, HIV, or depression
- Individuals with substance use disorder
- Individuals supported with methadone treatment
- Previous overdose

Train Hospitalist Liaison Nurses to deliver THINK discussion and patient teaching.

Improve opioid risk communication at transitions of care.

PROSPECTS

Future phases of the Hospitalist Opioid Action Plan are under development. Patient interviews, dose tapering & adjuvant initiation, and documentation improvement are being considered.



PROPOSAL

As an opioid reversal agent, naloxone can resume breathing in overdose.

Take home naloxone kits (THNK) are **not widely available** in acute care settings.

Providing THINK during admission increases access before patients transition back to the community.

Introduce a process to offer THINK to any Hospitalist patient with high risk opioid use.

POTENTIAL

Access: Current practice relies on community programs. Our initiative removes this barrier.

Culture: Promoting safety and compassion for patients often experiencing stigma.

Empowerment: informing patient choice and respecting self-directed care.

Naloxone saves lives.

References:

1. Pain & Policy Studies Group, University of Wisconsin/WHO Collaborating Centre, 2015.
2. Hospitalizations and Emergency Department Visits Due to Opioid Poisoning in Canada, CIHI, 2016.
3. Opioids and Substances of Misuse, Alberta Report Q2, 2017.
4. CDC Guideline for Prescribing Opioids for Chronic Pain, CDC, 2017.
5. Management of Substance Abuse: Information Sheet on Opioid Overdose, WHO, 2014.
6. Best Practice Recommendations, Working Group on Best Practice for Harm Reduction Programs in Canada, 2013.