

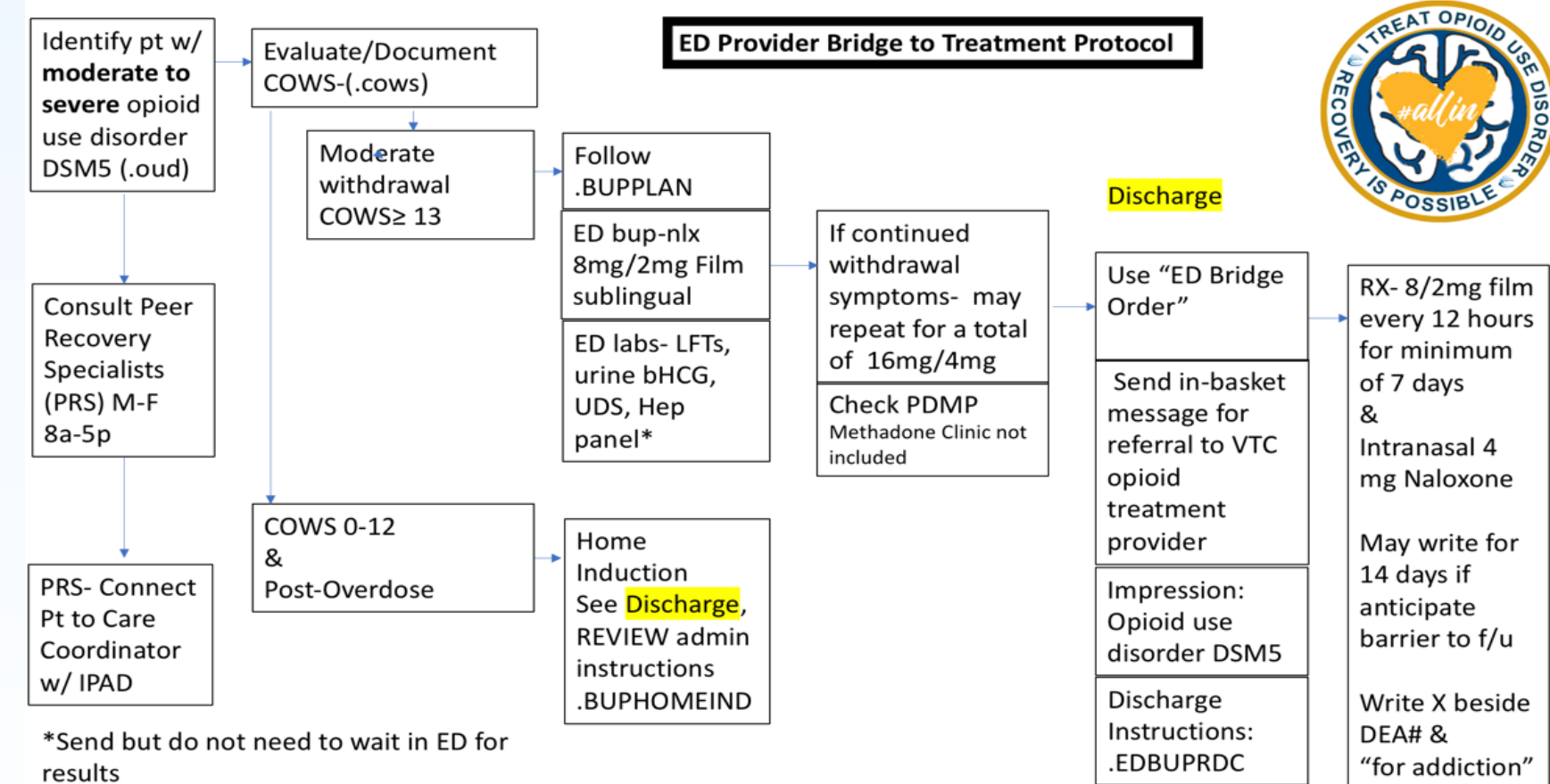
# Emergency Department Buprenorphine-Naloxone for Non-Fatal Opioid Overdose Survivors

## INTRODUCTION

- Although buprenorphine-naloxone decreases opioid related mortality, access in the Emergency Department (ED) across the nation remains limited.<sup>1</sup>
- Opioid overdose deaths continue to rise.<sup>2</sup>
- The ED is a critical checkpoint to start opioid use disorder (OUD) interventions and refer to treatment.<sup>3,4</sup>
- The study aims to compare nonfatal overdose survivors to non-overdose persons with OUD in regards to successfully transitioning in care from the ED to follow up treatment.

## METHODS

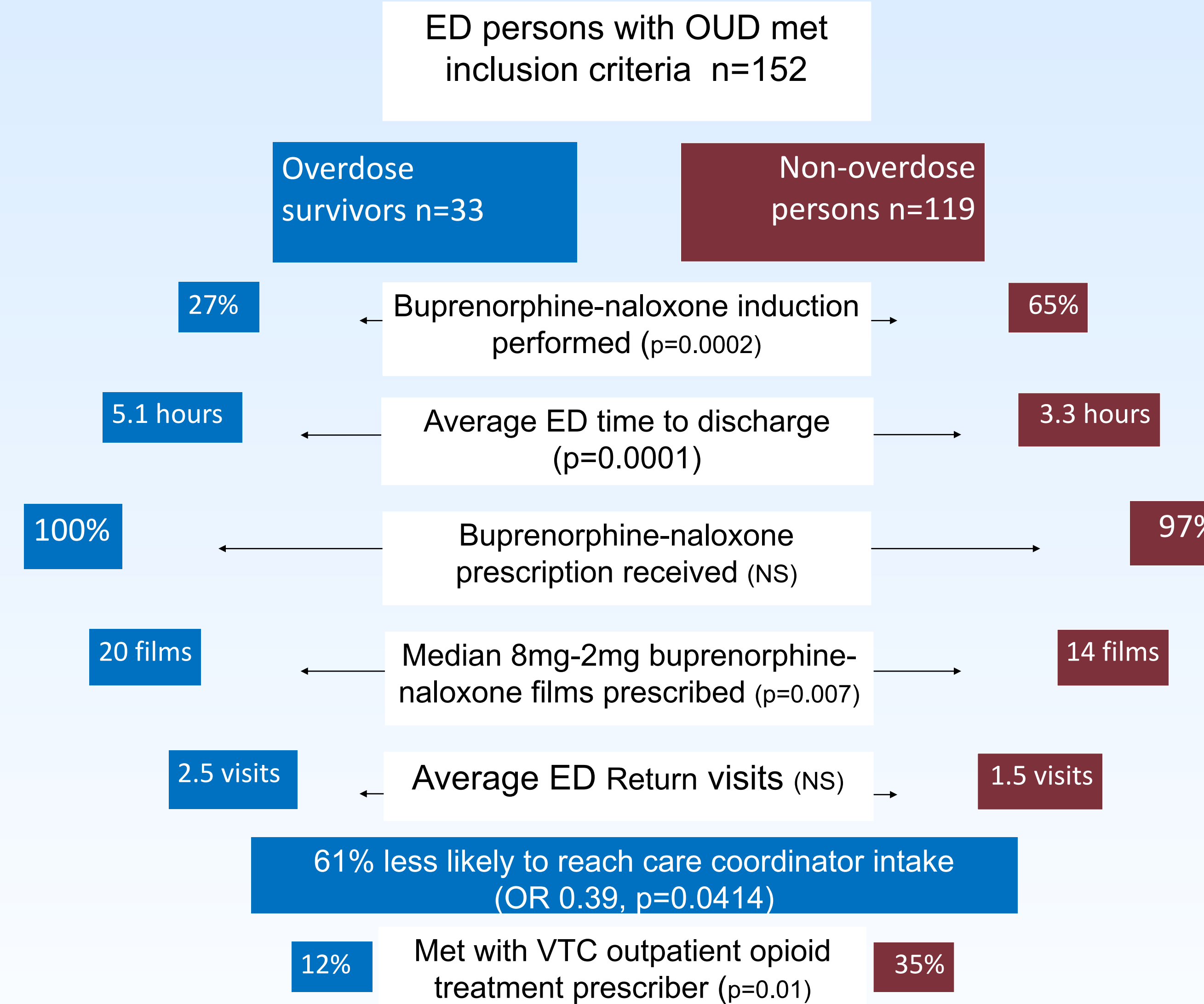
- IRB-determined quality improvement study
- Level-1 trauma center in Southwest Virginia
- September 2020 to August 2021



**Inclusion Criteria**  
 OUD ED diagnosis  
 Roanoke-Allegheny Resident  
 Discharged  
 Not pregnant  
 Not currently in OUD treatment

- Statistical analyses performed by 2- sample t-test, chi-squared test, and step-wise multivariable logistic regression model.

## RESULTS



## CONCLUSION

- Persons with non-fatal overdose were less likely to reach outpatient follow up intake with a care coordinator and/or outpatient VTC prescriber compared to non-overdose persons.
- The patient's readiness to change and severity of illness may contribute to the significant differences
- Limitations of the analysis include sample size, quality improvement methodology and referral to higher level of care or other prescriber options recommended during care coordinator intake which limited overall referrals to VTC outpatient opioid treatment prescribers.
- Immediate access post-revival to buprenorphine-naloxone, expanding peer recovery specialists' hours, and providing low barrier access to follow up care are current improvement plans.
- Innovative research is warranted to improve outcomes for persons with OUD, especially those who present after a life-threatening overdose.

## AUTHORS & DISCLOSURES

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