

# Title: SUBSTANCE USE DISORDER

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**Start Date:** 5/21/18

**Latest Revision Date:** 12/19/18

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**Elliot Health System**

## 1. Background and Current State

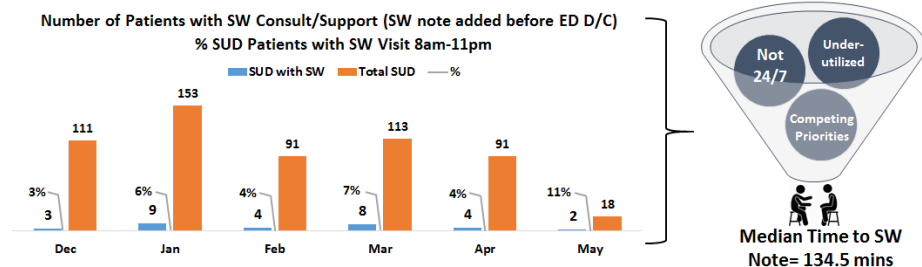
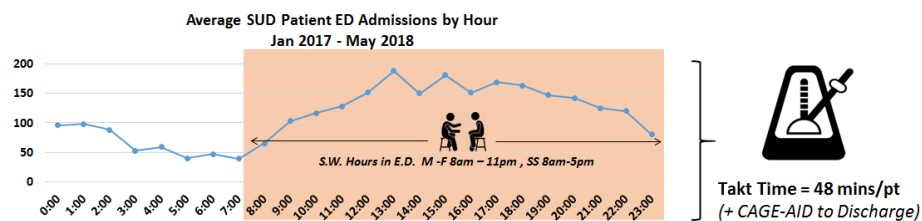
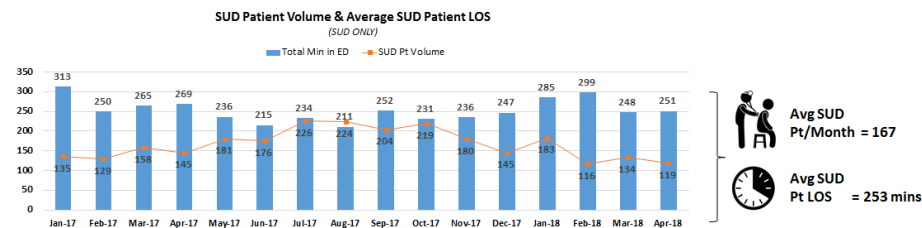
In May of 2017, the Elliot Health System (EHS) Emergency Department secured grant funds (\$123,625) from the State of NH in partnership with the Foundation for Healthy Communities to help provide support for patients identified as having overdosed on opioids, being an opioid user, or otherwise being at risk to opioid use. To meet the grant requirements, EHS originally contracted with Serenity Place but the organization went into receivership in December of 2017 leaving a gap in the existing process.

### Foundation for Health Communities Grant Requirements



Patients presenting to the E.D. with SUD are often triaged and treated to meet short-term needs. Survey results and initial data suggest:

- Lack of patients connected with social work to receive screening/brief intervention
- Lack of follow up/connection to outpatient and community resources lead to an increase in SUD admissions
- Barriers such as outpatient resources, lack of training, stigma, and frequent readmissions. No long term strategy with metrics to improve care for SUD patients



## Staff & Patients Survey Results Revealed:

What is going well (+)	Opportunities (Δ)
+ Great social work staff	Δ More education for ED staff
+ Finding ways to support patients	Δ Recognize dual dx patients
+ Patient care (nurses/providers)	Δ More resources for treatment
+ Safe Stations	Δ Culture awareness to decrease stigma
+ Medical Clearance	Δ More SUD RN/SW to see patients

\*\*Disciplines surveyed include: ED Nurses, ED providers, social work, case management, Manchester Mental Health, PEP, patients

## 2. Problem Statement

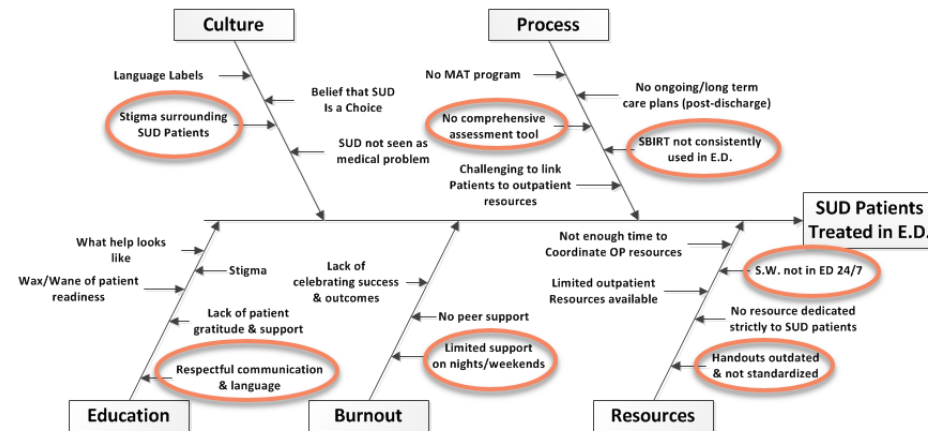
The current EHS processes for supporting patients that present to the Emergency Department with a SUD diagnosis and for connecting them to outpatient resources post discharge are inadequate and do not meet the grant requirements outlined by the Foundation for Health Communities. The current process does not meet standards of care as evidenced by on average only 6% of SUD patients having a Social Work note in Epic prior to discharge from December 2017 through May 2018.

## 3. Improvement Target/Future State

100% compliance with the grant requirements outlined by the Foundations for Healthy Communities by 5/30/2019:

- 100% of ED Staff receive SUD Education
- 100% of ED patients screened with CAGE-AID tool (excluding emergent patients)
- 100% of ED patients that had a positive CAGE-AID screen receive a brief intervention
- 100% of ED patients with SUD Diagnosis discharged with outpatient referral
- 100% of ED patient with SUD diagnosis receive follow-up outreach post discharge

## 4. Root Causes



**Voice of the customer** - Cross-functional team meetings identified 3 major areas:

Burnout	Process/Resources	Education/Training/Culture
<ul style="list-style-type: none"> <li>Difficult to sustain high level of care with repeat SUD admissions</li> <li>Drain on staff &gt; decrease in SW consults</li> <li>No SW overnights/weekends</li> </ul>	<ul style="list-style-type: none"> <li>Lack of/unaware of referral resources for appropriate follow up</li> <li>Lack of process makes it hard to provide prompt care (i.e. MAT)</li> <li>Difficult to target in ED setting, no standardization, (i.e. SBIRT)</li> </ul>	<ul style="list-style-type: none"> <li>Lack of knowledge on addiction as a disease</li> <li>Need training to help staff reduce stigma associated with SUD patients</li> <li>no training on communication with SUD patients (i.e. MI)</li> </ul>

## 5. Countermeasures

- Education**
  - Overview of SUD Program (address stigma, communication, and culture)
  - SUD Disease Model/Pathology
- Resources**
  - Update and standardized list of outpatient resources/education materials
  - Hire MLADC exclusively dedicated to support ED SUD patients
  - Develop/Update Harm Reduction Bag and create standard work to manage
- Process**
  - Screen all ED Patients with CAGE-AID Tool
  - Provide a standardized Brief Intervention to all patients with a positive CAGE-AID screen
  - Develop standardized process for assessment, treatment and outpatient referral
  - Implement care team huddle with nurse, MLADC, social work and provider (as needed)
  - Outline new process for post discharge follow-up

## 6. See Countermeasures Through (action plan)

Action Item	Owner	Target Date	Comp. Date	Status
<b>Rapid Process Improvement Events</b>				
RPIW Session 1	Alisha Feightner	7/23/18	7/23/18	Complete
RPIW Session 2	Alisha Feightner	7/26/18	7/26/18	Complete
RPIW Session 3	Alisha Feightner	8/24/18	8/24/18	Complete
<b>Resources</b>				
Update Harm Reduction Kit/Bag	Jess/Carol	12/18/18	12/17/18	Complete
Hire MLADC	Carol Furlong			Complete
I.T. Change Requests	Denissa Grace	12/18/18		In Progress
Consolidate Education Materials	Jess/Carol	12/18/18	12/17/18	Complete
<b>Education &amp; Training</b>				
Mandatory 3 hr Training Dev. & Delivery	Julie Van Kalken	01/03/18		In Progress
Brown Bag Training Dev. & Delivery	Julie Van Kalken	TBD		Not Started
<b>Process Changes</b>				
Future State Process Map	Meredith T.	8/24/18	9/6/18	Complete
Document Standard Work	TBD			In Progress
<b>PDSA Cycles</b>				
PDSA #1 Full Process Flow	Meagan Smart	12/20	12/20	Complete
PDSA #2				Not Started
PDSA #3				Not Started

## 7. Confirm Results and Process

Metric	Baseline	Target	Actual	Last Update
% of ED Staff to receive brief intervention				
% Pts in ED screened by CAGE-AID				
% of Pts with positive CAGE-AID Screening				
% SUD Pts with Brief Intervention				
% SUD Patients with MLADC Visits				
# ED Patients with SUD Diagnosis				
% of SUD Pts with Outpatient Referrals				

## 8. Act upon the results and Standardize Successful Processes

TBD Post-countermeasure implementation, How will we measure success?