Substance Use Disorder: A Community-wide Approach

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Purpose/Objectives

- Describe how a community wide patient safety coalition can accelerate the rate of change by using team based and interprofessional approaches to quality improvement and patient safety.

- Identify the seven key strategies/objectives that will be focused on from a healthcare perspective to assist in combating the opioid crisis.

- Verbalize future initiatives to assist organizations in developing opportunities to build processes around substance use disorder.

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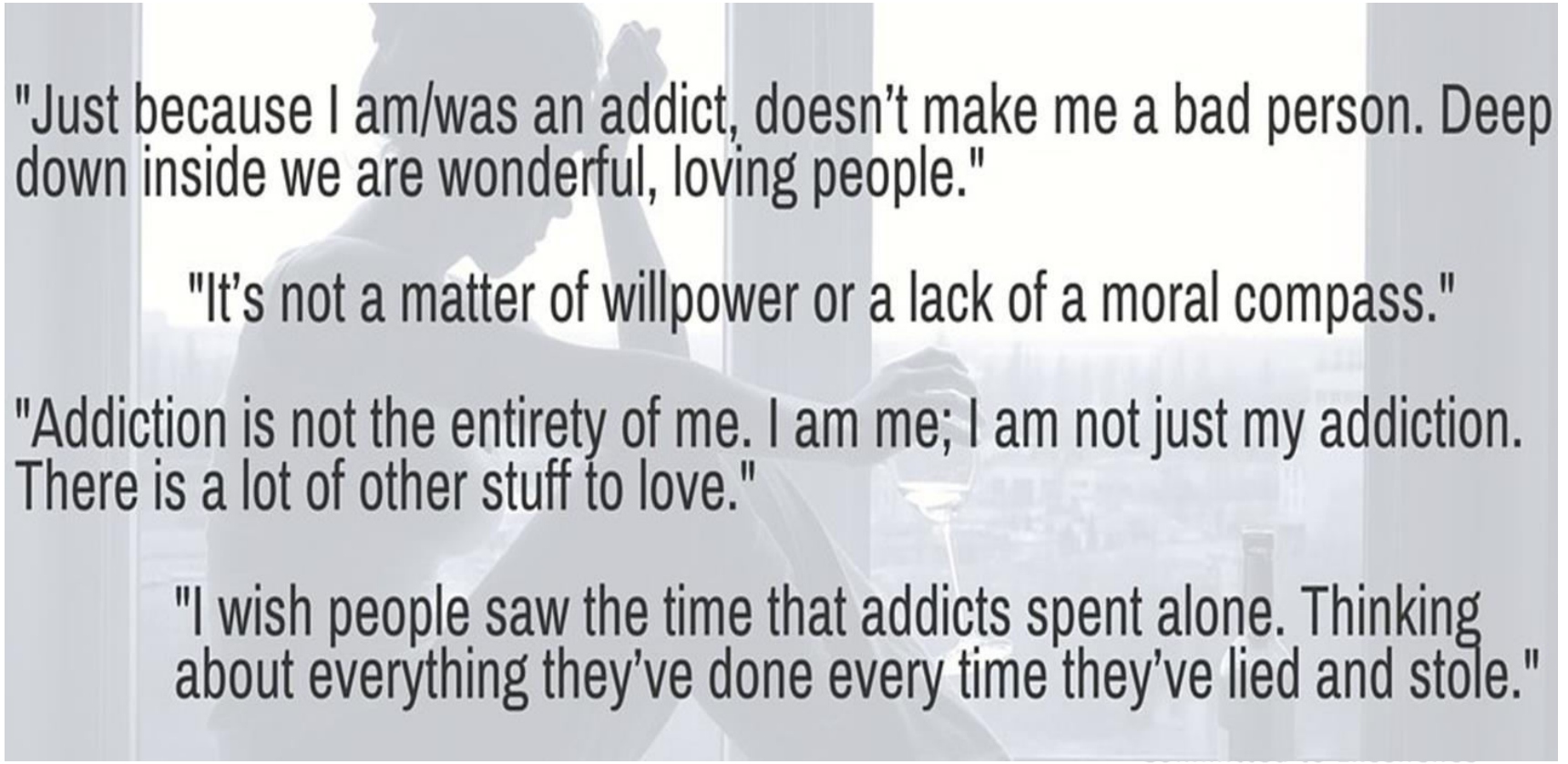
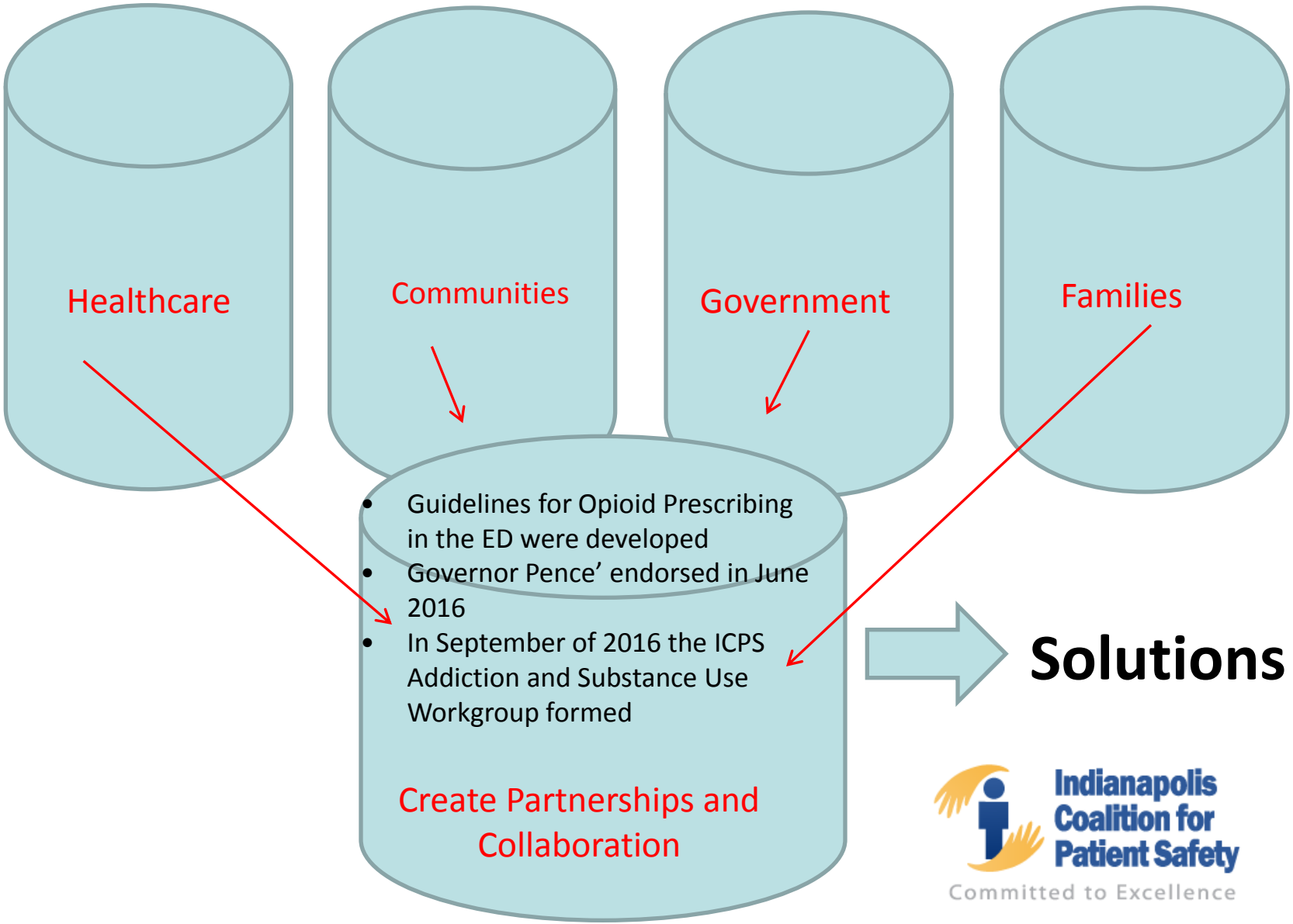
Substance Use Disorder

Words of those who suffer this disease……



Complex, Multi-faceted, Ongoing

Created Silos



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Indianapolis Coalition for Patient Safety (ICPS)

Working together to make Indianapolis the safest place to receive healthcare in the nation.

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Members and State-wide Collaborators:

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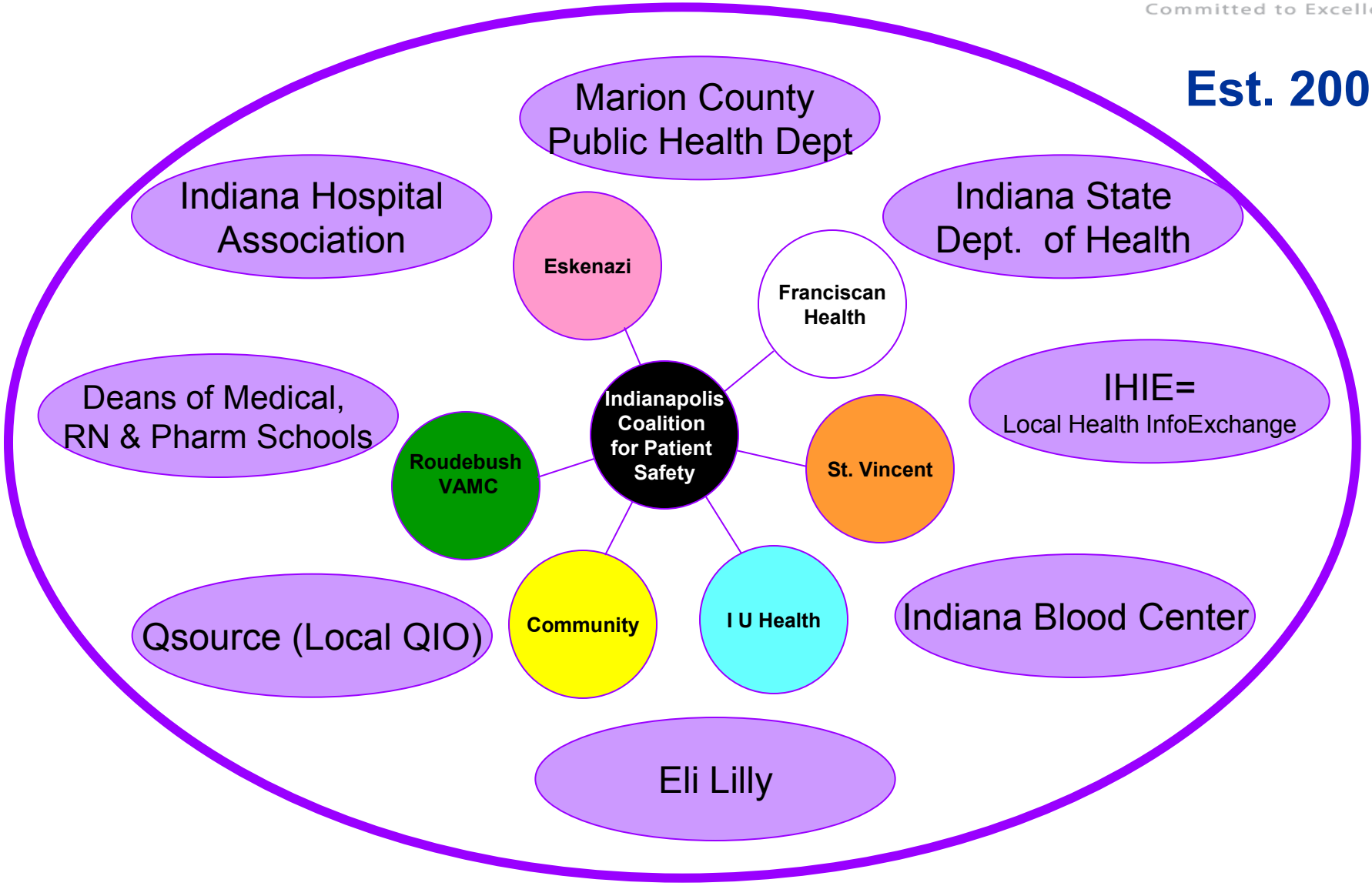
Est. 2003



We will *not compete* on safety and will share openly best practice

Do not compete on safety!

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ICPS Governance

Board of Directors

- Health System Chief Executive Officers, One Chief Medical Officer, One representative from Pharmacy, from Nursing, and from Quality/Safety
- Governance: approves strategic + annual operations plans, annual budget, Bylaws
- Monitors progress and provides oversight for Coalition and Coalition staff
- Meets twice annually

Executive Work Group

- Chief Medical Officers, Chief Nursing Officers, Patient Safety/Quality Officers, Pharmacy Officers from the Coalition hospitals
- Appoints Work Group members
- Approves Work Group recommendations
- Endorses plans for hospital-level implementation of Coalition priorities
- Develops strategic and operations plans
- Meets every other month

Initiative Specific Work Groups

- Subject Matter Expert representative(s) from Coalition hospitals
- Develops strategy, tactics, supporting documents, implementation plans for improvement
- Meets at intervals as needed

**** Individual hospital committees implement initiatives, track/monitor data with guidance from health system's Coalition representatives

Indianapolis Coalition for Patient Safety, Inc.
Peer Review Protection

The Corporation has affiliate hospitals as indicated in IC 34-6-2-117(14)

As a result the Corporation shall be considered as a "Professional Health Care Provider" as defined by IC 34-6-2-117 but only for purposes of the Indiana Peer Review Law, IC 34-30-15

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STANDARDIZATION AND IMPLEMENTATION OF BEST PRACTICE

CURRENT WORK GROUPS:

- COMMON CAUSE
- HEART FAILURE READMISSIONS
- MEDICATION SAFETY
  - USP 800 (Hazardous Medications)
  - ASOP (Alliance for Safe On-Line Pharmacies)
  - Standard IV Concentrations
  - Medication Safety Symposium
- BLOOD SAFETY
- CONTRAST MEDIA USAGE and EXPOSURE
- SMART PUMP Safety
- MDRO's (Multi-Drug Resistant Organisms)
- PERI-OP SAFETY
- PEDIATRICS
- SUBSTANCE USE DISORDER
- IT/ INFORMATICS
  - EPIC User Group
- CNO Meeting
- CMO Meeting
- MATERNITY

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ICPS Substance Use Disorder

- Interdisciplinary workgroup formed
  - Sept 2015
    - Inpatient Bedside caregivers
    - Addiction specialist
    - Behavior health
    - ED representation
    - Advance practice nurses
    - Mother-baby representation
    - Pharmacists
    - Others as identified

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Substance Use Disorder

- In June of 2016 Governor Mike Pence endorsed a set of guidelines for managing pain in the Emergency Departments in efforts to decrease the availability of opioids being prescribed.
- These guidelines were a joint venture of many stakeholders.
  - Indiana Hospital Association
  - Advancing Emergency Care
  - Indianapolis Coalition for Patient Safety
  - Indiana State Medical Association

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ICPS SUD Workgroup Process

- Develop workgroup charter
- Review current tools / process at each health-system
- Review and share current validated tools
- Review literature
- Review website and on-line resources and references
- Develop statement through consensus including identified tools / resources to embed

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ICPS Defining SUD

- Substance Use Disorders (SUD) are chronic medical conditions that require long term care, monitoring, management strategies and follow up as part of routine medical care across the patient's lifespan

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ICPS SUD Consensus Statement

- Part of larger approach focused on best practices around opioid prescribing:
  - Persistent adherence to routine use of INSPECT
  - Following best practice prescribing guideline
  - Development of systems for the use of medication assisted treatments (MAT) in medical care settings as well as psychiatric care settings across the patient's life-span.

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SUD Consensus Statement

I. Staff and provider education

a. Stigma reduction
b. SUD
c. Anti-Diversion strategies
d. Prescribing guidelines
e. INSPECT requirements

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ICPS SUD Consensus Statement

II. Screening and Identification

a) **SUD screening tools in place**

b) **UDS in place**

III. Brief Intervention

a) **Mandatory SBIRT, referral and naloxone info when appropriate**

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ICPS SUD Consensus Statement

IV. Treatment Intervention

a. Overdose Reversal Agents (Naloxone)
b. Detoxification
c. Medication Assisted Treatment (MAT)
d. Psycho-social treatments

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ICPS SUD Consensus Statement

V. Long Term Follow up

a) Coordinated and chronic care management strategies in place

VI. Patient educational resources and treatment resources / referral

a) Local resource guide available
b) Advance Directives for SUD available
c) Medication Disposal strategies in place
d) Diversion education in place

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ICPS SUD Consensus Statement

VII. Medication Disposal

a) **Medication take back programs in place**

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ICPS SUD Contributors

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ICPS SUD Consensus Statement

http://indypatientsafety.org/documents/resources/DRAFT_ICPS_Addictions_consensus_statement_Aug302017_with_embedded_documents.docx

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ICPS Workgroup Recommendations

Objective 1:

All staff that work in health-care receive **annual SUD education**. At a minimum, education should include an overview of SUD, stigma reduction, and treatment strategies associated with SUD

- Short term (3 months) – pilot education in one clinical area
- Intermediate (6 months) – education for all clinical staff
- Long term – education for all clinical and non-clinical staff

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ICPS Workgroup Recommendations

Objective 2:

Regular screening of all patients for substance use disorders using a standardized and evidence based assessment tool as part of routine care delivery.

- Short term (6months) implement standard screening tool in one pilot area
- Long Term – all clinical areas

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ICPS Workgroup Recommendations

Objective 3:

If screening is positive, patients should be provided with **brief interventions** and directed toward recommended treatment.

Brief intervention focuses on education, increasing patient insight and awareness about risks related to unhealthy substance use, and enhances motivation toward healthy behavioral change.

This function can combine handoffs between staff: Bedside Nursing, Behavioral Health, Emergency Department, Social Work, Recovery Coaches and others as identified to complete these brief interventions.

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ICPS Workgroup Recommendations

Objective 4:

Reversal Agents: Naloxone should be available to all at risk patients and families in any setting.

- Facilities should explore all opportunities to provide Naloxone directly upon discharge.
- Consider other system enhancements to hardwire this practice like reminders in electronic health records and incorporating into order sets.

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ICPS Workgroup Recommendations

Objective 5: Long Term Treatment

Recognizing long term treatment is necessary, all participating health-systems should develop treatments that align with patient goals.

It's important that treatment options include the use of Medication Assisted Treatments (MAT) in medical care settings as well as behavioral healthcare settings.

Recognize this takes system coordination and specialized provider training and licensure.

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ICPS Workgroup Recommendations

MAT to include:

i. Buprenorphine products

ii. Naltrexone formulations

iii. Methadone for addiction treatment

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ICPS Workgroup Recommendations

Objective 6:

INSPECT reports are integrated with all Electronic Health Records (EHR's)

Objective 7:

Treatment Resource Guide: Education and discussion of available resources must be incorporated into the discharge plan of all patients who present with SUD or overdose. Patients and families must be provided with options of treatment, other community resources and where to reach out for help when it is needed.

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ICPS Workgroup Recommendations

- Objective 8: Prescribing Guidelines:

Implement established opioid prescribing guidelines into practice. These were developed as important harm reduction strategies and reduction of SUD.

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ICPS Substance Use Disorder Workgroup Objectives (2/18)*

Objective	HLTH A	HLTH B	HLTH C	HLTH D	HLTH E	HLTH F
Staff Edu Anti-stigma		BH		ED		
Screening	OB	PC		ED	OB	
Brief Intervention		PC,ED		ED		
Naloxone	ALL (epic)	ED, PC BH, RX				
MAT	BH	BH Methadone				
INSPECT Integrated			Risk score			
Med Take-Back	BAGS Walgreens	MedSafe				MedSafe
Resource Guide (MCPHD)						

ICPS Substance Use Disorder Workgroup Objectives (10/18)*

Objective	HLTH A	HLTH B	HLTH C	HLTH D	HLTH E	HLTH F
Staff Edu Anti-stigma	ED, BH, OB	BH	All areas complete	ED	BH	OP Clinic
Screening	OB ED 4th Q '18	PC	OB	ED, OB	OB, BH	OP Clinic
Brief Intervention	ED, BH	PC ED	ED, BH	ED	BH	OP Clinic
Naloxone	RX, EPIC Pt instructions, community edu	ED, PC, BH, RX	RX	RX	BH, RX	ED/PC
MAT	BH, 6PC 4 OB, FM Res	PC, BH NTP (58 providers)	MAT (11/18)			OP Clinic
INSPECT Integrated	Jan 2019	9/2018 integrated	Yes, Risk score			n/a
Med Take-Back	BAGS Walgreens, National Take-Back sites in Spring and Fall	MedSafe		Pharma-Logistics (all sites)	Take-Back events in Spring and Fall, Box coming	MedSafe
Resource Guide	PC, ED, AC, BH	ED	BH		BH, AC	Internal guide given
RX Guidelines	ED, AC	ED	ED	ED		

*ICPS Substance Use Disorder Workgroup Objectives Explanation of Terms

- ED = Emergency Department
- BH = Behavioral Health
- OB = Obstetrics / Gynecology
- OP Clinic =Outpatient clinic
- PC = Primary Care (clinic)
- AC = Acute Care (hospital)
- MAT = Medication Assisted Therapy
- RX = Pharmacy or Prescribing
- EPIC = Electronic Health Record

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Making the SHIFT

If Narcan is free for addicts, why isn't chemo free for cancer patients?

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Making the SHIFT

- Because EMT's have an obligation to revive you in an emergency, NOT treat you.
- Narcan is NOT a treatment for addiction. If an addict calls 911, they do NOT get free treatment or free methadone/suboxone. They get revived, that's it.
- If a cancer patient's heart gives out and 911 is called, they don't get free chemo, they get revived, that's it.
- And BOTH will be revived repeatedly in emergencies until they either get treatment, die, or sign a DNR form and BOTH will be given ambulance bills each time.
- Narcan is to overdose as electric heart paddles are to heart failure. Both may revive you temporarily but neither will beat the underlying disease.

Hayley F. Smith

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I want to be able to look back at the year 2018 and say that we acted with fierce urgency.

Next Steps Where We Are Going

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Questions

Thank You

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