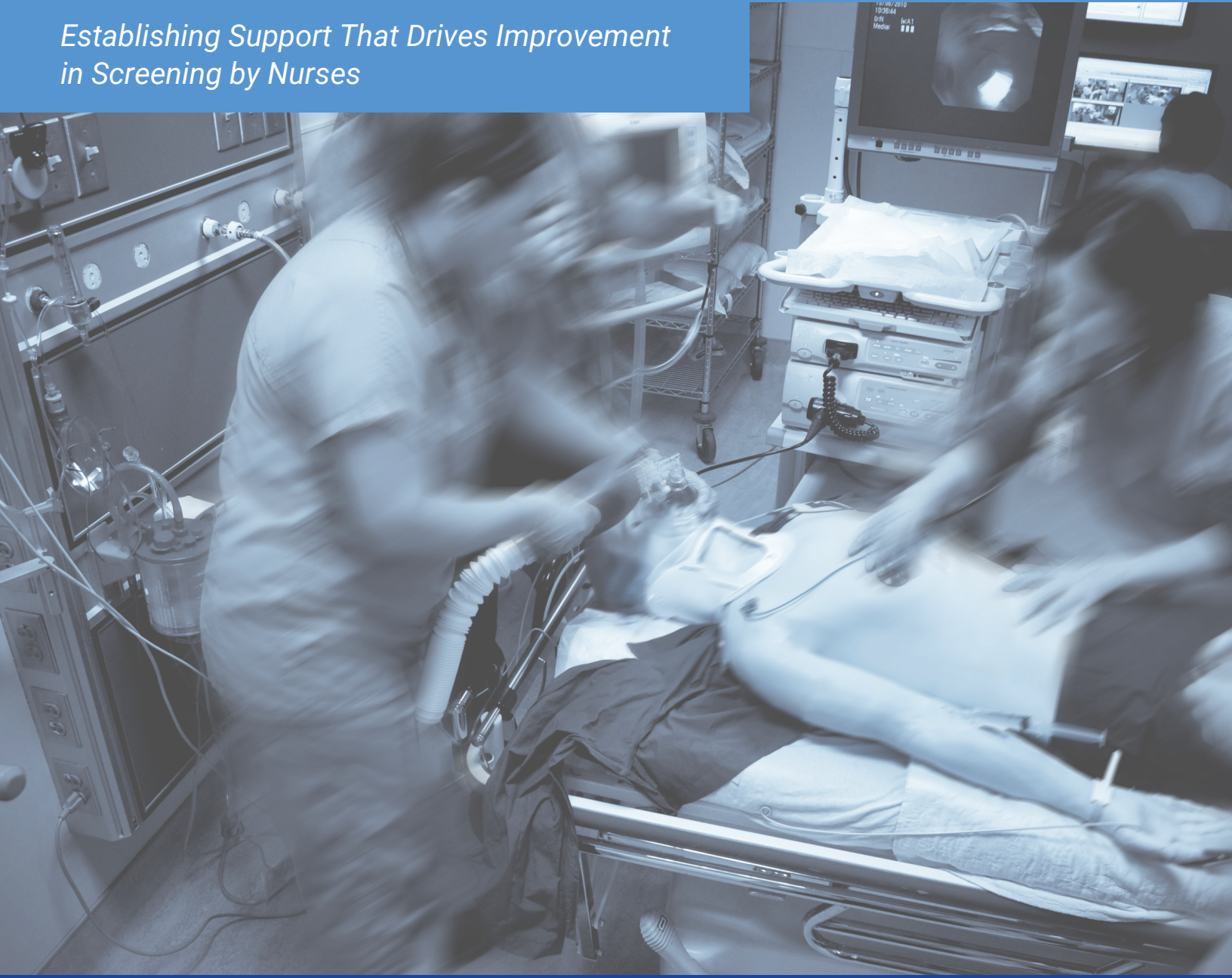


District of Columbia Hospital Association

Howard University Hospital: Leveraging the Emergency Department Setting in the Opioid Crisis

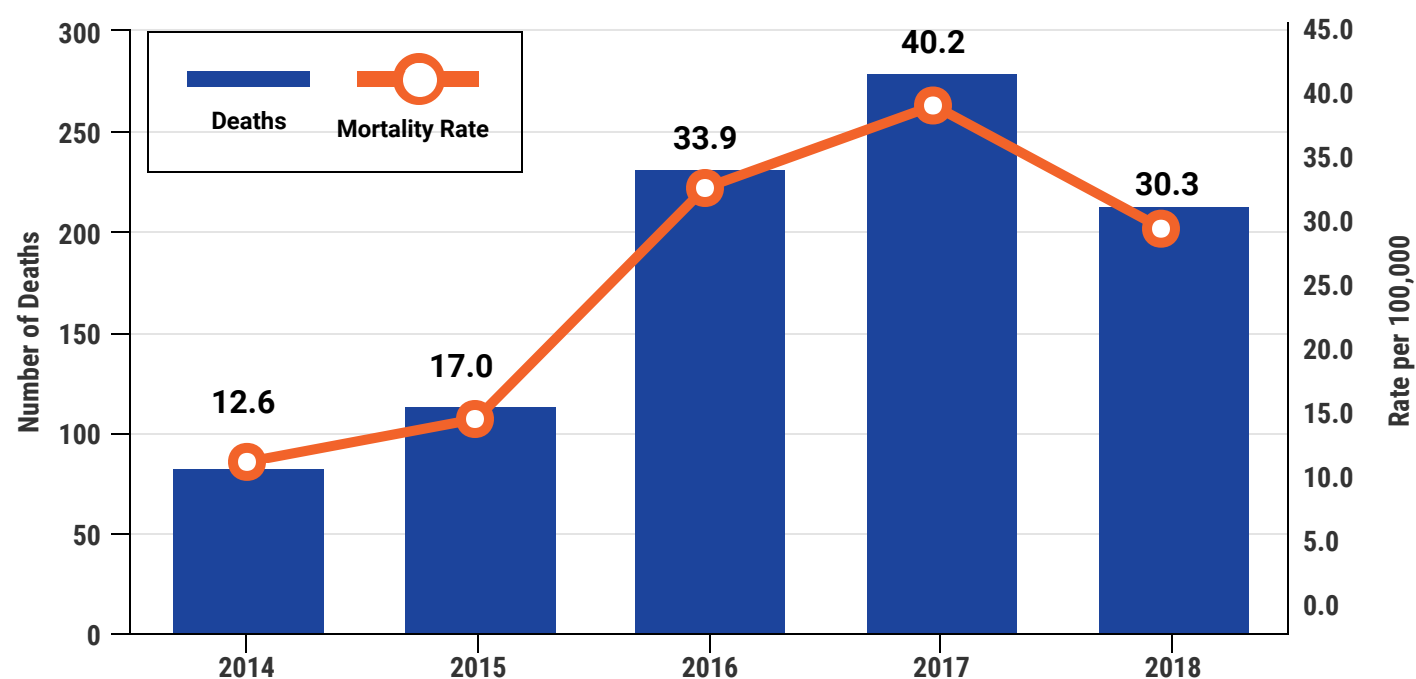
*Establishing Support That Drives Improvement
in Screening by Nurses*



As the opioid crisis rose across the nation, it's fatal impact would bring devastating results to communities in the nation's capital. The District of Columbia experienced a continuous increase in opioid deaths between 2014 and 2017 (Figure 1). According to the DC Office of the Chief Medical Examiner (OCME), in 2018, 85% of all opioid overdoses involved fentanyl or a fentanyl analog.¹ Understanding the urgency to address this issue, Mayor Muriel Bowser and the Department of Behavioral Health (DBH) announced plans to reduce opioid-related deaths by 50 percent by 2020.

Figure 1: Number and Rate of Fatal Opioid Overdoses Cases by Year, 2014-2018

Source: DC Office of the Chief Medical Examiner



Part of Mayor Bowser's plans included bringing medication assisted treatment to the Emergency Room in hospitals across the District. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), Medication Assisted Treatment (MAT) is a method of using medication in combination with behavioral therapy to treat opioid use disorder and reduce opioid-related deaths.² The three FDA-approved medications used for MAT are: Methadone, Buprenorphine, and Vivitrol. A Yale School of Medicine study informed the use of Buprenorphine in the Emergency Department (ED). It concluded that when buprenorphine is given in the ED as a form of MAT, patients are more likely to engage in substance use disorder treatment and reduce their opioid-use.³

In order to identify patients with opioid-use disorder, an evidence-based practice called Screening, Brief Intervention and Referral to Treatment (SBIRT) is used (see description below). In DC hospitals, this practice begins with a screening completed by ED nurses on every eligible adult patient that enters the ED to identify risky substance use behavior. Then, a peer recovery coach, who has experienced their own journey to treatment and recovery, completes a brief intervention which assesses a patient's readiness to enter treatment. Patients who are ready are referred to treatment based on their treatment preferences and clinical appropriateness. Patients who screen positive specifically for opioid use are also offered the option to be referred to a physician to begin medication assisted treatment with buprenorphine in the ED. Patients who are interested and are medically cleared by the physician can receive a dose of buprenorphine in the ED and are referred for a same-day or next-day referral to a treatment provider in the community.

SBIRT | Screening, Brief Intervention, Referral to Treatment

Screening

Quickly assess severity of substance use and identify appropriate level of treatment.

Brief Intervention

Increase insight and awareness of substance use; motivation toward behavioral change.

Referral to Treatment

Provide those identified as needing more extensive treatment with access to specialty care.

What is a Peer Recovery Coach?

A hospital employee with lived experience and in their own recovery journey who supports patients in the screening, brief intervention and referral to treatment.





The Emergency Department Medication Assisted Treatment (ED MAT) Program seeks to directly improve the opioid crisis in the District. The Emergency Department provides the unique opportunity to reach patients as they interact with the healthcare system, increasing access to treatment for those with opioid use disorder. As a pilot initiative in the District, the ED MAT Program presents opportunities for practice transformation within hospital Emergency Departments.

Howard University Hospital (HUH) was one of the pilot hospitals in this effort. In 2018, 749 patients presented in the ED at HUH with an opioid overdose and 861 patients presented in their ED with a diagnosis of opioid use disorder. This data revealed the necessity to increase access to treatment for those entering the Emergency Department. HUH staff also saw the value in implementing an ED-based treatment program. Dr. Richard Schottenfeld, Chair of Psychiatry, stated, “Prior to implementation of the ED MAT program, the hospital ED treated the acute medical issues leading to the ED visit but did not have the resources to address underlying substance use problems consistently or initiate MAT. Now, with the ED MAT program, the HUH ED assesses all patients for possible substance use problems as a routine part of care, initiates medication assisted treatment for patients with opioid use disorder, and provides brief interventions and expedited treatment referrals for all patients needing treatment for substance use problems.”

This kind of change in the Emergency Department takes strong support and puts collaboration at the forefront.



The District of Columbia Hospital Association (DCHA) was awarded a grant from the DC Department of Behavioral Health to garner the support and resources to take on this challenge. DCHA contracted with Howard University Hospital and the Mosaic Group. The Mosaic Group provides the technical support for this program and have completed this work within Emergency Departments in dozens of hospitals.



This kind of change in the Emergency Department takes continued effort if we want to see success and reach patients in need. The subject matter experts from Mosaic Group, along with the ED Director and Peer Supervisor, work directly with the peer recovery coaches ensuring that they are providing patients with the necessary support to connect patients to treatment. Subject matter experts also work with the multidisciplinary team through an iterative quality improvement process to address any barriers that arise and to support the hospital in reaching their benchmark goals.

Common in pilot programs with tests of change, it is critical to include a multidisciplinary team. At Howard, a multidisciplinary team convened to include Emergency Department leaders, Human Resource, Information Technology, Nursing, Psychiatry, Pharmacy and Social Work. In pursuit of continued buy-in, the CEO, Chief Nursing Office (CNO), and an ED Physician champion were also involved in program implementation.





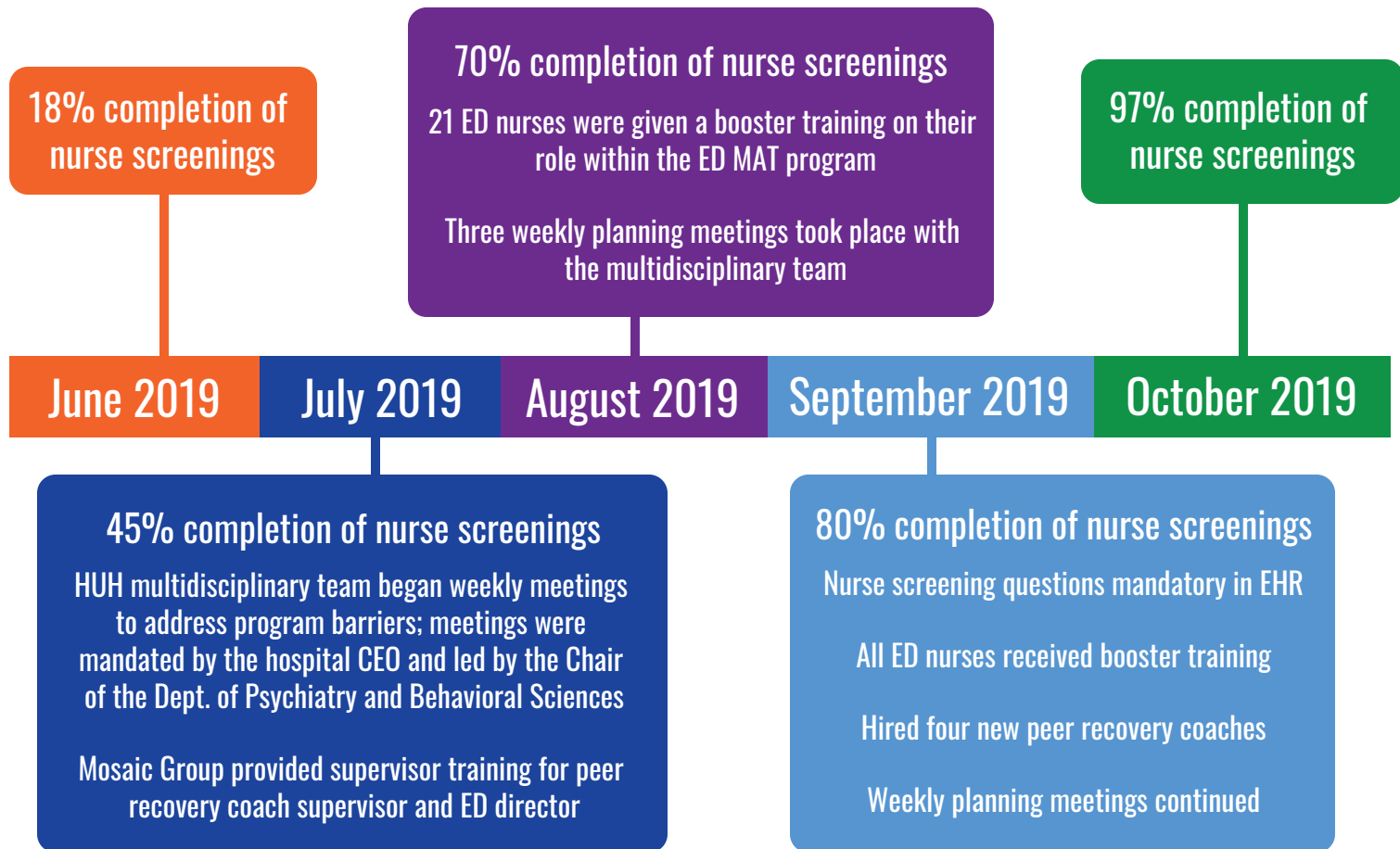
The ongoing quality improvement effort, leveraging a plan-do-study-act approach (PDSA), at Howard University Hospital identified nurse screening as an area of concern. In the July review of data from the prior month, the ED leaders, peers, and subject matter experts noted that nurse screening was at 18% in June, meaning nurses were only screening 18% of eligible patients coming into the ED for risky substance use. This screening is vital to the program because, as the initial step in the process, it triggers the peer recovery coach to know who they need to intervene with and refer to treatment. To address this concern, the team garnered renewed clinical leadership support from the CNO and the Chair of Psychiatry who was charged with guiding this effort. An additional ED nurse champion was also identified to participate in a leadership role. This team began convening weekly.

Although the nurse screening increased to 45% in July, the team learned that nursing needed additional structured training to ensure that all nurses received the training. In August, the hospital team engaged the Mosaic Group to provide booster trainings for nurses with more effective schedules to suit the nursing shift changes and tracking for accountability. This training captured about half of the ED nurses. As a result, the nurse screening increased to 70% in August.

In September, the CNO supported the ED leader in making booster trainings for ED nurses mandatory. They would be required to attend these trainings before or after their shift, which captured all 54 of the ED nurses. Along with trainings, feedback indicated extra steps were required in completing the necessary documentation in the electronic health record (EHR) that were easy to miss and did not support successful completion through the final step to notify the peer coach for intervention. Through exploration of this factor, the team identified the importance of making the screening questions a mandatory part of the nurse assessment, so that nurses could not continue the assessment until the full process was completed.

The process to modify the EHR took time and effort by a dedicated IT team. The IT director approved of this modification and supported his team in the implementation process. They put in a request with the health information technology company that supports their EHR in order to make the modifications. Once approved, they made the appropriate changes and brought it to the multidisciplinary team to ensure that the necessary changes were made. The impact of the IT changes, in collaboration with nurse trainings, increased nurse screening to 80% in September and 97% by October.

[See Timeline on Next Page](#)



Continued support from clinical leadership and the multidisciplinary team will help the ED MAT program to maintain screening rates, increasing the opportunity to identify those with risky substance use. As a part of the overall improvement cycle, Howard University Hospital will also focus on next steps in the treatment process, brief intervention, referrals to treatment and confirmed linkage to treatment to increase connections to care and improve outcomes for those in need.



This program has a huge impact on patients in the ED. I see it on the faces of those that are desperate for help and begging for treatment, and I hear it in their voice when talking to them. I know how many times I “doctor shopped” during my addiction and it’s wonderful being able to capture people when they have overdosed and feel hopeless.

Jessie Gambrell, Howard University Hospital Peer Recovery Coach

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