**District of Columbia Hospital Association**

# MedStar Washington Hospital Center: Applying a Team-Based Approach to Improve Data Quality and Identify Trends

*MedStar Washington Hospital Center is a champion for the Emergency Department Medication Assisted Treatment Program & the Overdose Survivors Outreach Program*



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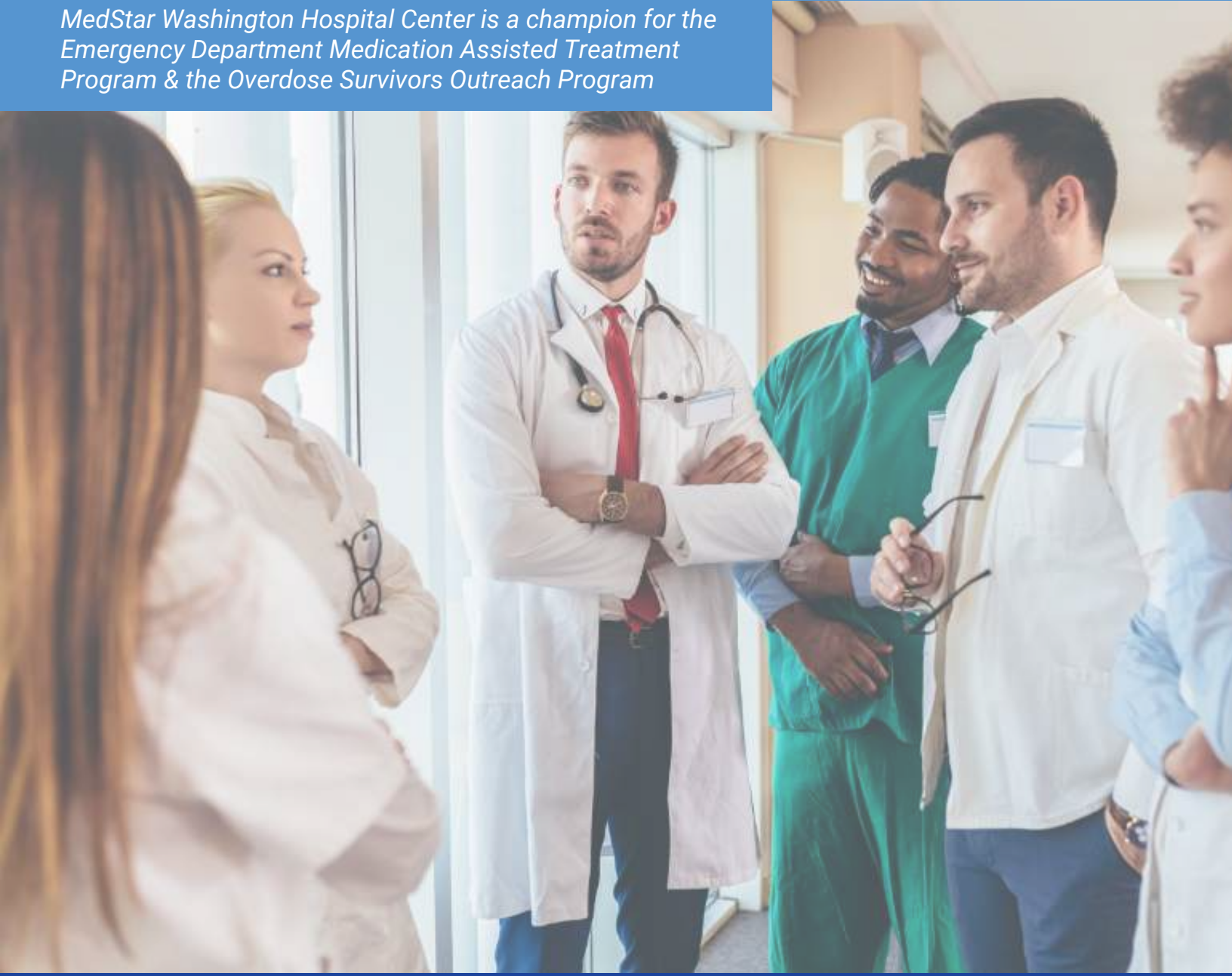
# 02

**Emergency Department Medication Assisted 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 health care 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.

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 MedStar Washington Hospital Center and the Mosaic Group. The Mosaic Group provides the technical support for this program and has completed this work within Emergency Departments in dozens of hospitals.

**In order to identify patients with opioid use disorder, an evidence-based practice called Screening, Brief Intervention, and a Referral to Treatment (SBIRT) is used.**

**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 peer recovery coach is someone with personal experience in recovery who assists others seeking to initiate or maintain recovery. The coach can serve as a guide and mentor to those who seek or wish to sustain recovery.

# 03 Introduction

MedStar Washington Hospital Center (MWHC) has been a champion for the Emergency Department Medication-Assisted Treatment (ED MAT) and the Overdose Survivors Outreach Program (OSOP) across the District of Columbia, implementing the programs since May of 2019. The programs built on strong support from leadership, the Emergency Department team, Peer Recovery Coaches (PRCs), and an OSOP Coach.

**MedStar Washington Hospital Center**

The PRC and OSOP team meet monthly with their Supervisor and DCHA to review current data, address barriers to success, and identify trends. One data element the team focused on in 2020 was Brief Interventions (BIs). From January to March, the PRC team had been averaging 40%-50% of BIs completed with patients who screened positive for drug or alcohol use. Then, from April to June, the percent of complete BIs dropped to about 30%, and the number of patients who refused a BI increased from 130 to 210.

The monthly data review meetings provided forums for the PRC team to recognize that the BI data did not seem accurate. When the team compared the number of completed BIs recorded in their shift logs with the number reported through the electronic health records (EHR) and into the monthly reports, the true number in their shift logs was significantly larger. Having identified this data quality concern, the team brainstormed potential reasons why the shift log data were not matching data in the EHR reports.

**Several possibilities were tested and two issues were identified.**

### Issue #1

There was lack of consensus on the definition of a BI and whether a PRC could document a BI in the EHR, if the patient did not accept a referral to treatment. This was a likely cause of both the decrease in reported BIs, and the discrepancy between BIs on the shift log and BIs in the EHR.

**WHAT IS A BRIEF INTERVENTION?**

A conversation between a peer recovery coach and a patient, focused on increasing insight and awareness regarding substance use and motivation toward behavioral change.

**SICK COVID PATIENTS**

From April to June, 5-18% of hospitalized patients District-wide had suspected or confirmed COVID-19.

### Issue #2

Many COVID-positive patients who were too sick to be seen appeared on the PRC Patient List. Current protocols did not allow the PRCs to see those patients, and the only way PRCs knew to remove them from the list was by indicating those patients "refused" a BI. This was a likely cause of the sudden reported increase in patients who refused a BI.

# 05 Quality Improvement Takes a Collective Approach

To address **Issue #1**, the team clarified that, if education and other BI components were complete, the BI should still be recorded even if a patient is not ready for treatment at that time. Keith, MWHC's OSOP Coach, noted, "Most, if not all, marijuana SBIRT patients did not feel they needed treatment. But they would entertain a complete BI and allow the PRC to go through their respective interventions. During the intervention, the patient would be asked if they have a motivation to change or a willingness to reduce usage. In the past, a Refusal would be notated [if the patient refused treatment], but now, if the conversation is accomplished, it is listed in our log as Harm Reduction, and the SBIRT Initial Peer Evaluation form is completed, indicating the patient did indeed have a complete BI."

**WHAT HAPPENS IF A PATIENT ISN'T READY FOR TREATMENT**

At MWHC, peers have noted that at least 50% of their patients have more than one brief intervention before accepting a referral to treatment.

The team recognized **Issue #2** as an opportunity to find another way of removing patients from their list without indicating they had refused a BI. Several meetings were held to interactively propose and test solutions, including Technical Consultants and a MedStar Health Senior Director, involved in pulling data from the EHR, and a peer team from another MedStar Health hospital with the same EHR system. Key to this process was the MWHC peer team, that did a tremendous job explaining the issue and testing solutions. Quality improvement takes a collective approach. In this case, modifications to the EHR involved:

Peer Team at Another Hospital

Technical Consultants

Peer Supervisor

Senior Director

Peer Team at MWHC

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**Ongoing Quality Improvement & Solution Identified**

Ultimately, a solution was identified to leverage an EHR tool – the SBIRT note and manual removal of a green star – to remove patients from the PRC Patient List without choosing "Refuse." A MedStar team member documented the solution with instructions for future peers who may join the team. The MWHC team also can leverage the peers from other MedStar Health hospitals for support in the future – and vice versa.

## MWHC Brief Interventions and Refusals: Jan-Aug 2020



Legend: ■ Brief Interventions    ── Brief Intervention Refusals
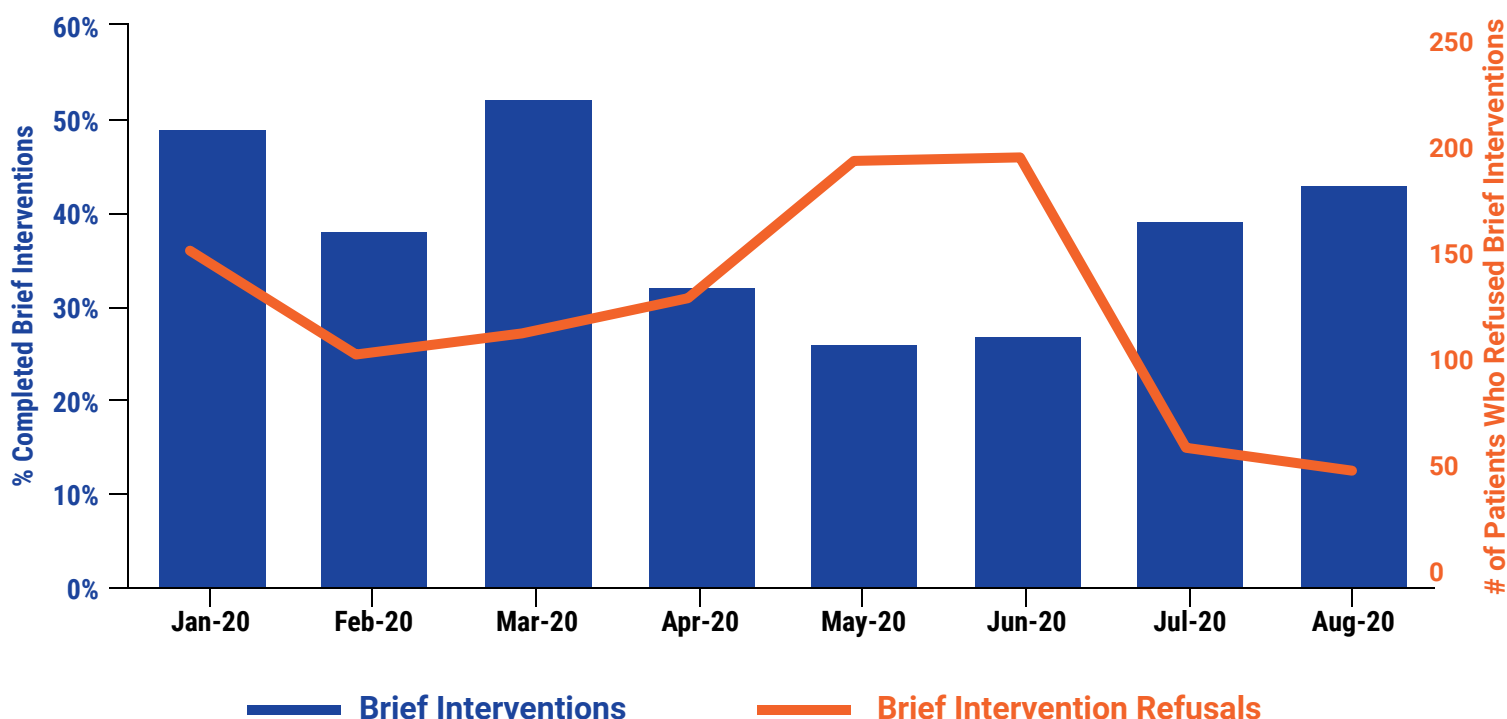
Over a two-month period, the solution resulted in an increase in the percentage of completed BIs by 16% and a reduction in the number of true BI refusals to under 50, levels that were more accurate reflections of the work the peers were doing and the patients they encountered. MedStar Washington Hospital Center was successful in using a team-based approach to improve data quality and track trends for the ED-based programs. These quality improvement efforts continue as part of the District's response to the opioid crisis with the goal of improving outcomes for patients most in need.

> I remember the PRC and OSOP team met with my supervisor and DCHA to review current data in our monthly meeting. I was very alarmed when the BI comparison against the SBIRT data pulled from the EHR was so low. I was like, 'This can't be right!' The biggest help in getting our numbers accurate was learning how to do an SBIRT note and manual removal of the green star.
>
> -Keith, MWHC's OSOP Coach