DSRIP Update

DSRIP Learning Collaborative 2: Chemical Addiction/Substance Abuse
InspiRA Medical Center Woodbury
January 8th, 2015
DSRIP Overview

- Project: Hospital-Wide Screening for Substance Use Disorder
- Use of the SBIRT (Screening, Brief Intervention and Referral to Treatment) methodology to carry out project.
- Key personnel involved: Nursing, Care Coordination and Behavior Health
SBIRT
Screening, Brief Intervention, Referral to Treatment
Pre-Screening:
Patient admitted – 4 question pre-screen in RN Assessment

Full Screening:
Coach meets with pt for Full Screening

Consult

Brief Education
Brief Intervention
Referral to Treatment
Intervention Coach to Follow Up

Confirm initial visit completed

Confirm continued treatment

Metrics measure success with above
Provider Consortium

- Monthly meeting of area drug and alcohol providers
- During these meetings the following was discussed:
  - Feedback Form
  - Funding Source Directory
  - Weekend Treatment Services
  - Confirming patient initiated treatment
Project Achievements

- Project management
  - Engaged project team throughout process
- Initiation of pilot
  - Started Mid -August on a one acute care unit
- Staffing of Intervention Addiction Coach (IAC)
- Preparing for implementation at end of January
- Completed stage one activities
  - Completed in August
- Communication
  - Meeting with senior management on a quarterly basis
8/19/14 – 11/19/14
93 days
Count of CAGE Scores Pilot Units

Bar chart showing counts of CAGE scores in units 1 to 4.

- Unit 1: 8
- Unit 2: 10
- Unit 3: 6
- Unit 4: 10

Second bar chart showing monthly counts from August to November:

- August: 2, 1
- September: 4, 2
- October: 3, 3, 1
- November: 1, 2, 2, 3
CAGE-AID Demographics Pilot Units

**Gender**
- Female: 18
- Male: 16

**Age Group**
- 19-25: 5
- 26-30: 2
- 31-39: 7
- 40-50: 11
- 50-64: 6
- 65 and over: 3
CAGE-AID Demographics

**Pilot Unit**

- Commercial: 7
- Medicaid: 22
- Medicare: 5
# CAGE-AID Demographics

## Top-3 Discharge Diagnosis

<table>
<thead>
<tr>
<th>Discharge Diagnosis</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>OCB W EXACERBATION</td>
<td>5</td>
</tr>
<tr>
<td>ALCOHOL WITHDRAWAL</td>
<td>5</td>
</tr>
<tr>
<td>GI HEMORRHAGE NOS</td>
<td>4</td>
</tr>
<tr>
<td>DRUG WITHDRAWAL</td>
<td>4</td>
</tr>
</tbody>
</table>
PDSA Cycle

0 Wrapping up of our pilot program
   0 Ending Do Stage
   0 Care coordination and nursing team integral part of this stage
0 Within our overlapping Study, Act, and Plan stage as move into full implementation:
0 Interdisciplinary teams met throughout pilot
   0 Monthly through Performance Improvement Subcommittee
0 Looked over data and discuss process changes to benefit the project
PDSA Cycle

Example

- Noticed lower positive CAGE-aid rate than anticipated earlier in the project
- Worked with IT, care coordination, quality, and nursing team for solution
- Changed order of Cage-aid questions in nursing admission assessment
  - Monitoring to see if this initiates change
Hospital Specific Project Outcomes

- Decrease LOS
- Decrease in readmissions
- Decrease in use of restraints
- Decrease in transfer of patients with delirium tremens to the ICU
Project Challenges

Patients who are resistant to help:
- Solutions:
  - Intervention Coaches utilize non-threatening approach
  - Leave patient with booklet which includes contact information for Intervention Coaches
  - Provide follow up calls to revisit opportunity for help

Patients without insurance:
- Solutions:
  - Reaching out to our external partners in our consortium for help in exploring other options
  - Create a resource list of facilities that can provide some financial support.

Weekend treatment services
- Looking for feedback
Questions?