

# An Innovative Approach to Address Serious Consequences of Substance Use Disorder

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## Objectives

- Describe the process through which an innovative intervention was developed to support and assist patients in this group
- Identify challenges that exist in providing support and assistance to these patients
- Identify and describe the multi-modal interventions to best support and assist this group of patients

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## New Hanover Regional Medical Center

- Mission:  
Leading Our Community to Outstanding Health
- 875 bed community hospital
- Level 2 Trauma Center
- 6,880 employees



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## “Endocarditis Work Group”

○ 2 Cardio-thoracic surgeons

○ Exploration of the problem

○ Resources currently available

- Work Group Members:
  - Infectious disease (ID) physician
  - Cardiology administrator & nurse manager
  - Behavioral Health Administrator
  - Substance abuse counselor
  - Pharmacist
  - Social worker
  - Case manager
  - Pain Management CNS

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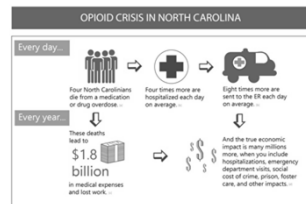
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## CDC Data on this Population Validated Change

- 2010-2015 in North Carolina
- Hospital discharge diagnoses of drug dependence and endocarditis increased from 0.2 per 100,000 to 2.7 per 100,000
- Hospital costs for these patients increased from \$1.1 million in 2010 to \$22.2 million in 2015




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## Patient Commonalities

- Medically complex
- Identified by infectious disease with need for long term IV antibiotics
- History of or current substance use
- Concern for outpatient compliance with antibiotics and PICC line
- Ethical concerns
- Poor psychosocial inventory
- Lack of outpatient support
- Acute and/or chronic pain

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**Healing is a matter of time, but it is sometimes also a matter of opportunity.**  
Hippocrates

All of these commonalities equate to a unique opportunity for sobriety

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**Staff Challenges**

- Unique patient issues and needs
- Not prepared
- "Splitting" and mixed messages
- Scheduling
- Compassion fatigue
- Burnout
- Need for guidance

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**Code Outreach Safety Team "COST"**

Mission:  
Using an integrative multidisciplinary team approach to engage patients with history of IV SUD who need extended hospitalization for medical complications of IV SUD to participate in care to promote optimal physical and mental wellbeing within a safe environment.

Team Process

EMR Documentation

Order Set

**FOR MORE INFORMATION**

During your hospital stay, your treatment team is providing enhanced services that are designed to help you recover. These include counseling and support through weekly Alcohol Anonymous, Narcotics Anonymous meetings and educational group therapy sessions led by our clinicians.

You are expected to participate in these sessions as part of your treatment plan.

Our Healing Arts Network provides massage, Tai Chi or yoga for help with pain relief, management and self therapy services.

**Your Scheduled Meeting Times**

Narcotics Anonymous Meetings: Monday at 7:30 a.m.  
Alcoholic Anonymous Meetings: Wednesday at 7:30 a.m.  
Educational Group Therapy: Thursday at 3 p.m.

For more information, please call:  
910.667.5606 | 910.667.5781 | 910.667.7885

Leading Our Community to Outstanding Health

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### COST Team

- Current Members:
  - Physician Advisor
  - LCSW
  - Substance abuse counselors
  - Case Management
  - Pain Management CNS
  - Cardiology Nurse Manager
  - CNRO Telesitter Representatives
  - Coastal Horizons Liaisons



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### Nursing Interventions

- Remove sharps containers from room and do not have waste in relation to narcotics or needles left in room.
- No family use of patient's restroom, educate them regarding locations of visitor restrooms located at the ends of the unit
- Write scheduled medication times on the board and reference the white board.
- Monitor for opiate withdrawal using clinical opiate withdrawal score (COWS) or other appropriate opiate withdrawal scale.

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### Nursing Interventions

- If toxicology testing has not already been completed, recommend order for toxicology test as soon as possible.
- If suspicious behavior, altered mental status, excessive use of bathroom (or use by family) then consider additional toxicology test.
- Medication observance is especially important with this population.
- Helpful strategies are: double checking of medications, bring in small cup to use with taking medications & take when leaving, remove items within reach during medication administration, check bedding & hands PRN.
- Consider only elixir medications when possible.

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### Nursing Interventions

- Use of seasoned staff members who have more experience with patients with challenging behaviors
- Set appropriate boundaries.
- Listen without attempting to correct patient's assertions.
- Validate what you can.
- Minimize your own emotional response.
- Regular but not excessive monitoring to prophylaxis against hostile behavior based on belief of poorly met needs

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### Nursing Interventions

- If patient is acting in an extremely hostile or aggressive way toward staff, or is making unrealistic demands under threat, discontinue the encounter with intent to later follow up.
- Be cognizant of patient attempts to draw staff into "drama" or use of emotional manipulation (ex. using threat of devaluating or triangulating staff in order to obtain special privileges or excessive attention).
- Use PRN medications as prescribed for aggressive, threatening, or disruptive behavior.

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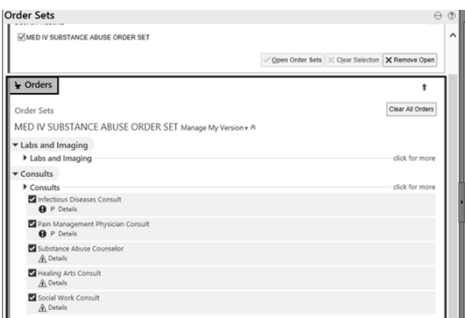
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**Substance Abuse Counseling**

- o Narcotics Anonymous
- o Alcoholics Anonymous
- o Al-anon meetings
- o Substance Abuse Processing Group
- o Nursing communication order
- o Cognitive Behavioral Therapy




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**Pain Assessment**

- o Believe report of pain
- o Acute pain
  - o WILDA
  - o Understand pathology of pain
- o Chronic pain
  - o WILDA
  - o Previous treatment

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**Multimodal Pain Management**

- o Opioid medications
- o Non-opioid medications
- o Non-pharm interventions

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### Opioid medications

- Selection
  - Scheduled vs prn
  - Extended release vs Immediate release
  - Route
- Tapering

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### Non-opioid medications

- Acetaminophen
- NSAIDs
- Gabapentoids
- Local anesthetics
- Duloxetine

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### Non-pharm Interventions

- Tai-chi
- Yoga
- Massage
- Reframing
- Distraction
- Art Therapy
- Music Therapy
- Problem Solving
- Therapeutic Touch
- Recreational Therapy
- Behavioral Modification



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### Preparing for Discharge

- Identify post discharge treatment plan
- Taper opioids depending upon discharge plan
- Focus on multimodal analgesia
- Educate support system on plan of care

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### CASE STUDY 1

- <https://vimeo.com/299691421>

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### Community Partnerships

- 12 Step Calls
- Coastal Horizons
- Haven Ministries
- PORT Human Services



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### Community Initiatives

- NC Harm Reduction Coalition
- Community Partners Coalition
- LEAD-Law Enforcement Assisted Diversion
- STOP Act
  - Extend standing orders for naloxone to community-based organizations
  - Allow local public funding for syringe exchange programs
  - Mandate prescribers and dispensers check the Controlled Substance Reporting System before giving controlled substances
  - Mandate the use of electronic prescriptions




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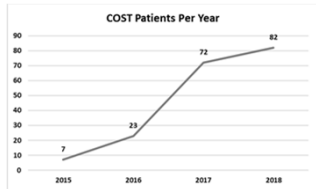
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### COST Data

- Age
  - 22 – 59
- Gender
  - Male 107
  - Female 82
- LOS Range
  - 13 – 62 days
- Substance Use in hospital
  - 37




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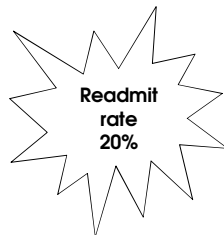
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### COST Data

- Family participation
  - 78
- Medication Assistance Therapy
  - 31 buprenorphine
  - 14 methadone
  - 1 naltrexone
- AMA rate-27%
- Expired
  - 7 during hospitalization




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## Future

- Nursing Care Plan
- Additional documentation opportunities in EPIC
- Continued education for physicians
- Net Learning
- Focus groups and education sessions for patient support system

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## Wait, how can I implement this?



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