

# OPIOID SAFE HOSPITAL WEBINAR #3

## QUESTIONS & ANSWERS



- 1. What is the most effective way to screen patients for Opioid Use Disorder in Emergency Room setting?** There is no single, strong evidence based-screening tool to identify patients with Opioid Use Disorder. In addition, ED visits are often time sensitive and there is no evidence as to the effectiveness of universal screening for identifying patients who are interested in treatment during their ED visit. Cal Hospital Compare encourages hospitals to develop a process &/or screening tool that meets the needs of their providers and patients – see resources below:
  - a. [Questions for Identification of Opioid Use Disorder based on DSM-5](#)
  - b. [Tobacco, Alcohol, Prescription medication, and other Substance use \(TAPS\) Screening Tool](#)
  - c. [The NIDA Quick Screen](#); a two question quick screen that can be used in a variety of medical settings
- 2. Is there evidence to support or debunk the idea that offering MAT in the ED will result in a large influx of patients seeking treatment and overwhelming the ED?** [ED BRIDGE](#) hospital participants have not seen a massive influx of patients asking for treatment in ED. Also, the [ED BRIDGE Guide](#) has a rapid start protocol where patients can be treated rapidly in fast track areas of the ED.
- 3. What "stigma reduction training" resources are out there for staff? (page 6 in the self-assessment)** The [Harm Reduction Coalition](#) offers several, low cost online trainings on stigma reduction namely the *Foundations of Harm Reduction* and *Engaging People Who Use Drugs*
- 4. Are hospitals participating in the Bridge program encouraged to adopt the principles and practices of Trauma-Informed Care?** In short, yes.
- 5. Can you discuss the recommendations regarding assessment of withdrawal prior to the initiation of treatment?** The [Clinical Opiate Withdrawal Scale \(COWS\)](#) is an 11-item scale designed to be administered by a clinician. This tool can be used in both inpatient and outpatient settings to reproducibly rate common signs and symptoms of opiate withdrawal and monitor these symptoms over time.
- 6. How are hospitals in rural areas managing the lack of resources (x-waivered providers, behavioral health specialists, treatment facilities)?** Several of the hospitals within the ED Bridge Program are in rural areas. It is especially important in rural areas to involve hospitals and EDs in treatment. Plumas District Hospital in Quincy and Northern Inyo Hospital in Bishop are great examples of hospitals in rural areas that have increased access to treatment simply by involving the ED in treatment. They have successfully partnered with primary care providers and Federally Qualified Health Centers for outpatient care.
- 7. What is the score Cal Hospital Compare will use to determine whether a hospital has achieved the Opioid Safe Hospital Designation?** Hospitals must score at least one point in each domain to be eligible for the Opioid Safe Hospital Designation. Once the assessment period closes Cal Hospital Compare will analyze the combined results and develop a relevant threshold distinguishing Opioid Safe Hospitals. Cal Hospital compare will announce the list of Opioid Safe Hospitals in Oct. 2019.
- 8. Where can I find references for a sustainability plan?** Sustainability remains more of an art than a science. In general, sustainability is possible when organizations build processes with continuous frontline feedback, develop strong project champions, visible leadership support, and when the program is tested and improved iteratively. The Institute for Healthcare Improvement's [6 Essential Practices for Sustainable Improvement](#) provides a great framework.



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