

# INITIATING MAT IN THE HOSPITAL

UNIQUE ASPECTS FROM THE ED AND INPATIENT SETTINGS

July 10, 2019

11:00am -12:00pm Pacific Time



American Board of Quality Assurance  
and Utilization Review Physicians

Promoting Health Care Quality and Patient Safety Through Certification and Education



Cal Hospital Compare  
Designating Opioid Safe Hospitals  
Initiating MAT in the Hospital: Unique Aspects from the ED and Inpatient Settings  
Online Live Webinar  
July 10, 2019

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Dr. Steve Tremain is a stockholder of Allergan. This presentation has been reviewed and found to contain no bias. Dr. Tremain has no other relevant financial relationships to disclose in regard to the content of this presentation.

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# BRN Contact Hours

- If you are interested in claiming **BRN Contact Hours** for attending this webinar, please register, complete the post webinar survey, including your contact information and your certificate will be emailed within 10 days.
- *Provider approved by the California Board of Registered Nursing, Provider Number CEP 15958, for 1 contact hour.*



# Using Zoom



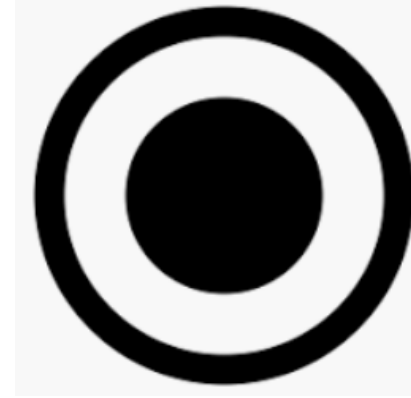
All lines MUTED upon entry, UNMUTE yourself as needed

Recommend calling in via phone; link using unique participant ID



Click “chat” to open the chat box

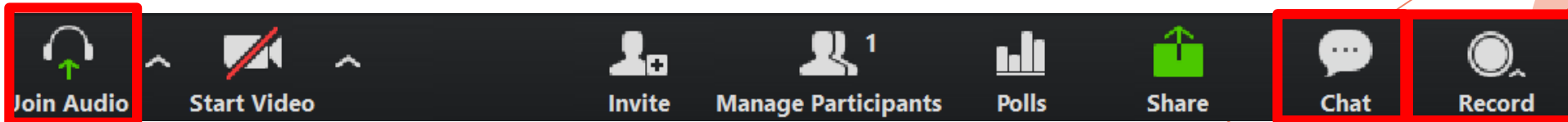
Select To: “all panelist and attendees”



Meeting is being recorded

Recording available on [calhospitalcompare.org](http://calhospitalcompare.org)

Want to download the slides?  
CHC website > About > Opioid Safe Hospital Designation





# Meeting Objectives

- **Analyzed your hospital's performance** on 4 key strategies listed in the Opioid Safe Hospital Self-Assessment
- **Considered the value of attaining the Opioid Safe Hospital Designation** & identified the steps your hospital will take to apply for the designation
- **Examined** the relationship between the **medical model of addiction** and providing MAT
- **Heard from peer hospitals** the steps they have taken to standardize the initiation and continuation of MAT in the ED and inpatient setting and how to navigate discharges to community
- **Communicated how CHC can support** hospital progress over the next two webinars

# Opioid Safe Hospital Designation 2019 Webinar Series Roadmap

1

Introducing the Safe  
Hospital Designation

2

Beyond Adopting  
Prescribing  
Guidelines

3

Initiating MAT in the  
hospital

4

The Nuts and Bolts of  
Dispensing Naloxone

5

Emerging Measures



## CHAT:

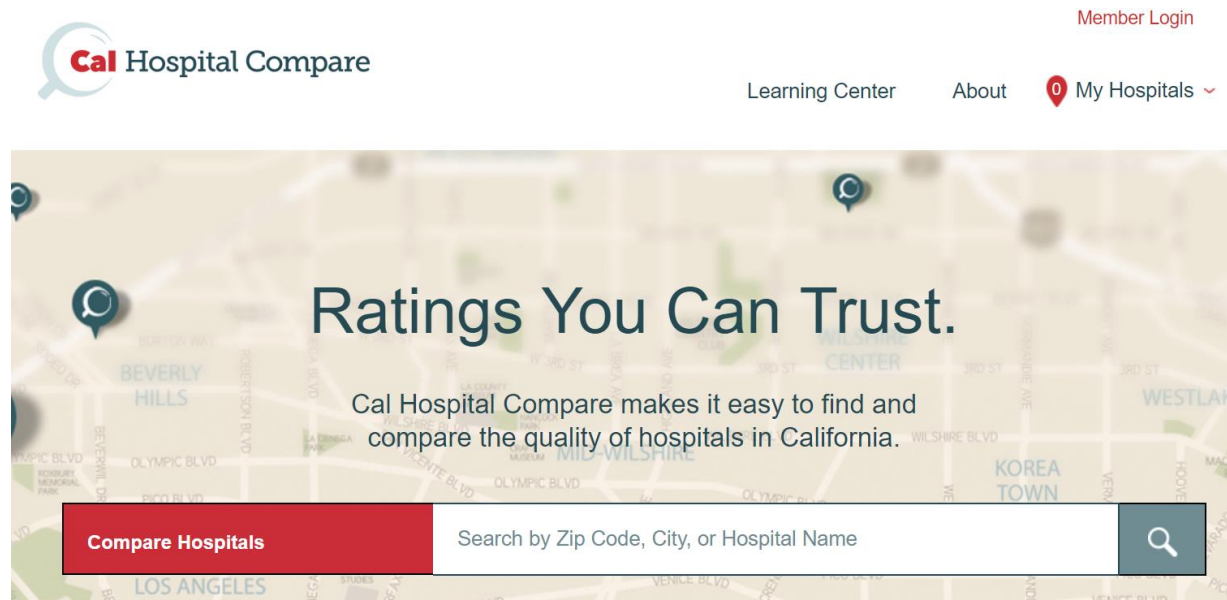
Reflecting on webinars 1 & 2...

What resonated with you?

What do you want to learn more about?

# Cal Hospital Compare

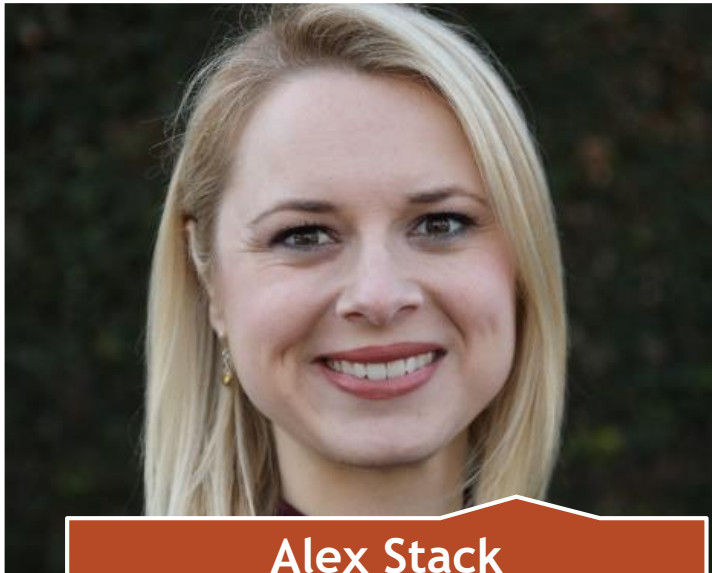
**About:** For more than a decade, Cal Hospital Compare (CHC) has been providing Californians with objective hospital performance ratings. CHC is a non-profit organization that is governed by a multi-stakeholder board, with representatives from hospitals, purchasers, consumer groups, and health plans. In effort to accelerate improvement and recognize high performance by California hospitals, CHC publishes an annual Patient Safety Honor Roll and Low-Risk C-section Honor Roll.







# Facilitators



**Alex Stack**  
Director, Programs &  
Strategic Initiatives, CHC



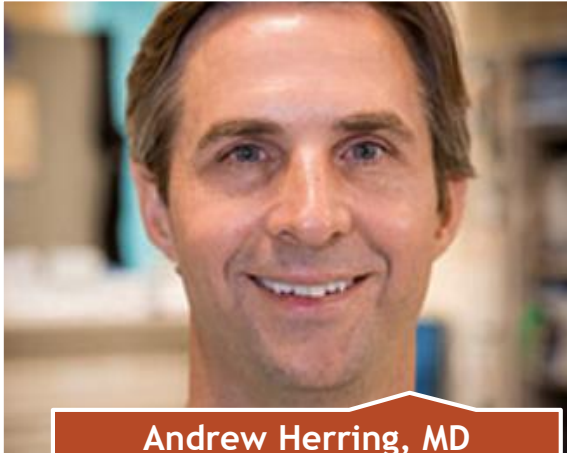
**Aimee Moulin**  
Co-Director  
ED Bridge



**Steve Tremain**  
Physician Improvement  
Advisor Cynosure Health



# Guest Speakers



**Andrew Herring, MD**  
Dir. Of Research  
Highland Hospital



**Katie Hesse, MSN**  
Dir. of Emergency Services  
Dignity Health



**Tommie Trevino**  
Substance Abuse Counselor  
UC Davis Medical Center



**Arianna Sampson, APP**  
Co Director, CA Bridge  
Patient Navigator Program.



## POLL:

What type of hospital do you work at?

What is your average daily census?

What is your role?

# Opioid Safe Hospital Designation

Applying for the designation

# Frequently Asked Questions

## When is the assessment window?

- May 13 - September 18, 2019
- Each hospital must submit responses and any supporting documents via e-survey [here](#)

## How long does it take to complete the self-assessment?

- It takes most teams ~60 minutes

## What is the value of attaining the Opioid Safe Hospital Designation?

- Celebrate your awesomeness!!
- Public recognition
- Understand your hospital's strengths and opportunities

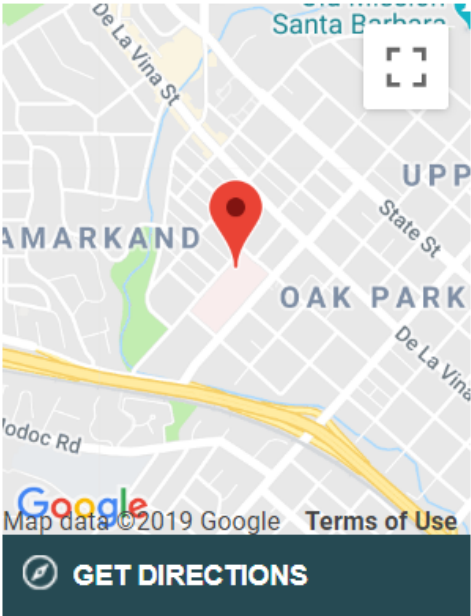
# Opioid Safe Badge of Honor

## ABC Hospital

900 Main Street  
Everytown  
California, USA

See ratings on health care quality in hospitals, why quality matters to you, and how you can help get the care you need and deserve.

[Read More](#) ▼




[Discount Price Policy](#)

[Visit Website](#)




✓ **SAVED PROVIDER**

### Tools & Resources: Hospitals

 [About the Ratings & Data Sources: Hospitals](#)

 [Why Quality Matters](#)

 [Choosing a Hospital](#)

 [Your Hospital Stay](#)

# Countdown!

70  
days



# Submitting the Self-Assessment



## OPIOID SAFE HOSPITAL SELF-ASSESSMENT

### Instructions

Please use this form to e-submit your hospital's responses to the [Opioid Safe Hospital Self Assessment](#). The assessment period is from May 13 to Sept 18, 2019.

OK





**CHAT:**  
What questions do you have?



## POLL:

On the last webinar most attendees stated your most immediate next step was to download & complete the assessment...

What is your current progress to goal?

# Initiating MAT in the Hospital

Bringing it all together

# Changing the Perspective



**POLL:**  
What do  
you see?

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Emerging Measures

# Tying it all together

## Provider & Staff education

- Medical model
- Stigma reduction

## Provide MAT in ED & Inpatient Units

- Formulary
- How to

## Waiver

- Options
- Coverage

## Community Partners

- Developing the relationship
- MOU

# Mapping it back to the Self-Assessment

Measure	Intent	Level 3 (1 pt)	Level 2 (2 pts)	Level 1 Opioid Safe (3 pts)	Example <i>(comparative tool &amp; resource)</i>
Prevent new opioid starts <ul style="list-style-type: none"> <li>• Prescribing guidelines</li> <li>• Alternatives to opioids for pain management</li> </ul>			Overdose Prevention <ul style="list-style-type: none"> <li>• Naloxone education &amp; distribution program</li> </ul>		
Identification & Treatment <ul style="list-style-type: none"> <li>• MAT</li> <li>• BUP Waiver</li> </ul>			Cross-cutting Opioid Safe Hospital Best Practices <ul style="list-style-type: none"> <li>• Organizational infrastructure</li> <li>• Provider/staff education</li> <li>• Patient education</li> <li>• Formulary management</li> <li>• Handoff to the community</li> </ul>		



**POLL:**

What level best describes your work in  
Medicated Assisted Treatment?





# Guest Speakers



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Dir. of Research  
Highland Hospital



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Patient Navigator Program.

Provider &  
Staff  
education

Provide MAT  
in ED &  
Inpatient  
Units

Waiver

Community  
Partners

# Welcome to Highland

**Andrew A Herring, MD**

*PI California Bridge Program, Public Health Institute*

*Department of Emergency Medicine*

*Medical Director Substance Use Disorder Program*

*Highland Hospital—Alameda Health System*

*Assistant Clinical Professor of Emergency Medicine,  
UCSF*

**HIGHLAND EMERGENCY**

DEPARTMENT OF EMERGENCY MEDICINE  
ALAMEDA HEALTH SYSTEM - HIGHLAND HOSPITAL



CA  
BRIDGE  
TREATMENT STARTS **HERE**

# California Bridge: Here 24-7 to get your SUD patient started on treatment , restarted or just tuned up



People with substance disorders want help but can't get it. That is crazy



**Buprenorphine**

*byü-prə- 'nór- fēn*

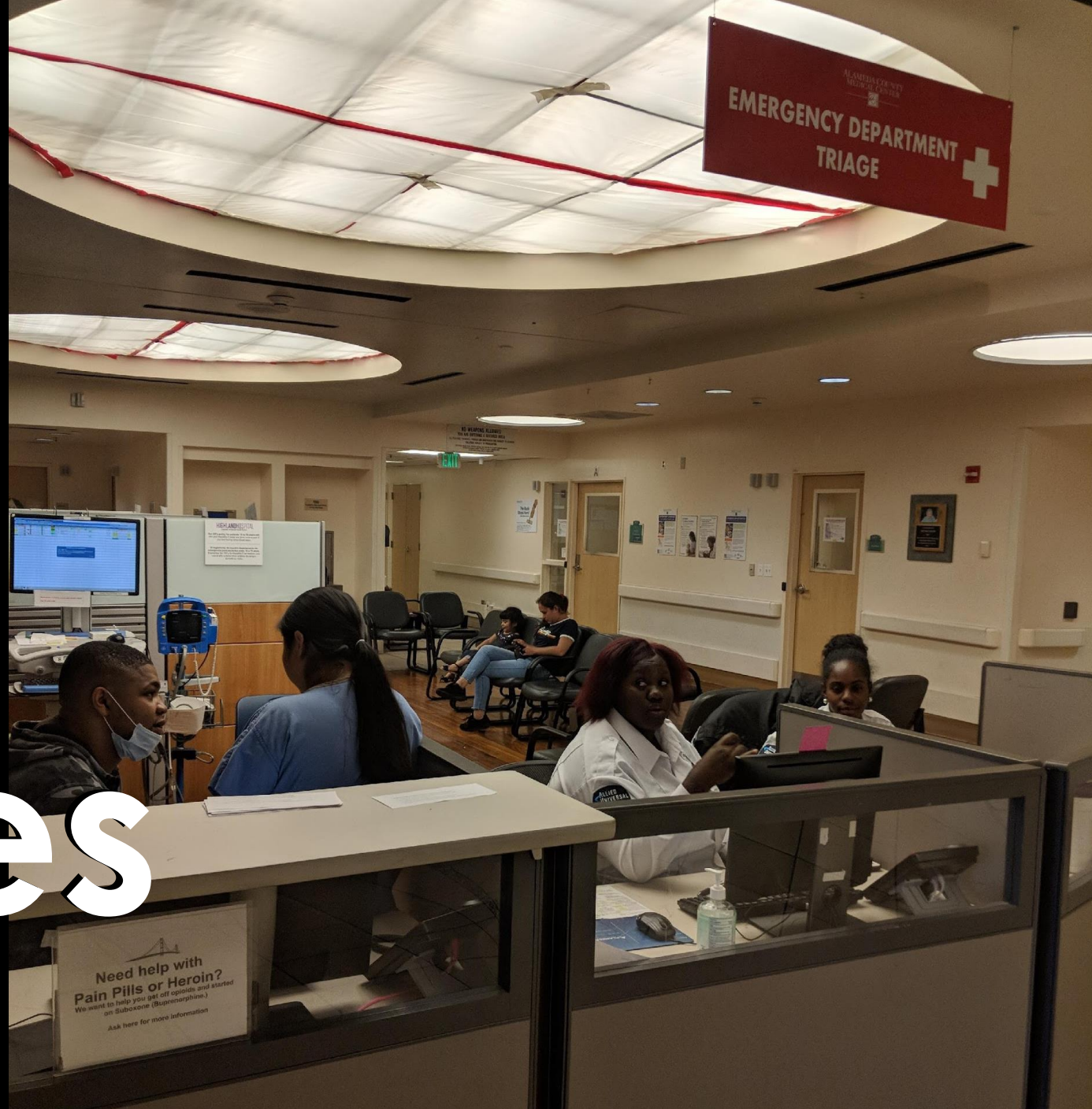
**“BUP”**

# Learn from our patients

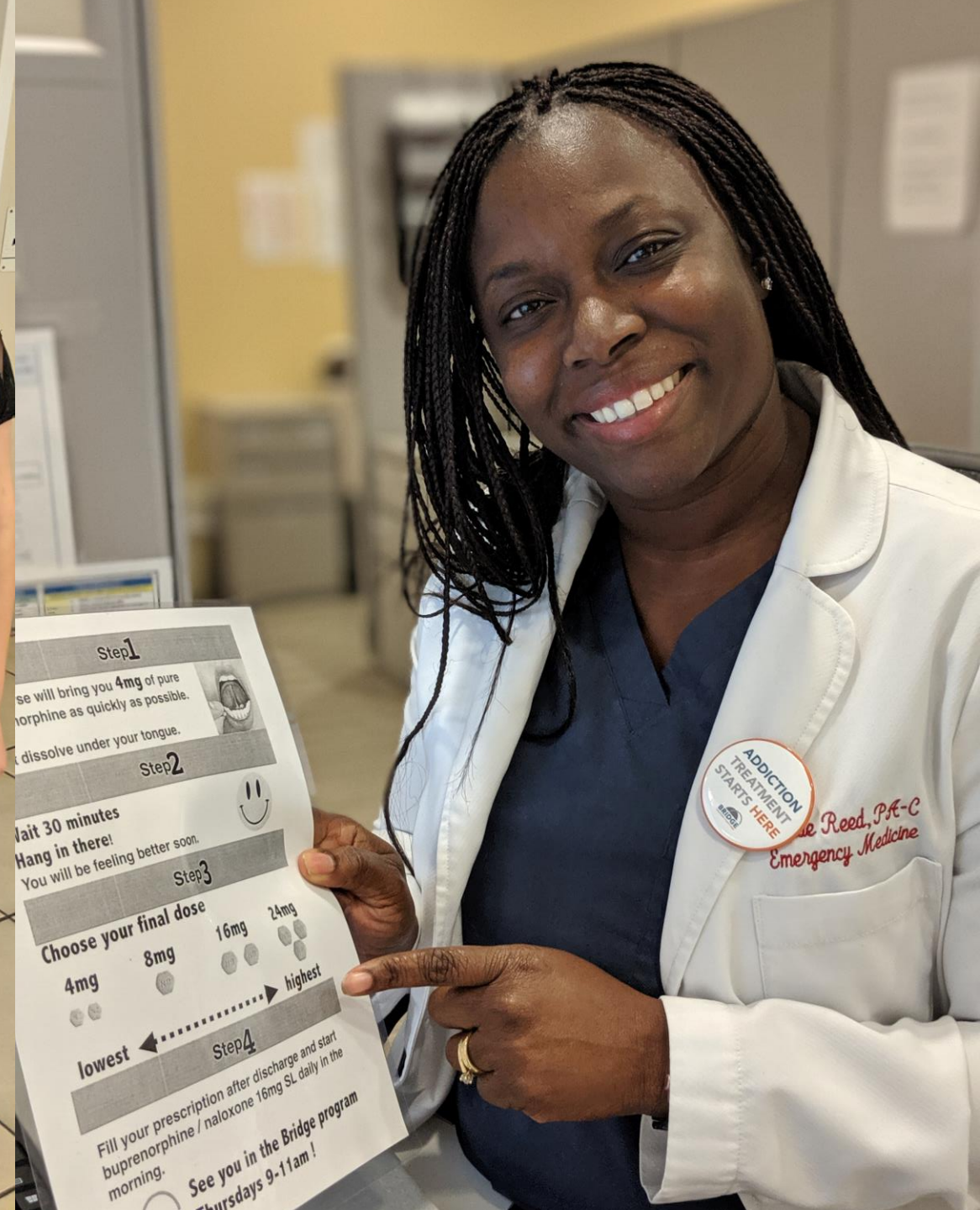


*Photo: Brian L. Frank for The New York Times*

adapt  
existing  
resources



# Clinical Culture matters







**Operation OB**

Discharge Delivery or  
OB Emergency

Get updates for treatment App  
"Operation OB"

10-1-2019

Step	Responsible Party	Time
1. Patient Assessment	ED/ICU	0-15
2. Triage	ED/ICU	0-15
3. Initial Assessment	ED/ICU	0-15
4. Triage	ED/ICU	0-15
5. Initial Assessment	ED/ICU	0-15
6. Triage	ED/ICU	0-15
7. Initial Assessment	ED/ICU	0-15
8. Triage	ED/ICU	0-15
9. Initial Assessment	ED/ICU	0-15
10. Triage	ED/ICU	0-15

**Need help with  
pain pills or heroin?**

Ask about trying Buprenorphine.

**BRIDGE**  
TREATMENT STARTS HERE



## You suspect your patient is struggling with opioids (pills or heroin)

1

### Don't wait! Offer medication treatment

*"I can start you on buprenorphine"  
"It works really well, people are doing great"*

2

### Offer practical support and problem solving

*"I have a counselor who can help you with whatever you need to stay on the medicine and off heroin."  
"He/she is fantastic and really helps people."*

3

### Contact a Substance Use Navigator (SUN)

Call or Text 510-545-2765

Page: 510-718-5604

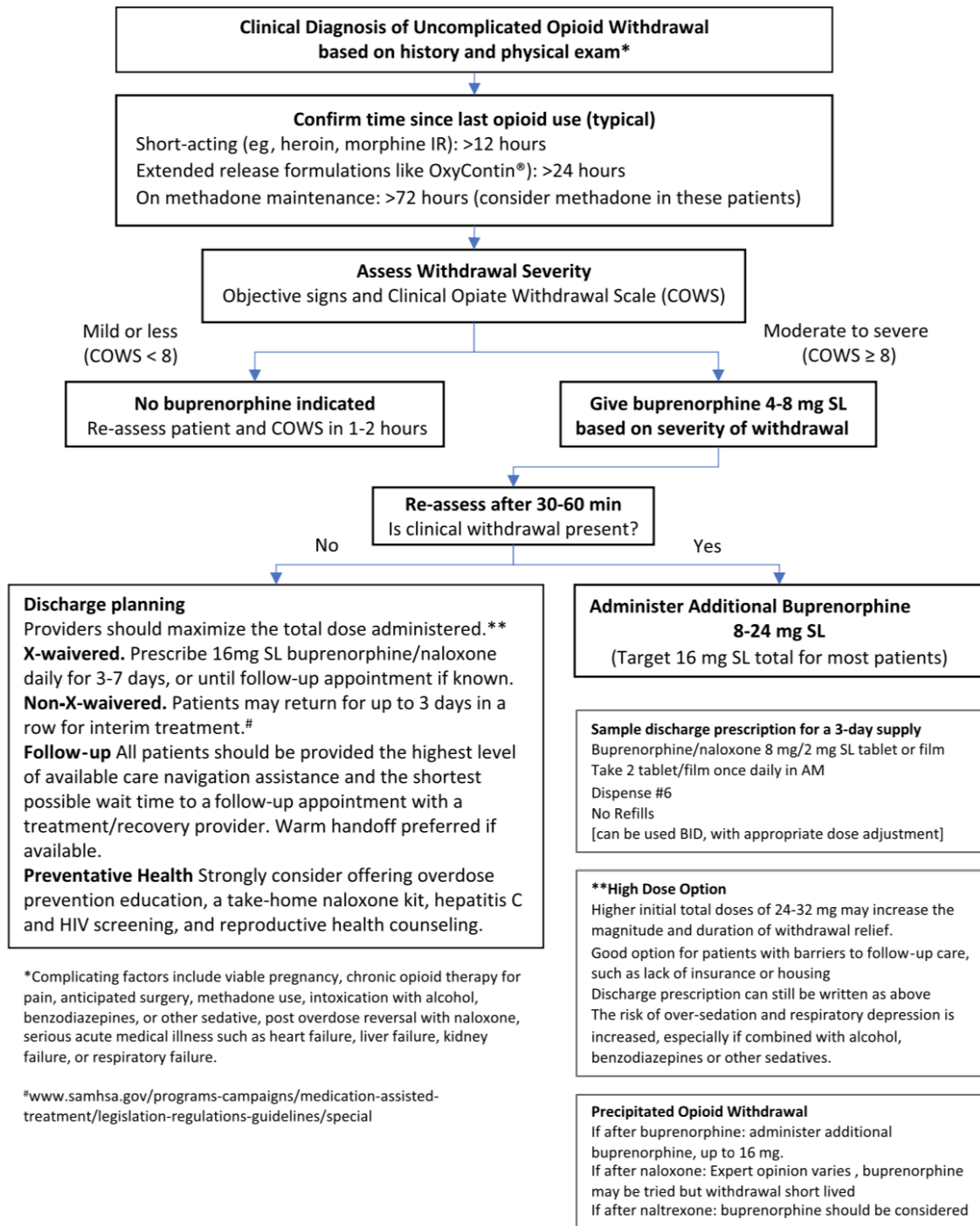


### Develop a discharge plan with a SUN

- *The SUN will get expert advice on dosing or any clinical issue.*
- *The SUN will smooth things over with the patient, clarify follow up, deal with pharmacy issues and spend time at bedside to provide that extra attention you don't have time to give. It works. Get the SUN involved early and often.*


4

### If you didn't already, treat withdrawal and opioid craving with Buprenorphine



**Step 1**


The nurse will bring you **4mg** of pure buprenorphine as quickly as possible.



Let it dissolve under your tongue.

**Step 2**


Wait **30 minutes**  
**Hang in there!**  
 You will be feeling better soon.



**Step 3**

Choose your final dose

**4mg**      **8mg**      **16mg**      **24mg**



lowest ← ..... → highest

**Step 4**

Fill your prescription after discharge and start buprenorphine / naloxone 16mg SL daily in the morning.

**ED BRIDGE**  
 Emergency Buprenorphine Treatment

**See you in the Bridge program**  
**Thursdays 9-11am !**

# Reach out

Maria

Kelvin

Vanessa

Christian

**Act like you want to help**

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# Treatment works

*The American Journal on Addictions*, 13:S17–S28, 2004  
Copyright © American Academy of Addiction Psychiatry

ISSN: 1055-0496 print / 1521-0391 online  
DOI: 10.1080/10550490490440780

## **French Field Experience with Buprenorphine**

Marc Auriacombe, M.D., M.Sc., Méлина Fatséas, M.D., M.Ph.,  
Jacques Dubernet, M.D., Jean-Pierre Daulouède, M.D.,  
Jean Tignol, M.D.

# Low-tech care



# You can change lives



*Photo: Brian L. Frank for The New York Times*



**Evidence-based treatment starts in every community  
24 hours a day – 7 days a week – 365 days a year**



**Andrew A Herring, MD**

*PI California Bridge Program, Public Health Institute  
Department of Emergency Medicine  
Medical Director Substance Use Disorder Program  
Highland Hospital—Alameda Health System  
Assistant Clinical Professor of Emergency Medicine,  
UCSF*

**HIGHLAND EMERGENCY**

DEPARTMENT OF EMERGENCY MEDICINE  
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CA  
BRIDGE  
TREATMENT STARTS **HERE**



**CHAT/UNMUTE TO TELL US:**  
What questions do you have?

# Changing the Perspective



Need a  
little help?

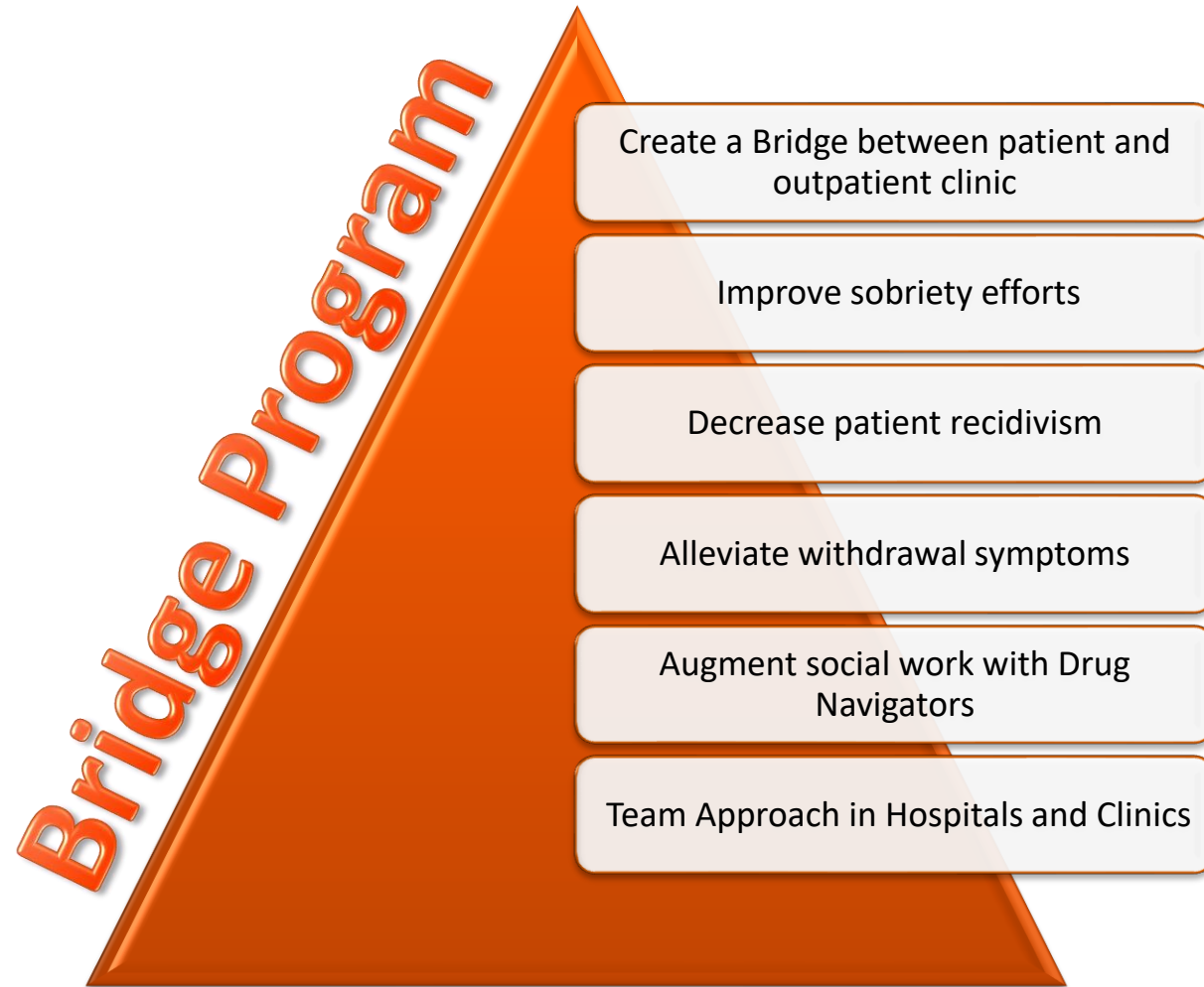
# System Wide Implementation of MAT Program

Catherine J. Hesse, MSN, NP  
Emergency Services System Director



# Dignity Health's Commitment to Opioid Use Disorder Care

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# Bridge Grant – Dignity Health Hospitals

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## 18 Month Grant Awards

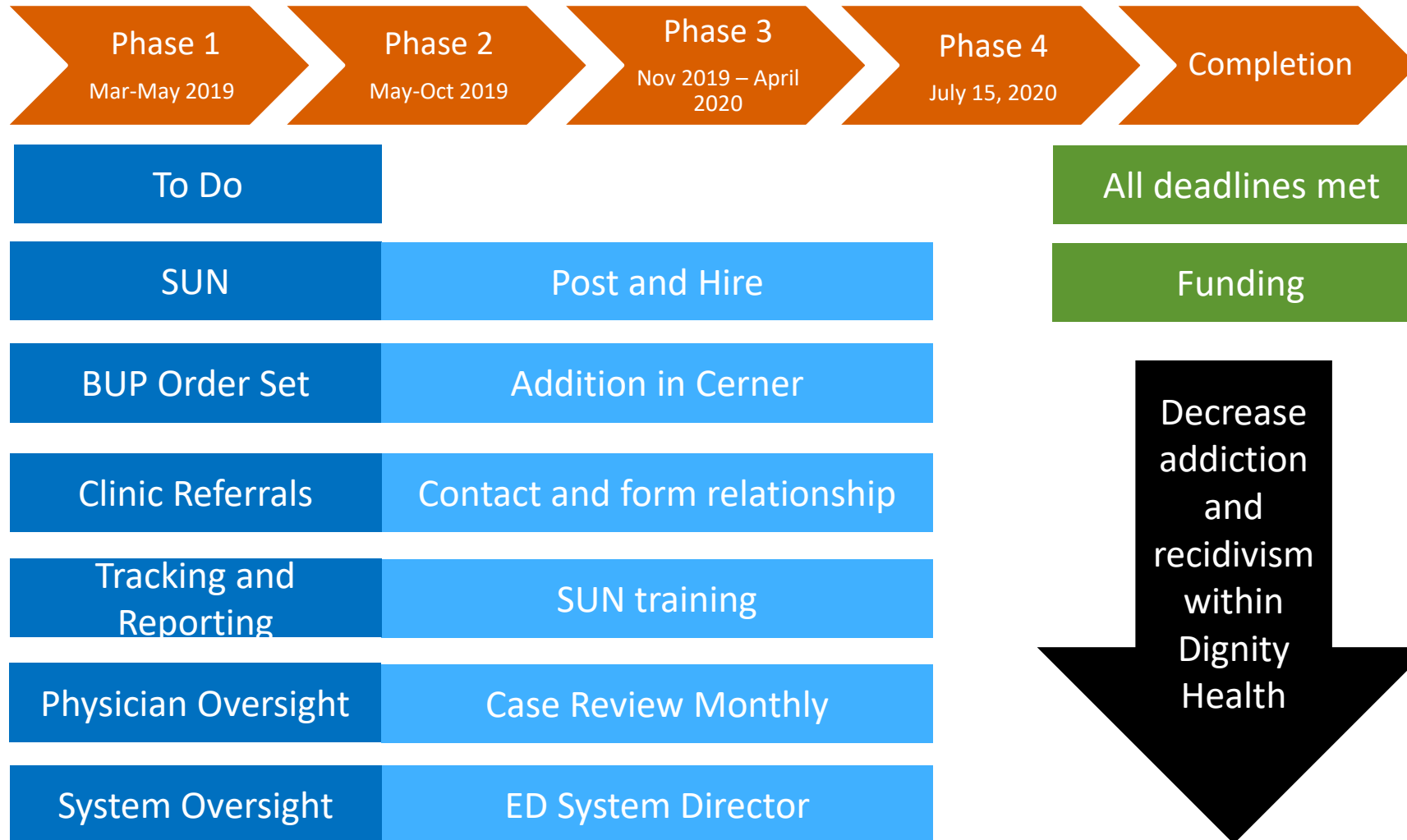
- Sierra Nevada
- Bakersfield Memorial
- St. Joseph's Stockton
- California Hospital Medical Center
- Mercy Medical Center Redding

## 12 Month Grant Awards

- Mercy San Juan Medical Center
- St. Francis Memorial
- Mercy Merced
- St. Bernardine
- Dominican
- St. Mary Long Beach



# Timeline and Tasks



# System Implementation Process

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Grant timeline and deliverables



Standard order set & Navigator JD



Formulary addition of buprenorphine



X waiver – obtaining and exceptions



Provider education



## Treatment for OUD ( Opioid Use Disorder) – MAT Order set

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- Buprenorphine approved in 2002 for treatment of opioid use disorder.
- Navigator job description / recruitment
- Adopt standard order set – develop with broad group vetting and consensus –
- Formulary addition – consider patients on Suboxone prior to admission when buprenorphine is added
- Physician able to initiate OUD treatment in ED without an “X” waiver from the DEA

# Formulary Approval: Buprenorphine

- Indications
  - Opioid use disorder
  - Acute and chronic pain
- C-III medication
- Dosage forms
  - **Sublingual (SL) tablet:** 2 mg, 8 mg
  - Buccal film
  - **Injection (IV/IM) solution:** 0.3 mg/mL
  - Subcutaneous implant
  - Transdermal patch



# Major Features of Buprenorphine

## **Partial agonist** at mu receptor

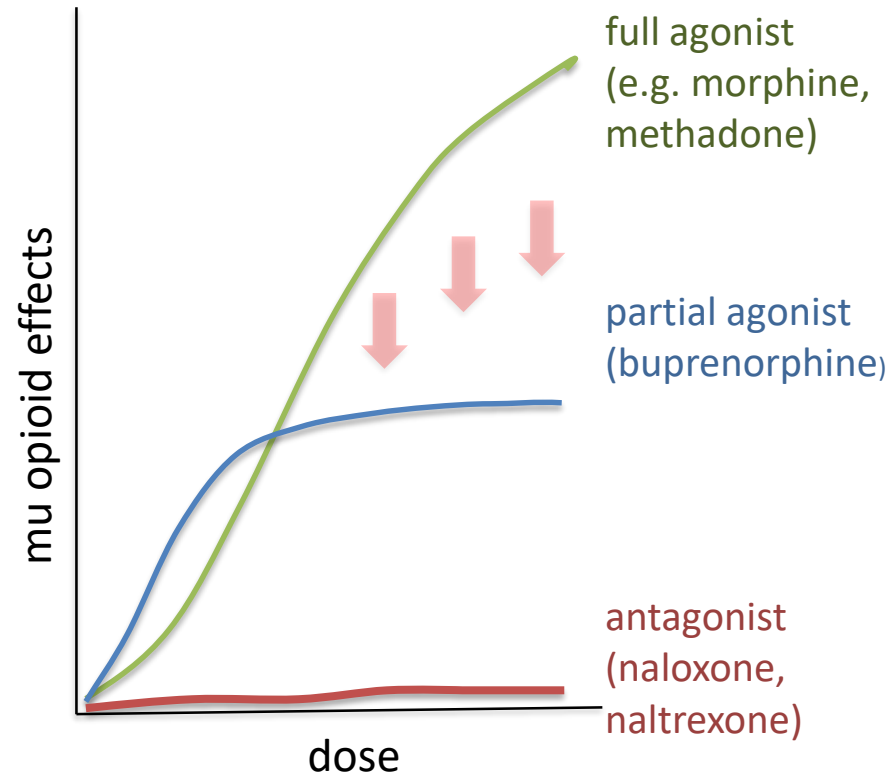
- Comparatively minimal respiratory suppression and no respiratory arrest when used as prescribed

## **High affinity** for mu receptor

- *Blocks* other opioids
- *Displaces* other opioids
  - Can precipitate withdrawal

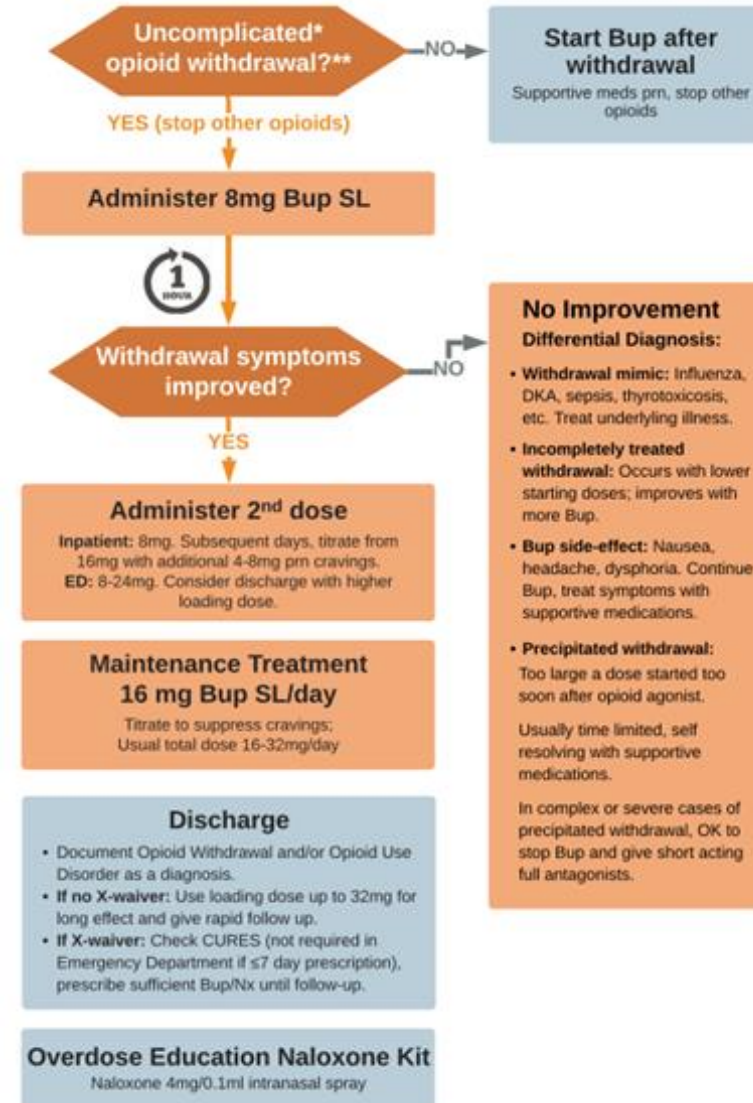
## **Slow dissociation** from mu receptor

- *Stays on receptor for a long time*




# Dosing

- Buprenorphine **8 mg** SL x1, then 8 – 24 mg (maximum 32 mg/day)
  - Give 0.3 mg IV/IM injection if unable to take orally --> transition to SL tablet when able to tolerate
- For opiate use disorder, buprenorphine can be ordered by any DEA licensed provider in the hospital for 72 hours
  - Only X-waivered providers may write prescriptions for discharge
  - No restrictions for treatment of pain




# Facility Scope – Allowance for Use



**KAREN L. SMITH, MD, MPH**  
State Public Health Officer & Director

State of California—Health and Human Services Agency  
**California Department of Public Health**



**GAVIN NEWSOM**  
Governor

January 30, 2019 AFL 19-02.1

**TO:** General Acute Care Hospitals (GACH)  
Acute Psychiatric Hospitals (APH)  
Chemical Dependency Recovery Hospitals (CDRH)

**SUBJECT:** Medication Assisted Treatment for Narcotic Addiction  
(Rescinds AFL 19-02)

**AUTHORITY:** Health and Safety Code (HSC) section 11217(h)

**All Facilities Letter (AFL) Summary**

This AFL rescinds AFL 19-02 and clarifies licensing requirements for GACHs, APHs, and CDRHs related to Medication Assisted Treatment (MAT) for narcotic addiction.

The California Department of Public Health (CDPH) has received several inquiries regarding addiction treatment pursuant to HSC section 11217(h). GACHs, APHs, and CDRHs may each treat an addiction to a narcotic drug, including using MAT protocols, under their respective facility license. HSC section 11217(h) does not require a GACH or an APH to also have a CDRH license to provide addiction treatment.

If you have any questions about this AFL, please contact your local district office.

Sincerely,

**Original signed by Heidi W. Steinecker**

Heidi W. Steinecker  
Deputy Director

# Electronic Code of Federal Regulations

e-CFR data is current as of March 21, 2019


[Title 21](#) → [Chapter II](#) → [Part 1306](#) → [§1306.07](#)

## §1306.07 Administering or dispensing of narcotic drugs.

(a) A practitioner may administer or dispense directly (but not prescribe) a narcotic drug listed in any schedule to a narcotic dependant person for the purpose of maintenance or detoxification treatment if the practitioner meets both of the following conditions:

(1) The practitioner is separately registered with DEA as a narcotic treatment program.

(2) The practitioner is in compliance with DEA regulations regarding treatment qualifications, security, records, and unsupervised use of the drugs pursuant to the Act.

 (b) Nothing in this section shall prohibit a physician who is not specifically registered to conduct a narcotic treatment program from administering (but not prescribing) narcotic drugs to a person for the purpose of relieving acute withdrawal symptoms when necessary while arrangements are being made for referral for treatment. Not more than one day's medication may be administered to the person or for the person's use at one time. Such emergency treatment may be carried out for not more than three days and may not be renewed or extended.

(c) This section is not intended to impose any limitations on a physician or authorized hospital staff to administer or dispense narcotic drugs in a hospital to maintain or detoxify a person as an incidental adjunct to medical or surgical treatment of conditions other than addiction, or to administer or dispense narcotic drugs to persons with intractable pain in which no relief or cure is possible or none has been found after reasonable efforts.

(d) A practitioner may administer or dispense (including prescribe) any Schedule III, IV, or V narcotic drug approved by the Food and Drug Administration specifically for use in maintenance or detoxification treatment to a narcotic dependent person if the practitioner complies with the requirements of §1301.28 of this chapter.

[39 FR 37986, Oct. 25, 1974, as amended at 70 FR 36344, June 23, 2005]

[Need assistance?](#)

- [https://urldefense.proofpoint.com/v2/url?u=https-3A\\_\\_www.ecfr.gov\\_cgi-2Dbin\\_text-2Didx-3F5ID-3Ddd3324c93ad659b4a55e8cca8156a65c-26node-3Dse21.9.1306-5F107-26rgn-3Ddiv8&d=DwMFAg&c=9ZzEU7M7kAakO8i1czQTpextwtQwa7O3K3Rmxp9mxP4&r=MXx212FcovnJB\\_hEK8S1iHor27cudxelrMnODS4AAI&m=rRVuddEOCub9EnEaaVT95EbygqZ8g34HDBiqoKjKjPA&s=PL0ontzkrO0JufOpJfKIQggC385dcN0cl1QXYNH73E&e=](https://urldefense.proofpoint.com/v2/url?u=https-3A__www.ecfr.gov_cgi-2Dbin_text-2Didx-3F5ID-3Ddd3324c93ad659b4a55e8cca8156a65c-26node-3Dse21.9.1306-5F107-26rgn-3Ddiv8&d=DwMFAg&c=9ZzEU7M7kAakO8i1czQTpextwtQwa7O3K3Rmxp9mxP4&r=MXx212FcovnJB_hEK8S1iHor27cudxelrMnODS4AAI&m=rRVuddEOCub9EnEaaVT95EbygqZ8g34HDBiqoKjKjPA&s=PL0ontzkrO0JufOpJfKIQggC385dcN0cl1QXYNH73E&e=)

## Posters for the ED



### Recovery begins here. We are here to help.

**We can help you:**

- Get off opioids
- Reduce withdrawal symptoms
- Sobriety

You are not alone. Ask us for more information.



### Recovery begins here. We are here to help.

**We can help you:**

- Get off opioids
- Reduce withdrawal symptoms
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You are not alone. Ask us for more information.



## Managing Your Pain

At Dignity Health, we are dedicated to providing for your comfort after surgery and during your hospital stay. By managing your pain, you'll help improve your healing, increase your strength and activity-level, rest better, and return home sooner.

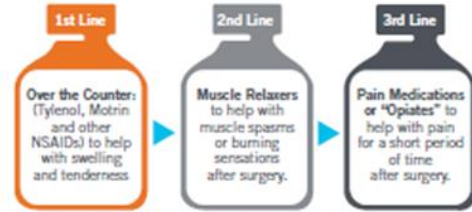
While surgical pain will not be relieved right away, we will partner with you to keep pain at a level that is acceptable to you. Your journey to recovery begins now and we will be with you every step of the way.



### Treating Your Pain

There are several ways to treat your pain. The most common way is with medications.

Ask your nurse what medications have been ordered for pain and how they will be given. Some pain medications are given on a regular schedule and others are given as needed, when you ask for them. Medications include:



Alternative Pain Relieving Measures: ice, heat, physical therapy, relaxation techniques, calm music, and position changes.

### Side Effects

Sometimes you may experience side effects from medications, which may include:

- Itching
- Constipation
- Nausea
- Dry mouth
- Sleepiness

If you experience any of these side effects or are allergic to any medications, let your nurse or doctor know.

### Frequently Asked Questions

#### Can I get addicted to pain medicine?

When the pain medicines are taken correctly addiction is unlikely. Pain medications are intended to be given in small doses for a limited time after surgery.

#### Where can I dispose of unused pain medications?

Unused prescription medications can be dangerous. Medication take-back programs are a good way to remove unneeded medications from your home to reduce the chance of harm. Please contact your local pharmacy, fire or police department to locate a take back program near you.

#### When should I tell my nurse the pain medication is not working?

When you have concerns it is not helping you.

#### How will staff ensure my safety while taking pain medications?

The staff will assess your breathing, heart rate, and respiratory rate, as well as, your level of wakefulness prior to medicating you with pain medication. They may place a probe on your finger to monitor your oxygen level also.

#### When should I ask for pain medicine?

You should ask your nurse for pain medicine when you start to feel the pain increase. Don't wait for pain to be out-of-control.

# Prescription Opioids: What you need to know



Prescription opioids can be used to help relieve moderate-to-severe pain and are often prescribed following a surgery or injury, or for certain health conditions. These medications can be an important part of treatment but also come with serious risks. It is important to work with your health care provider to make sure you are getting the safest, most effective care.

### What are the risks and side effects of opioid use?

Prescription opioids carry serious risks of addiction and overdose, especially with prolonged use. An opioid overdose, often marked by slowed breathing, can cause sudden death. The use of prescription opioids can have a number of side effects as well, even when taken as directed:

- Tolerance—meaning you might need to take more of a medication for the same pain relief
- Physical dependence—meaning you have symptoms of withdrawal when a medication is stopped
- Increased sensitivity to pain
- Constipation
- Nausea, vomiting, and dry mouth
- Sleepiness and dizziness
- Confusion
- Depression
- Low levels of testosterone that can result in lower sex drive, energy, and strength
- Itching and sweating

### Risks are greater with:

- History of drug misuse, substance use disorder, or overdose
- Mental health conditions (such as depression or anxiety)
- Sleep apnea
- Older age (65 years or older)
- Pregnancy

As many as **1 in 4 people\*** receiving prescription opioids long term in a primary care setting struggles with addiction.

Avoid alcohol while taking prescription opioids. Also, unless specifically advised by your health care provider, medications to avoid include:

- Benzodiazepines (such as Xanax or Valium)
- Muscle relaxants (such as Soma or Flexeril)
- Hypnotics (such as Ambien or Lunesta)
- Other prescription opioids

\* Findings from one study



# Impact to Non-Grant Hospitals

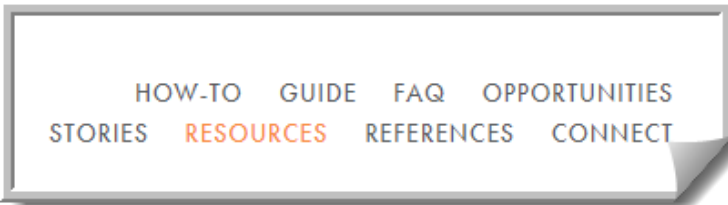
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- Buprenorphine Order Set available as an Enterprise Order Set
- ED Providers able to order one day dose without X Waiver
- Formation of community relationships, including key clinic stakeholders in the effort to form “Bridge” to care
- Create a seamless plan – maintenance after grant funding ends



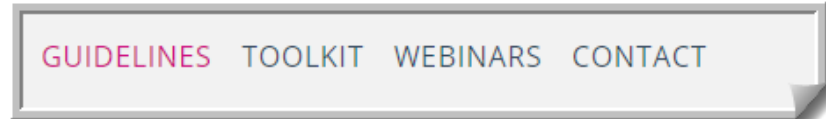
# References

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ED-BRIDGE is a program through the Substance Abuse and Mental Health Services Administration (SAMHSA) State Targeted Response to the Opioid Crisis Grant to the California Department of Health Care Services (DHCS). **Email: [info@ed-bridge.org](mailto:info@ed-bridge.org)**

<https://ed-bridge.org/resources>



Project **SHOUT** (Support for Hospital Opioid Use Treatment) is a statewide coalition, led by champions at the University of California, San Francisco (UCSF), and supported by California Health Care Foundation (CHCF).

<https://www.projects shout.org/guidelines>



**CHAT/UNMUTE TO TELL US:**  
What questions do you have?

# Discharge to Community



# Substance Use Navigator (SUN) In The Emergency Room

Tommie Trevino CADC-CAS

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# Working Father and Husband

- 35 year old male who was addicted to pain pills to Heroin
  - Converted from Methadone to Buprenorphine
  - Now cleaning up wreckage

# Main Objective

- Referral to treatment and diversion from ED
- Treatment plans, facilities, and costs
- Patient education and motivational interviewing
- Buprenorphine

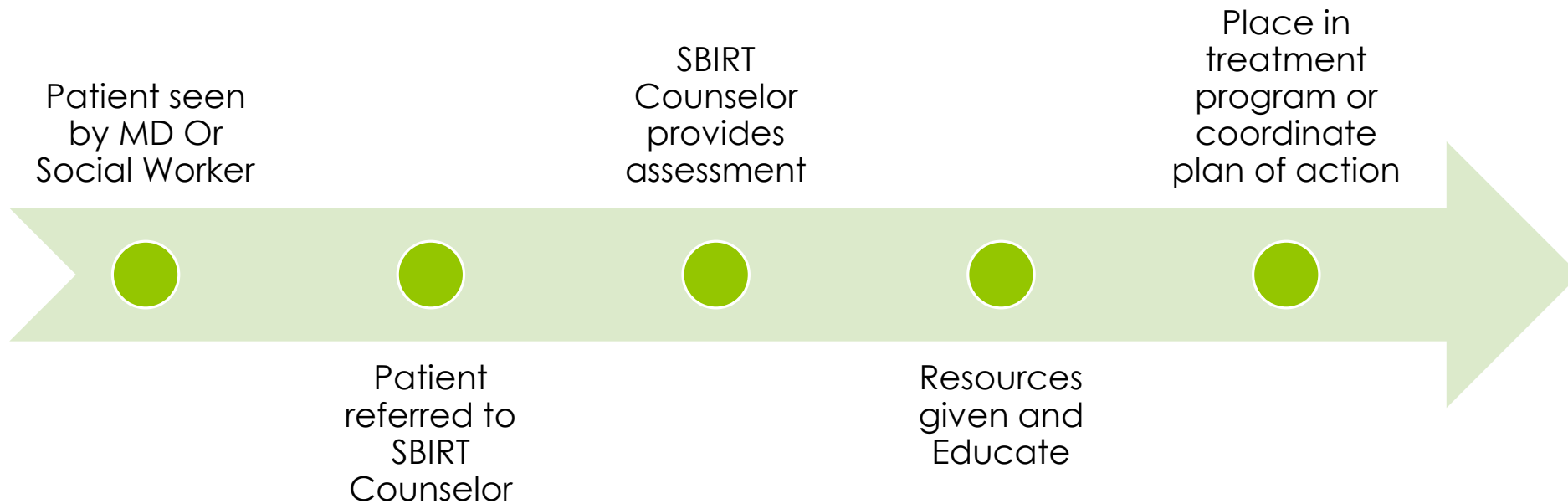
- What would you Say



<https://www.recovery.org/vicodin/withdrawal/>



# Referral Process



# Treatment facilities

One Community Health

Transitions Clinic

CORE

Bart-Med mark

# Questions

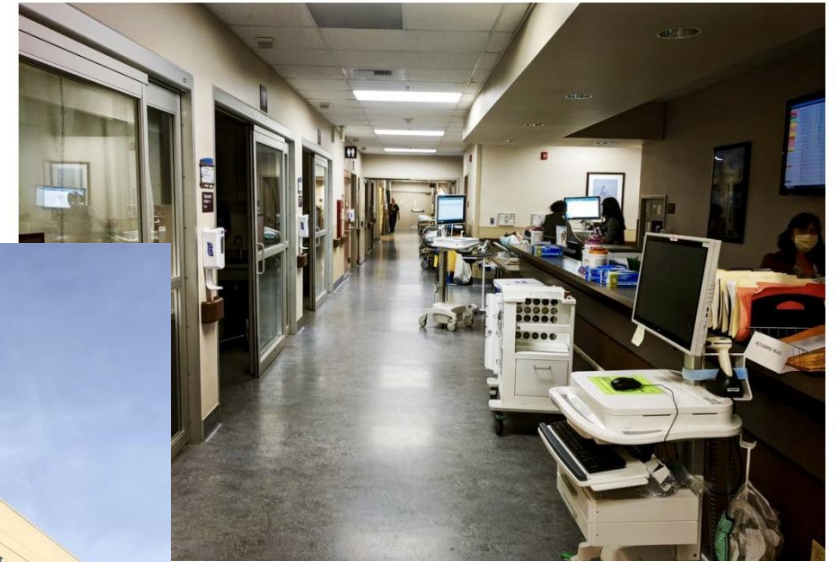
Tommy Trevino CADC CAS



**MARSHALL**  
MEDICAL CENTER

**Placerville, CA**

- Started first patient on buprenorphine in ED in August 2017
- Referred 38 patients to treatment in 49 weeks
- **35 out of the 38 patients (92%)** presented to the clinic in follow-up for treatment



An emergency room at the Marshall Medical Center in Placerville, California. | German Lopez/Vox

# Making Connections with Community Partners

- Developed a connection with El Dorado Community Health Center (a robust local clinic)
- Offers daily (M-F) 8:30am follow-up appointment slot at EDCHC for any OUD patients that are treated in the Marshall ED

# Next-day appointment schedule for patients coming from the ED at Marshall Medical Center to El Dorado Community Health Center

## El Dorado Community Health Center

Complex Care Clinic / Medication Assisted Treatment Program

Post ED Buprenorphine Induction Appointments – August 2018

Please Fax Patient Information to: **(530) 903-4492**

Monday	Tuesday	Wednesday	Thursday	Friday
		1	2	3
	8:30 AM 3100 Ponte Morino Drive Susan/Dr. Mehra	8:30 AM 3100 Ponte Morino Drive Susan/Dr. Collins <b>NEW ADDRESS</b>	8:30 AM 3100 Ponte Morino Drive Susan/ Dr. Jay	9:00 AM 3104 Ponte Morino Drive /Dr. Collins
6	7	8	9	10
8:30 AM 3100 Ponte Morino Drive Susan/Dr. Mehra	8:30 AM 3100 Ponte Morino Drive Susan/Dr. Mehra	8:30 AM 3100 Ponte Morino Drive Susan/Dr. Collins <b>NEW ADDRESS</b>	8:30 AM 3100 Ponte Morino Drive Susan/ Dr. Jay	9:00 AM 3104 Ponte Morino Drive /Dr. Collins

## Steps to Recovery

**74% of patients were still in treatment at near 1 year**

- Phase 1: 8 weeks of more intensive group with negative alcohol and drug tests (15 patients)
- Phase 2: Prescription and group visit every 2 weeks (7 patients)
- Phase 3: 2 weeks of meds with a 2 week refill (4 patients)

*The 9 patients no longer engaged in the program at Complex Care Clinic departed due to various reasons including moving away, seeking other forms of treatment, e.g. Methadone, or other reasons.*



**CHAT/UNMUTE TO TELL US:**  
What questions do you have?



# Key Points



Wrap up

# Webinar Schedule

*All calls start at 11:00am PT*

August 27

- The nuts and bolts of dispensing naloxone to high-risk patients and their support systems

September 12

- Emerging measures in the hospital setting for safe opioid management in the hospital

September 18

- **Submit Opioid Safe Hospital Self-Assessment!**

Register at [calhospitalcompare.org](http://calhospitalcompare.org)



**POLL:**

What do you want to know more about that would help to close a gap in your work?

# Resources & Follow Up Materials



## Resources:

[About the Opioid Safe Hospital Designation](#)

[Frequently Asked Questions](#)

[Opioid Safe Hospital Self Assessment](#)

To further accelerate hospital progress, CHC will offer a no cost, 5-part webinar series, with peer-to-peer support, starting May 2019 with the kick-off webinar. The webinar series is designed for Chief Medical Officers, Chief Nursing Officers, Chief Quality Officers, Quality and Emergency Department leadership, and other individuals involved in improving opioid safety. CHC will actively work with Opioid Safe Hospital Program participants to select relevant topics for the webinar series. Registration links below ( *please note all webinars are scheduled for 11am PST*):

[Webinar #1](#) (May 9): Addressing California's Opioid Epidemic – Introducing the Opioid Safe Hospital Program

[Webinar #1 Recording](#)

[Webinar #1 Slide Presentation](#)

**Source:** [Cal Hospital Compare Website - About - Opioid Safe Hospital Designation](#)



# Questions?

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# Thank you!

Please give us the gift of feedback and complete the event evaluation

Requesting CMEs? Please refer to the CE instructions on our website