

HARM REDUCTION STRATEGIES: ADDRESSING STIGMA AMONG PROVIDERS & STAFF

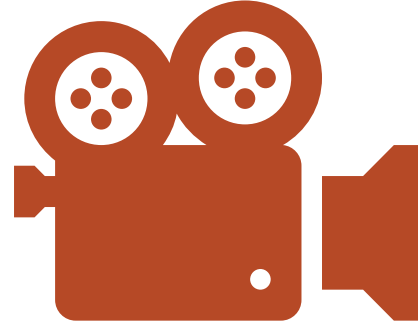
July 14, 2020

10:00am -11:00pm Pacific Time

Using Adobe Webinar Platform



CHAT in your
questions/comments



Webinar is being
RECORDED



Please MUTE your
line



DOWNLOAD resources



Meeting Objectives

- ▶ **Considered** the value of attaining the 2020 Opioid Care Honor Roll & identified when you will apply for the designation
- ▶ **Defined** stigma and examined the impact of stigma in caring for persons with opioid use disorder in the acute care setting
- ▶ **Heard** from peers their successes & lessons learned addressing stigma in their own organizations
- ▶ **Determined** which strategies to transfer into your own work
- ▶ **Communicated** how CHC can support hospital progress over the remaining webinars

Opioid Care Honor Roll 2020 Webinar Series Roadmap

Access webinar recordings & slides [here](#)

1

How to capture & keep attention on the CA Opioid Epidemic

2

Harm reduction strategies

3

Leveraging community partners

4

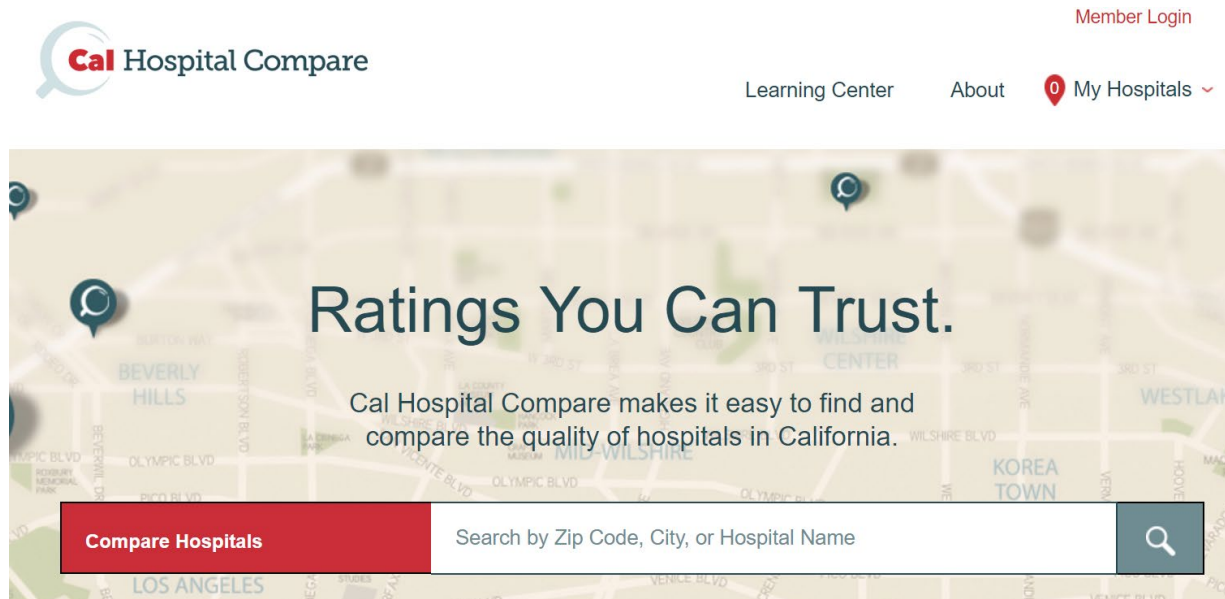
Cutting edge strategies

5

Drop in office hours

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
CA Bridge



Guest Speakers



Savannah O'Neill

Capacity Building and
Community Mobilization
Manager

Harm Reduction Coalition



Jill Donaldson

Surgical Clinical Nurse
Specialist, Chairperson, Pain
Workgroup
Mission Hospital



Deanne Niedziela

MSN RN CCRN-K
Director of Nursing,
Mission Hospital Laguna
Beach



POLL:
What is your role?



POLL:

What are you currently working on to address stigma in your hospital?

2020 Opioid Care Honor Roll

Countdown!

To apply for the Opioid Care Honor Roll submit your Opioid Management Hospital Self-Assessment between

June 22, 2020 - October 9, 2020

88
days



Apply Now

Programs

Maternity Care Honor Roll

Opioid Care Honor Roll

Opioid Resource Library

Patient Safety Honor Roll

Opioid Care Honor Roll

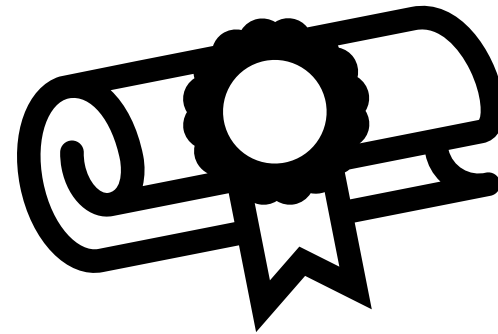
Register for the 2020 Opioid Care Honor Roll Webinar Series!

In 2019, Cal Hospital Compare (CHC) launched the Opioid Care Honor Roll Program to help address the ongoing crisis. According to state data, nearly 2,200 Californians died of an opioid-related overdose in 2017. Patients with opioid use disorder are frequently hospitalized or visit the emergency department due to complications of the condition without also receiving treatment for the underlying disease of opioid addiction. This is a missed opportunity and leaves patients untreated and at high risk of future overdose. In this pilot year of the program, 60 hospitals voluntarily reported their progress on addressing the opioid crisis. While results show that all participating hospitals are making progress, it's clear more work is needed. In 2020, Cal Hospital Compare will continue to offer learning opportunities to support the rapid spread of evidence-based practices among hospitals and will announce the first Opioid Care Honor Roll recipients. All California hospitals are invited to participate. **For more information on 2019 Opioid Care Honor Program learnings and next steps check out this [fact sheet](#).**

To measure opioid safety across all California hospitals, in a standardized way, CHC developed the *Opioid Management Hospital Self-Assessment*. This self-assessment measures opioid safety across 4 domains: 1) safe & effective opioid use, 2) identifying and managing patients with Opioid Use Disorder, 3) preventing harm in high-risk patients, and 4) applying cross-cutting organizational strategies. CHC designed this tool as both a measurement and quality improvement tool. All California, adult, acute care hospitals are eligible to participate in this program.

The 2020 self-assessment period starts June 22, 2020 and closes October 9, 2020.

Submit your self-assessment results [here](#).



Cal Hospital Compare Announces 2019 Honor Rolls

December 13, 2019

Sacramento, CA – On December 13, 2019, California Health and Human Services Agency Secretary Dr. Mark Ghaly, along with Cal Hospital Compare, recognized hospitals across California for their high performance in [maternity care](#), [patient safety](#), and [commitment to safe opioid care](#).



POLL:

What was the first step you took to apply for the 2020 Opioid Care Honor Roll?



CHAT:
What questions do you have?

Why should we address stigma?

Hospital operations, patients, providers, staff...



Can't or won't?

Consider high blood pressure...

Lifestyle Changes

Eat right & lose weight
Low sodium diet
Exercise 3x/week
Sleep 8 hours/day
De-stress

If/when that fails...

Treatment

Treat with medications

Perceptions of clinical providers in the ED on treatment for substance-use disorder

Survey: Using a scale from 1 to 5 where 1 means “Completely Disagree” and 5 means “Completely Agree”, please indicate your level of agreement with the 10 statements below.

1. Needle and syringe exchanges should be established in all cities and large towns with large numbers of injecting drug users.
2. Drug addiction is a behavioral problem, not a disease.
3. Narcan prescription will encourage heroin and opioid use.
4. Having injection drug users as patients is stressful.
5. Preventing overdoses is ineffective because people will overdose again.
6. Making Naloxone widely available will increase the likelihood of misuse.
7. If I saw signs of injection drug use (such as track marks), I would regard the patient less favorably.
8. Narcan should only be given by medical professionals.
9. I do NOT feel I am adequately trained in the treatment of drug addiction.
10. Treating drug addiction is NOT effective.

Selected Survey Results

Group	Preventing overdoses is ineffective because people will overdose again. (Q5)	If I saw signs of injection drug use (such as track marks), I would regard the patient less favorably. (Q7)	I do NOT feel I am adequately trained in the treatment of drug addiction. (Q9)	Treating drug addiction is NOT effective. (Q10)
Residents	31%	38%	51%	24%
Faculty	14%	21.3%	55%	14%
Nursing	50%	23.9%	52%	31%

The Knowledge Gap

- ▶ What do we know about how to reduce stigma toward people with drug addiction?
 - ▶ Not much
- ▶ What do we know about how to reduce stigma toward medications to treat addiction
 - ▶ Even less
- ▶ How well does evidence from other stigmatized conditions apply to addiction stigma?
 - ▶ Not clear
- ▶ **Bottom Line: Evidence base profoundly lacking!!**

*Let's learn
together!*

Source: Action Collaborative on Countering the U.S. Opioid Epidemic May 21 Public Virtual Symposium, [Colleen L. Barry, Johns Hopkins Bloomberg School of Public Health](#) (Session 1 Slides)

What's in it for me?

Reduce burn out

Improve
patient/provider
satisfaction

Address high
utilization of ED
services

Streamline
patient flow

Reduce hospital
re-admissions for
OUD related care

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CHAT:
What questions do you have?

Harm Reduction Coalition – A Systems Approach to Addressing Stigma

Savannah O'Neill



Harm Reduction Coalition



**Policy &
Advocacy**



**National & Regional
Conferences**



**Trainings &
Technical Assistance**



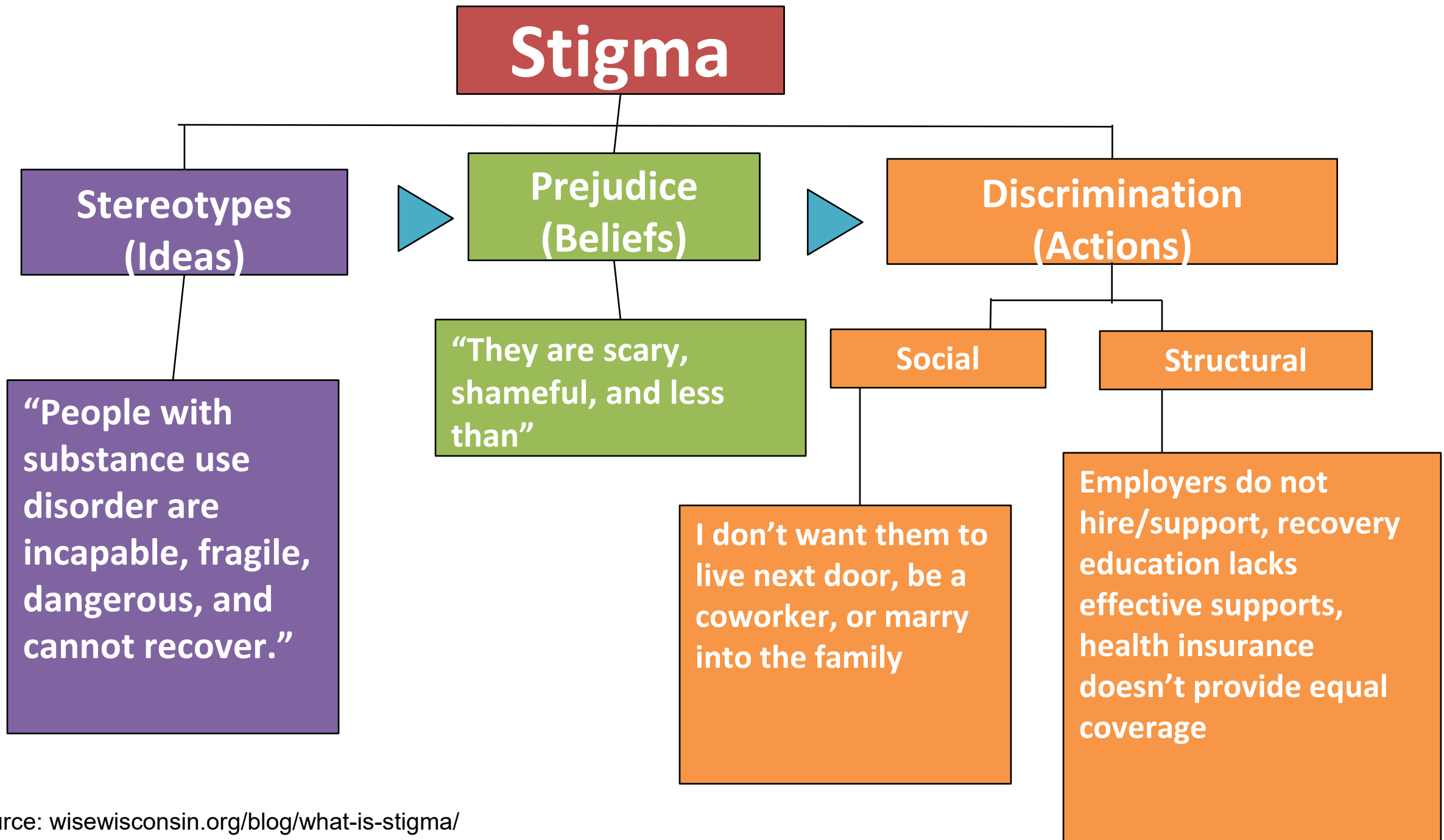
**Overdose
Prevention**



**Resources &
Publications**

Harm Reduction Coalition creates spaces for dialogue and action that help heal the harms of racialized drug policies.

WHAT IS STIGMA?



**DOES LANGUAGE
REALLY AFFECT
STIGMA?**

The Impact of Language

- In one Harvard study trained clinicians were given identical scenarios about someone with a substance use disorder and the only thing changed was in one scenario the person was called a 'substance abuser,' and in the other scenario, a 'person with a substance abuse disorder.' Dr. John Kelly found that **when you called someone a substance abuser, it elicited, even from trained clinicians, a much more punitive response.**
- In a public perception study the term “abuse” was found to have a high association with negative judgments and punishment. **Negative attitudes among health professionals have been found to adversely affect quality of care and subsequent treatment outcomes.**
- APA Style Book 2017 instructs journalists to avoid words like *abuse* or *problem* in favor of the word *use* with an appropriate modifier such as *risky*, *unhealthy*, *excessive*, or *heavy*. *Misuse* is also acceptable. They shared, **“These changes aren’t merely semantics or political correctness. Widespread media misunderstanding of the fundamental nature of addiction has led to some deadly misconceptions about how it should be managed.”**
- The American Medical Association has called on physicians to help reduce stigma and support treatment for substance use disorders. The American Society of Addiction Medicine have recommended the adoption of clinical, non-stigmatizing language for substance use.

**IS YOUR HOSPITAL
USING PERSON FIRST
LANGUAGE?**

Changing the Language of Addiction

Terms that stigmatize addiction can affect the perspective and behavior of patients, clients, scientists, and clinicians.
Clinicians especially need to be aware of person-first language and avoid more stigmatizing terms.

Terms Not to Use

- addict, abuser, user, junkie, druggie
- alcoholic, drunk
- oxy-addict, meth-head
- ex-addict, former alcoholic
- clean/dirty (drug test)
- addictions, addictive disorders

Terms to Use

- person with a substance use disorder
- person with an alcohol use disorder
- person with an opioid use disorder
- person in recovery
- negative/positive result(s)
- addiction, substance use disorder

**ARE YOU TALKING
ABOUT ALL DRUG USE
THE SAME?**

A Continuum of Language About Drug Use



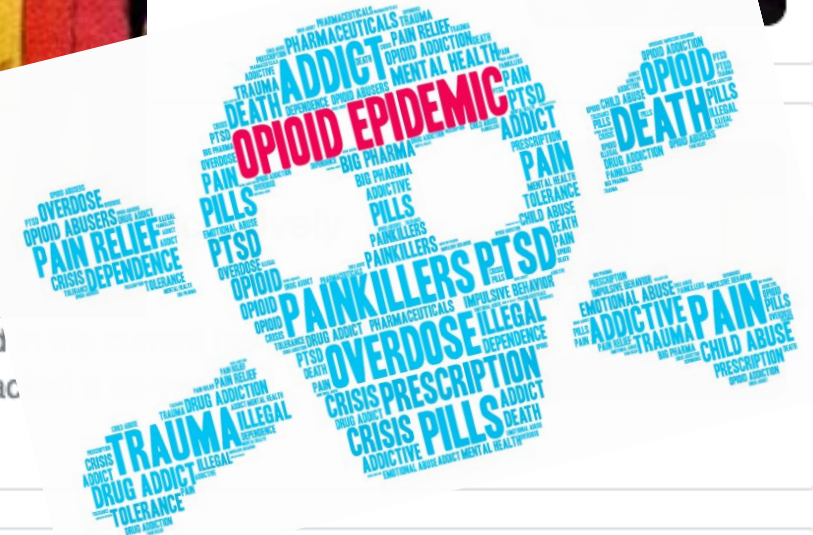
**ARE YOU USING
SENSATIONAL OR FEAR
BASED LANGUAGE?**

By Douglas J. Bestover

The hospital provided the mother with an apnea monitor to warn her if the baby stopped breathing while asleep, and trained her in CPR. But on the very first night, the mother went out drinking and left the child at



paramedic ...



N New Idea

Jan 17, 2019



AMERICA'S HEROIN
EPIDEMIC IS BEING
OVERTAKEN BY ANOTHER
DEADLY DRUG ADDICTION:
FENTANYL

What Steps Can Hospitals Take?



Institutional Actions

Hire staff dedicated to navigate people with substance use disorders to care and within care systems (ideally people with lived experience of substance use)

Perform a language audit of existing materials (internal documentation, forms, brochures, signs) & replace with inclusive language

When developing new materials or programming seek input from various stakeholders, include people who use drugs

Offer consistent and ongoing training at all levels with an all & some approach

Individual Actions

Work on your own language, practice with colleagues and institutions can create a system of accountability to offer you feedback

Relay any feedback regarding stigmatizing interactions directly from patients to your supervisor or hospital administrators to strategize changes

Seek input from people with lived experience in your one-on-one patient interactions to understand what is working for them and what isn't

Stay teachable! Follow reputable sources for information & be open to ongoing growth & change



CHAT:
What questions do you have?

Development of a Behavioral Evaluation and Addiction Management (BEAM) Team

Deanne Niedziela MSN RN CCRN-K
Director of Nursing, Mission Hospital
Laguna Beach

Jill Donaldson MSN RN CNS
Clinical Nurse Specialist

Development of a Behavioral Evaluation and Addiction Management Team (BEAM)

- In early 2019, Mission Hospital's RRT was experiencing a significant increase in calls for patients with behavioral emergencies and substance use disorder (SUD)
 - ↳ RN frustration with managing patients with aggression and SUD
 - ↳ Patients were not always receiving appropriate timed medications or assessments
 - ↳ Nurses unfamiliar with using COWS
 - ↳ Physicians not well equipped to acute manage opioid withdrawal

Creation of a Multidisciplinary Quality Improvement Team to address SUD

- April 2019: Developed team with the goal of designing and executing an evidence-based practice project to address patients with behavioral emergencies and substance use disorder
- A review of the literature:
 - ➔ St Joseph Hospital (Orange) implemented a Behavioral Emergency Response Team (BERT) to assist patients on inpatient units with acute psychiatric disorders
 - ➔ Other approaches were designed with a physician as the primary clinician
- The team wanted to develop a model for a nurse-led program that could work alongside RRT and focus on BOTH behavioral issues and SUD

- **A standardized procedure was developed for a Behavioral Assessment and Addiction Management (BEAM) Team**

- ↳ The program was fully implemented in 3 months, and went LIVE in July, 2019

- **BEAM Nurse qualifications:**

- ↳ Minimum 5 years licensed RN
 - ↳ 2 years in CDU / addiction nursing
 - ↳ Certified in addiction nursing
 - ↳ LPS (Lanternman-Petris Short) designation (can place patient on hold)
 - ↳ Excellent interpersonal and communication skills
 - ↳ AVADE instructor (preferred)

- The BEAM Team consists of these expert nurses who assist the entire care team offering expertise in substance use disorder, and behavioral emergencies

- The BEAM nurses have taught our nursing staff how to approach substance use disorder with patients. They have taken the stigma out of having what they used to perceive as difficult conversations with their patients about SUD

The NEW Behavioral Evaluation Addiction Management Team

The “BEAM TEAM”

The primary focus of the BEAM Team will focus on patients with behavioral and drug withdrawal management for in-patient and ER patients with the goal of ensuring appropriate level of care, proper medication management, decreasing code greys, sitter usage, LOS and workplace violence.

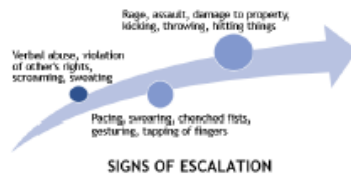
BEAM Team RNs is to perform the following roles:

- Work collaboratively with an addiction specialist and hospitalist for the following:
 - Alcohol Withdrawal (CIWA)
 - Benzo withdrawal
 - opioid withdrawal
 - Illicit drug use / withdrawal
 - Nicotine withdrawal
 - Behavioral emergencies/dynamic patients
- Proactively identify and manage patients
- Respond to ANY caregiver concern about patient or staff safety
- Expert in de-escalation techniques and conducting de-briefs following a Code Grey
- Conduct in-time staff education on managing behavioral issues regarding appropriate medications, triggers for titration of medications, withdrawal symptom management, reassurance about safe benzodiazepine dosing, or upgrade to higher level of care



The BEAM RN will be on the MV campus Monday-Sunday 0830-830p, and off hours calls will be forwarded to the CDU charge nurse.

BEHAVIORAL EVALUATION ADDICTION MANAGEMENT TEAM



If you are concerned, so are we. Call the BEAM Team!

(949) 324-7680

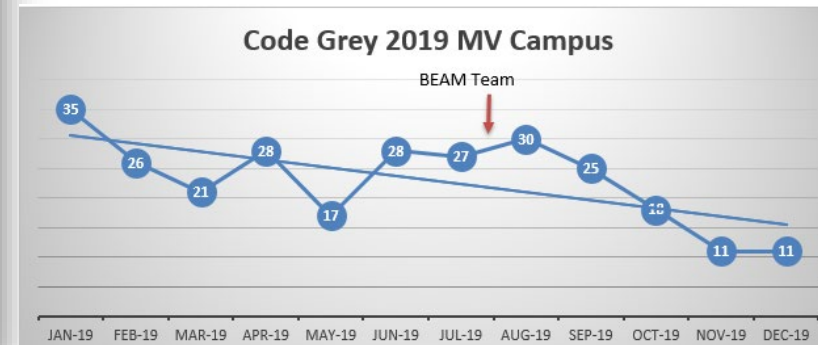
The BEAM Team is a dedicated RN role providing 12 hour coverage for all inpatients units including the ER

A BEAM consultation can be requested by any clinician including physicians and social workers

Nurse Survey Results:

High comfort level with caring for patients with behavioral issues & addiction:

- Pre-implementation 6.25%
- Post-implementation 32.8%



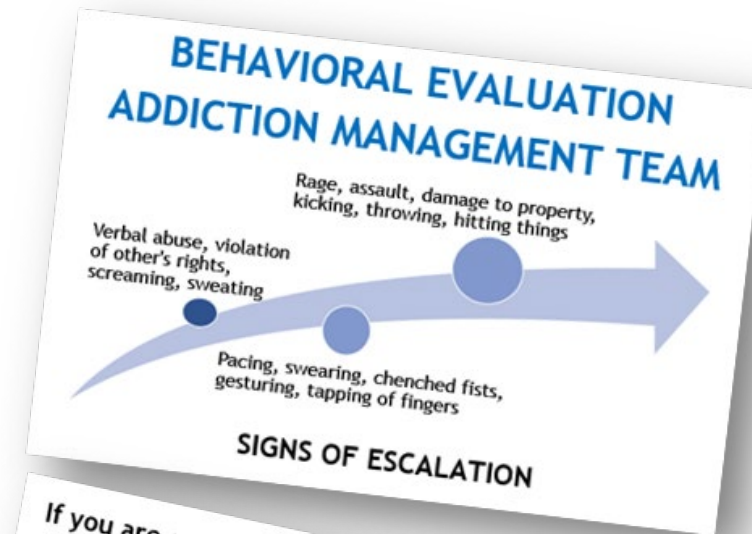
- Prior to the implementation of the BEAM, nurses were feeling frustrated and ill equipped to care for patients with opioid addiction
- Feedback from nursing staff following implementation:

“The BEAM Team is a life saver for us!”

“The BEAM RN has help us get the medications we needed from the MD to manage the patient’s withdrawal symptoms”

“I feel more confident in managing patients with withdrawal”

“The implementation has reduced staff anxiety in caring for these patients and reduced workplace violence in my department”



Questions & Answers



Deanne Niedziela MSN RN CCRN-K
Director of Nursing
Mission Hospital Laguna Beach



Sean Tobin, RN CARN
Certified Addictions Registered Nurse
BEAM Team
Mission Hospital Mission Viejo

References

1. Choi et al. An integrative literature review of psychiatric rapid response teams and their implementation for de-escalating behavioral crises in non-psychiatric hospital settings. *Jour Nurs Admin* 2019 49(6) 297-301
2. Loucks et al. Rapid response team for behavioral emergencies. *Jour Amer Psych Nurs Assoc* 2010 16(2) 93-100
3. Zicko et al. Behavioral emergency response team: Implementation improves patient safety, staff safety, and staff collaboration. 2017 15(4) 377-384
4. Weinstein et al. Inpatient addiction consult service: Expertise for hospitalized patients with complex addiction problems 2018 *Med Clin N Am* 587-601
5. Englander et al. Planning and designing the improving addiction care team (IMPACT) for hospitalized adults with substance use disorder 2017 *J Hosp Med* 12(5) 339-342
6. Thompson et al. The substance use intervention team: A preliminary analysis of a population-level strategy to address the Opioid crisis at an academic health center 2019 *J Addict Med* 13(6) 460-463



CHAT:
What questions do you have?

Q&A



CHAT:

What questions do you have?

What are you struggling with?

What do you want to learn more about?

What questions do you have for your peers?

Key Points



Wrap up

Webinar Schedule

All calls start at 10:00am PT

Community
Partnerships

Aug 12

Cutting edge
strategies

Sept 10

Drop-in
Office Hours
Sept 22 & Oct 6



CHAT:

What do you want to learn more about as part of this webinar series?

Resources & Follow Up Materials

Learn more about
the Opioid Care
Honor Roll



Find Hospitals About Programs Choosing Hospitals My Hospitals



Programs

Maternity Care Honor Roll

Opioid Care Honor Roll

Opioid Resource Library

Patient Safety Honor Roll

Opioid Care Honor Roll

Register for the 2020 Opioid Care Honor Roll Webinar Series!

In 2019, Cal Hospital Compare (CHC) launched the Opioid Care Honor Roll Program to help address the ongoing crisis. According to state data, nearly 2,200 Californians died of an opioid-related overdose in 2017. Patients with opioid use disorder are frequently hospitalized or visit the emergency department due to complications of the condition without also receiving treatment for the underlying disease of opioid addiction. This is a missed opportunity and leaves patients untreated and at high risk of future overdose. In this pilot year of the program, 60 hospitals voluntarily reported their progress on addressing the opioid crisis. While results show that all participating hospitals are making progress, it's

Programs

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Check out our
Opioid Resource
Library

Opioid Resource Library

As part of our work to address California's opioid epidemic and accelerate hospital progress to reduce opioid related deaths we've amassed a collection of practical, evidence-based resources. Many of these resources have been developed by California hospitals and opioid coalitions. In the spirit of peer learning these resources are publicly available here. Embedded within this resource library you will also find tools to actively engage patients, families, and friends in appropriate opioid use. If you have any questions and/or would like to share a resource that has helped your hospital in addressing the opioid crisis please contact Alex Stack, Director at astack@cynosurehealth.org.

1. Foundational resources

Our short list of must-read resources for all hospitals, at any state in their journey, aiming to change the way they provide opioid care in service of reducing opioid use disorder (OUD) related deaths and increasing access to treatment for all.

6. Webinar Series Resources

a. Access slides, recordings, and other related resources here for the 2019 & 2020 Opioid Care Honor Roll Webinar Series

- Addressing California's Opioid Epidemic – Introducing the Opioid Care Honor Roll (May 9, 2019)

Show Resources

- Beyond adopting prescribing guidelines: monitoring and strengthening the prescribing patterns of clinicians (Jun 6, 2019)

Show Resources

- Initiating MAT in the hospital: Unique aspects from the ED and inpatient settings (Jul 10, 2019)

Show Resources

- The nuts and bolts of dispensing naloxone to high-risk patients and their support systems (Aug 27, 2019)

Source: [Cal Hospital Compare Website > Programs](#)



Questions?

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Thank you!

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