

Bright Spots in OUD Care

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Medication Assisted Treatment

- Arrowhead Regional Medical Center (ARMC)** joined the CA Bridge network in 2019. So far, ARMC has seen nearly 1,000 patients with SUD in its ED and referred to MAT. Notable contributions to the program’s success are:
 - SUN in the ED who helps identify patients with or without co-occurring disorders, provides counseling, and arranges referral to MAT facilities,
 - Strong relationships with community organizations and MAT clinics, and
 - A hospital culture that has integrated SUD management to their standard of care.

Other efforts include hospital-wide awareness of the substance use program, dissemination of x-waiver training opportunities, and bolstering harm reduction through the distribution of naloxone opioid reversal kits to patients and community members. Some of the community organizations that joined forces with ARMC MAT program include the County Behavioral Health and Public Health Systems, local school districts, harm reduction programs, regional health plans, local opioid crisis coalitions, and nearby detention centers.

- Marshall Medical Center** is in the process of simplifying their screening process for substance misuse at triage. Why? The existing screening tools such as the [Drug Abuse Screening Tool](#) or the [NIDA Drug Use Screening Tool](#), while comprehensive, are lengthy and may not be as patient friendly as we’d like. The team thought there must be a simpler way to connect patients with a positive screen with their SUN and came up with a single screening question - "have you used street drugs or prescription medication for non-medical reasons in the past month?" This question will replace an existing triage CURES screen within their electronic medical record, and a positive screen will automatically trigger the addition of the patient to the SUN’s workflow. This is just one of several ways the team identifies patients who might benefit from a SUN consult. In addition, the team has added a quality improvement metric to track the impact of their screening and treatment process; the time it takes for a patient seeking treatment for

opioid use disorder to present to the ED, get buprenorphine, and be discharged with a prescription. Cases where it takes an abnormally long time for a patient to get buprenorphine and be discharged will be reviewed by the SUD Committee.

In the inpatient setting, Marshall's interdisciplinary SUD Team has worked closely with the medical floors, OB department, and Pharmacy to implement three essential processes to improve the care of patients with OUD in the inpatient setting.

1. SUN consults will be entered for all admitted patients with a SUD diagnosis.
2. Integrated buprenorphine quick start order sets for inpatient physician and nurses, and a buprenorphine nursing policy to support team members managing multiple care needs.
3. Discharge planning instructions for SUD patients that include recommended medications for patients with opioid, stimulant, and alcohol use disorders.

These systems help ensure that admitted patients receive timely and appropriate treatment and navigation services. The SUD Team tracks inpatient buprenorphine order set usage, SUD discharge planning, and buprenorphine continuation for admitted patients. Cases where buprenorphine was not offered, initiated, continued, or provided at discharge will be reviewed by the SUD Committee.

Overdose prevention

- **Enloe Medical Center**, located in Butte County, has been hard hit by the opioid epidemic. Butte County has one of the highest opioid-related overdose death rates in the state. This data, along with opioid prescription rates and opioid-related ED visits were critical to making opioid stewardship a strategic priority and to boost engagement among hospital providers and staff. The ED was quick to develop a core set of opioid prescribing guidelines, which have been helpful in explaining to patients the hospital's stance on opioid prescription practices and how caregivers handle refills within 30 days. With this lens, providers and staff realized just how widespread OUD was within the community. A variety of people were going to the ED looking for help and treatment options, from college students to stay-at-home parents. With continued support and education from the ED physician champion, several ED providers received their x-waiver so they could prescribe buprenorphine as part of the hospital's MAT program. Given the rise of opioid-related deaths, Enloe joined California's Naloxone Distribution Program. Under this program, hospitals are provided free naloxone to distribute to patients, families, and visitors at no cost. While this sounds simple, there were more than a few logistical challenges to work through, including storage, developing and implementing standard workflows, obtaining a standing physician order, and addressing stigma related to naloxone use. Enloe relied heavily on CA Bridge's step-by-step [Guide to Naloxone Distribution](#) to work through many of these challenges. Under this program, the SUN and trained ED charge nurses, technicians, clinical pharmacists, pharmacy technicians, and social workers can provide naloxone education and distribute naloxone. To date, the hospital has distributed almost 100 naloxone kits, and caregivers believe there is

even more opportunity to provide naloxone before patients, families, and visitors leave the hospital as more staff and providers are made aware of this resource.

- **Zuckerberg San Francisco General Hospital** has embraced a low barrier access to care model for their SUD patients. Given only 1 in 20 patients prescribed naloxone at discharge fill the prescription at their local pharmacy the team knew they had to get creative. The hospital joined California's Naloxone Distribution Program. In the spirit of quality improvement, the ED residents hold the primary responsibility for distributing naloxone within the department to anyone who is identified as high risk for opioid toxicity. The department's SUN, pharmacy, nursing staff, and physicians are also highly encouraged to distribute naloxone.

To further drive accountability and understand whether certain patient populations are not receiving naloxone kits, as part of the distribution documentation process, providers and staff write down their role and specific patient demographic information such as (age, race/ethnicity, and reason for visit). This data is helpful to understand who might benefit from additional training on the hospital's naloxone distribution program. In addition to streamlining documentation requirements, the naloxone is strategically placed in an easy to reach area, in the drawer of the charting desk. This helps to ensure that the naloxone is within arm's reach to those giving it out. Like any QI program, ED leadership continue to remind providers and staff of this resource and workflow.

In the inpatient setting, the hospital takes a slightly different approach to naloxone distribution. Patients requiring naloxone are given this medication in hand before they leave via their in-house outpatient pharmacy. Using this process, the hospital can bill for naloxone if the patient's insurance covers it. If not, the patient is provided a free naloxone kit. In addition, all patients are made aware of where they can access naloxone within the community, namely through the nearby Community Health Behavioral Services operated by the San Francisco Department of Public Health. This is extremely helpful to the hospital's mission as they have a high rate of patients who leave against medical advice. These services are strategically located in an area with high need and is designed to provide comprehensive services to individuals with SUD.

Addressing stigma with providers and staff

- **Eisenhower Medical Center** understands that the words we use to describe individuals with OUD and talk about opioid misuse matters. The facility's SUN and physician champion have made a conscious decision to model "positive talk" and educate providers and staff on the medical model of addiction (physical and mental dependence) to de-stigmatize opioid misuse. The culture shift has been gradual, often through conversations occurring at the point of care. Even prescribing naloxone can be viewed by some as enabling someone to continue misusing opioids. Alternatively, others view naloxone as a lifesaving medication and recovery tool. Reframing the conversation

has been helpful for patients, providers, and staff. Additionally, the Addiction Medicine Director, does a presentation for all residents on the hospital's MAT program, buprenorphine for treatment, opioid prescribing guidelines, and chronic pain management. The goal is to provide these residents with a foundational understanding of addiction medicine. The hospital's SUN provides similar, ongoing education on the hospital's MAT program during ED huddles. However, the most impactful strategy to addressing stigma throughout the hospital has been through sharing patient success stories and the role of buprenorphine in their recovery.

- **Marshall Medical Center**, like many hospitals, has observed that stigma against patients who use drugs can lead to negative health outcomes, including patients leaving against medical advice and untimely or chaotic treatment. To meaningfully address stigma in their organization against patients who use drugs, they developed a 3-part, stigma reduction training series, entitled "People First: a team approach to stigma reduction training" that was mandatory for ED nurses.
 - Part 1 focuses on "perspective taking." Fostering empathy for people who use drugs by considering their perspective can decrease stigma. Marshall's SUN shares her experiences with adverse childhood events, trauma, substance use, barriers to treatment, and how they impacted her decision making both positively and negatively. Like many individuals who misuse substances, it was a series of life events that led to physical dependence on opioids and other substances, and it was individuals who intervened at critical moments that assisted her recovery journey.
 - Part 2 focuses on the neurobiology of addiction, the euphoria of opioids and other substances, and how consistent use and sustained dopamine bursts "re-wire" the brain. Understanding the neurobiology of substance use disorders can change how they are perceived. In the words of their Substance Use Project Coordinator, "opioids feel great until they don't."
 - Part 3 covers OUD treatment and the importance of referrals for continuing patient care. Buprenorphine is an evidence-based treatment for OUD, and it has a proven track record for supporting individuals on their recovery journey. Marshall's Bridge clinic, Marshall CARES, has a 92% follow-up rate among OUD patients referred for continuing MAT.

The stigma reduction training has been extremely impactful. The hospital is currently rolling out the next phase of stigma reduction trainings for their entire hospital and are exploring how to make this a mandatory organizational training. Marshall Medical Center has also conducted this same training for other hospitals and is exploring providing this training community-wide.

Patient and family engagement

- Since 2014, **Barton Health** has had an active PFAC. Their PFAC has been instrumental in helping the hospital meet the needs of their close-knit community. For example, the PFAC urged the hospital to become "baby friendly," implement patient friendly billing

practices, and has given invaluable feedback on a number of patient education materials from brochures on infection prevention, falls, and where to access naloxone. The hospital's "Where can I find Narcan?" flyer, based on the PFAC's feedback, includes simple language with pictures that illustrate the signs of an overdose and how to use the spray, information on when Narcan is helpful (e.g., Narcan can only reverse an opioid related overdose), and where to put the flyers so that they would be accessible to the people who need it most (e.g., libraries, high schools, and the hospital's ED lobby).

The PFAC meets monthly, and their work is guided by a charter and PFAC elected chairperson. The hospital's public relations department leads the meetings, with support from all hospital department managers on a rotating basis. Potential PFAC members may be referred to the committee by their Community Advisor and/or Risk Manager. All PFAC members must complete an application and screening process. In addition to the monthly PFAC meeting, PFAC members are engaged in several different quality improvement committees. Not only are PFAC members a voice for change in the hospitals but they also serve as ambassadors within the community.

- **Stanford Health Care** has been fortunate to have several peer mentors supporting their opioid stewardship program. Under the direction of the Social Work department, the peer mentors meet with patients who misuse substance and that might benefit from understanding treatment options available to them. If the patients are willing the peer mentors, individuals with lived experience, expertly explain how the hospital can both initiate treatment and/or connect them to community-based treatment programs (e.g., AA, outpatient treatment programs, etc.). This initial visit might take up to one hour but this level of connecting and listening to patients in need has been instrumental in moving many patients from contemplating treatment to actively preparing to enter treatment. The hospital's 2 part time peer mentors work primarily in the inpatient units and see up to 8 patients a day. The hospital's SUN covers the ED. One peer mentor is paid for by a National Alliance for Mental Illness grant while the other is a volunteer. In addition to seeing patients, the peer mentors are integral members of the hospital's addiction medicine consult team. In addition to the hospital's peer mentor program, Stanford Health Care has taken a systems approach to ensuring patients prescribed an opioid have access to information on the risks associated with opioid use for pain management, and how to properly store and dispose of opioids. This information is included in both the discharge packet, and after visit summary for those in the outpatient setting.
- **Southern Humboldt Community Healthcare District's (SoHum Health)** Registered Service Mark is "caring for the community we're privileged to serve." True to this sentiment, SoHum Health has listened carefully and considered their community's needs to provide pain management and behavioral health services. Last year, they hired the organization's first SUD counselor, a certified drug and alcohol counselor who has created behavioral health outreach, MAT, and naloxone distribution programs.

Given SoHum Health's services and the experiences of both SoHum Health's SUD counselor and leadership team, much of these resources are directed to those marginally housed, and the community's youth population. The SUD counselor spends most of their time in the field visiting many places in the community including homeless encampments and the District's Family Resource Center. At the encampments, the SUD counselor and other District team members provide food, clothing, guidance on how to access SoHum's MAT program and other resources, COVID vaccines, naloxone kits, and wound care. They engage high school students, often negatively impacted by SUD, on hikes where they can have open and honest conversations about their lives, including substance misuse prevention.

Since these programs have successfully met community needs, SoHum Health has recently brought on a Licensed Clinical Social Worker to expand their program's reach. In addition, they are actively determining how they can provide voluntary inpatient detox services for patients. Currently, these individuals are transferred or referred to a higher level of care. SoHum Health continues to meet the needs of the community so they can help to prevent opioid misuse, provide access to treatment, and prevent opioid-related deaths.

List of Abbreviations

CURES	Controlled Substance Utilization Review and Evaluation System
ED	Emergency Department
MAT	Medication Assisted Treatment
OD	Opioid Use Disorder
PFAC	Patient Family Advisory Council
SUD	Substance Use Disorder
SUN	Substance Use Navigator