Taking Action: Process Improvement Planning

September 5, 2019
11 a.m. till 12 p.m.

Ashley Potts, LSW, Senior Project Manager at Highmark, Inc.

Claudette Fonshell, MSN, RN, Director of Clinical Improvement/PURC Program Manager, The Health Care Improvement Foundation, & HAP Opioid Learning Action Network (LAN) Project Manager

Liz Owens, MS, Project Manager, The Health Care Improvement Foundation, & HAP Opioid Learning Action Network (LAN) Project Manager

Maurita Marhalik RN, BSN, MS, Director of Quality and Interim Director of Patient Experience, Trinity Health Mid-Atlantic Region, Mercy Fitzgerald Campus and Mercy Philadelphia Campus
Shared Experiences

Ashley Potts, Senior Project Manager at Highmark, Inc. will speak to the following points:

• Reducing stigma associated with Substance Use Disorder

• Importance of quality of care provided to all

• How offering a friendly welcoming environment can change lives
Taking Action

- Structure
- Culture
- Process
- People
- Policies and Procedures

Continuous Improvement

9/5/2019
Understanding your Current State

- What is the current process?
- Identify barriers/challenges that exist within each process step.
- Are each of these process steps required/needed?

Opportunities
Where should we go from here?
Before You Get Started...

Do you understand the culture of your unit/department?

- Can you identify your teams the strengths and weaknesses?
- How does your team work together on projects?
- Do you always have the same person leading all the projects?
- How does your unit/department accept change?

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<th>TRENDS:</th>
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<table>
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<tr>
<th>OPPORTUNITIES:</th>
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Problem Statement

In 1-2 sentences, describe your specific quality improvement focus

**What?** The condition that is to be improved upon. Addressing the gap between current state and future state.

**Gap?** Gap can be with timeframe, location or trend

**When?/Where?** Describe when and where the problem is and what kind of trend it is following.

**Why?** Importance! To the organization, the individual - understand the urgency.
Future State…

Recommendations

- Identify an opportunity/vision statement that can be addressed within the scope of your assigned topic?
- Utilize the “more of/less of tool” to help identify which behaviors are needed to achieve success
- List two recommendations that would lead to successful outcomes.
What will it take?

Will to change the current system
• Understanding why change is needed
• What makes this work meaningful?
• Understanding the obstacles

Innovative ideas for improvement
• Linking change to outcomes
• Capability and capacity

Execution of these ideas
• Measurement/monitoring if change
• Confident that the change is sustainable
Driver Diagram
What is in your toolbox?

- Checklists
- Policies
- Educational Materials
YOUR LAN Collaborative Commitment

Opioid LAN participants must commit to the following:

• **Assessing** processes related to connecting patients to treatment for opioid addiction;

• **Participating** in educational conferences, webinars, and **networking** and coaching calls with peers across the commonwealth;

• Identifying and designating a **core team** to support your participation;

• **Committing** time and resources for the team to actively participate in project improvement work to generate rapid and **sustainable results**;

• **Sharing** lessons learned, tools, and promising practices with other participating LAN hospitals;

• Collecting and submitting OUD-related process and outcome **measures**.
Focus Area

Focus Area: *(MAT Initiation, Warm handoff’s, Pregnant Women)* are you working in one or all the focus areas

**REMINDER GOALS:**

- Increasing MAT initiation in the emergency department and warm hand-offs to MAT in the community
- Increasing direct warm hand-offs to community providers for MAT or abstinence-based treatment
- Increasing evidence-based OUD treatment and warm hands-offs for pregnant women
- Increasing the number of direct inpatient admission for MAT initiation from the ED, and MAT initiation of OUD patients hospitalized, overall
1. “Who” will be affected/impacted?
2. “Who” are your key stakeholders?
3. “Who” are your clinical experts?
4. “Who” might be your “call a friend”?
5. “Who” is sponsoring this project?

Who is on your team?
Key Intervention(s): what specific activities is your team trialing?

- Partner with MAT professionals in the community
- Partnership with HSX exchange to obtain warm handoffs success
- Implement successful pathways
- Improve Suboxone management Program
- Increase the number of X Waivers within my organizations
- Implement a process to identify patients at risk – “Opioid Allergy”
Measurement: Which measures are you tracking for this quality improvement focus?

- Increase in the # of successful warm handoffs;
- Decrease overdose presentations;
- Decrease in ED Readmission rates;
- Increase in the # of patients engaged by CRS;
- Increase Follow up to MAT facility;

Mark your calendars!
Webinar on LAN Measures
September 19, 2019
11-12 noon
Robert Shipp
VP Quality & Population Health, HAP
Results: What does your organization want to achieve?

- 24/7 in-house Certified Recovery Specialists;
- Solidify warm handoffs;
- X-waivered clinicians *actually* prescribing;
- Comprehensive organizational OUD response;
- Connection to outpatient resources/treatment programs;
- Improved access for OUD patients.
- Sharing of regionally-relevant resources;
Collaboration

Power is gained by sharing the knowledge not hoarding it!
Thank you!

Claudette.Fonshell@haponline.org
Elizabeth.owens@haponline.org
Mercy Catholic Medical Center’s
Opiate Utilization and
Pain Management Reduction Efforts
from Acute Care to the Community

Contributors:
Brad Bendesky, Maurita Marhalik, Donna Watto, Laureen Carlin,
Mary Turchi, Brian Hannah, Kelly Morrison, Hari Crimi, Jen Serafino,
Chris Chalmers, Melissa Pettis, Gina Rivielo, Kitty Moyer
The 2 Campuses of Mercy Catholic Medical Center reside in 2 counties that rank 2\textsuperscript{nd}/3\textsuperscript{rd} out of 67 counties in PA for Opioid Overdose.

Population approx. 2 million

1 Hospital in Philadelphia County:
- Mercy Philadelphia Campus

1 Hospital in Delaware County:
- Mercy Fitzgerald Campus

Approx. 1000 pts/year hospitalized
CURRENT PROBLEM

PROBLEM STATEMENT: A NATIONAL AND REGIONAL CRISIS

- MCMC has a large Medicaid population, 2 of our hospitals are safety net hospitals that provide care to those without insurance
- Opioid Overdoses are three times the number of homicides in Phila.
- Once hooked on prescription opioid pain medications many transition to heroin which is inexpensive and more readily available
- Estimated Heroin Users in Philadelphia + 70,000

CURRENT CONDITION

The Joint Commission, TJC, mandated opiate/pain management standards for acute care hospitals be part of the CY 2018 performance improvement activities. MCMC’s goal is to implement an acute care model with a holistic community approach that will promote safe patient care and minimize the potential of adverse outcome specific to pain management and opioid practices.

The TJC standards address: education, non-pharmacologic modalities, patient treatment referral programs, assessment, interventions, adverse event tracking, use of reversal agents, data analysis and Prescription Drug Monitoring Program. The Emergency Department initiated educational efforts on opiate safety directed toward staff and to the community as part of “Dine with Docs” series. The Nursing and Pharmacy Departments conducted monitoring on the appropriateness of Physician Orders and Opiate Administration.
### Chronology

<table>
<thead>
<tr>
<th>Year</th>
<th>Events</th>
</tr>
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<tbody>
<tr>
<td>2016</td>
<td>• PA Drug Prescription Database (PDMP) begins</td>
</tr>
<tr>
<td></td>
<td>• Community Education Events</td>
</tr>
<tr>
<td></td>
<td>• “Warm-Handoff” program started in Delaware County</td>
</tr>
<tr>
<td>2017</td>
<td>• Sharing Individual Prescribing habits with providers</td>
</tr>
<tr>
<td></td>
<td>• PA PDMP expands to cover 11 states</td>
</tr>
<tr>
<td>2018</td>
<td>• Committee formed for Mercy SEPA-Multidisciplinary approach to Opiate initiatives</td>
</tr>
<tr>
<td></td>
<td>• Hospital Quality Improvement Program Initiatives</td>
</tr>
<tr>
<td>2019</td>
<td>Participation in PA State wide Quality Incentive Program  4 Pathways:</td>
</tr>
<tr>
<td></td>
<td>• Warm Handoff to Community Partners</td>
</tr>
<tr>
<td></td>
<td>• Buprenorphine Protocols</td>
</tr>
<tr>
<td></td>
<td>• Protocols for Pregnant Women with OUD</td>
</tr>
<tr>
<td></td>
<td>• Direct Inpatient Admission Pathways for Buprenorphine</td>
</tr>
</tbody>
</table>
COUNTERMEASURES & IMPLEMENTATION PLANS

**Emergency Department:** Evaluation of compliance with Prescription Drug Monitoring Program, PDMP, access and ordering to reduce over-prescribing was performed. Individual feedback to Emergency Department medical providers specific to Opiate Ordering Practices in comparison to colleagues, biannual.

<table>
<thead>
<tr>
<th>Prescriptions/Entry By Practitioner</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
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<tbody>
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<td>HYDROcodone-acetaminophen: Tablet: 5 mg-325 mg: ORAL</td>
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<td>0</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
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<tr>
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<tr>
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<tr>
<td>Phenergan-Codeine: SYRUP: 6.25 mg-10 mg/5 mL: ORAL</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
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<td>Tylenol-Codeine #3: tablet: 300 mg-30 mg: ORAL</td>
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<td>0</td>
<td>0</td>
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<td>0</td>
<td>0</td>
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<tr>
<td>Ultram: TABLET: 50 mg: ORAL</td>
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<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>0</td>
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</tr>
<tr>
<td>acetaminophen-codeine: tablet: 300 mg-30 mg: ORAL</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>oxyCODONE: tablet: 10 mg: ORAL</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</tr>
<tr>
<td>promethazine-codeine: syrup: 6.25 mg-10 mg/5 mL: ORAL</td>
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<td>1</td>
<td>0</td>
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<td></td>
</tr>
<tr>
<td>traMADol: tablet: 50 mg: ORAL</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>TOTAL of each Rx Per Provider:</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>1</td>
<td>5</td>
<td>0</td>
<td>1</td>
<td>3</td>
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</table>

Additional Countermeasures included:

- **Single Sign On PDMP** links available in all EHRs: ED, Inpatient & Outpatient; streamlining provider access and improving efficiency
- **Electronic Standardized Opioid Discharge Instructions** were developed and implemented for the ED Picis and Inpatient Meditech Systems.
<table>
<thead>
<tr>
<th><strong>MCMC Pain Management Measures</strong></th>
<th><strong>MFH 2018</strong></th>
<th><strong>MFH 2019</strong></th>
<th><strong>MPH 2018</strong></th>
<th><strong>MPH 2019</strong></th>
<th><strong>MCMC 2018</strong></th>
<th><strong>MCMC 2019</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain Medication is administered according to order parameters and to the patient's assessed pain level. Target 90%</td>
<td>95.3%</td>
<td>80.5%</td>
<td>90.4%</td>
<td>73.3%</td>
<td>92.7%</td>
<td>76.9%</td>
</tr>
<tr>
<td>Reassessment of pain is ongoing &amp; performed prior to next administration of pain medication. Target 90%</td>
<td>99.5%</td>
<td>99.3%</td>
<td>95.6%</td>
<td>98.3%</td>
<td>97.3%</td>
<td>98.8%</td>
</tr>
<tr>
<td>Nonpharmacologic pain treatment modalities are offered and documented. Target 90%</td>
<td>90%</td>
<td>79.5%</td>
<td>94.4%</td>
<td>98.3%</td>
<td>92.1%</td>
<td>88.9%</td>
</tr>
<tr>
<td>Patient Education for Pain Medication is completed and written instructions provided. Target 90%</td>
<td>95%</td>
<td>95.1%</td>
<td>96.7%</td>
<td>98.3%</td>
<td>95.8%</td>
<td>96.7%</td>
</tr>
<tr>
<td>Adverse Drug Event related to Pain Management Medication; Reversal Agent Utilization. Target 0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
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</table>
The following opportunities will be addressed in FY 2020:

- Opportunity identified at all facilities in Pain Medication being administered according to order parameters and to the patient's assessed pain level. No trends noted; at times medication dose was higher or lower than scale

- Nonpharmacologic Alternatives to pain medication needs to be consistently documented in the plan of care and in the pain assessment

- Patient Education was primarily documented in discharge note; consistency needed in documentation of patients’ understanding & verbalization of instructions

- Opportunities for improvement will be discussed at the Nursing Quality and Practice Committees regarding guideline revisions.

- Increasing provider ordering of Buprenorphine Protocol

- Improving the turnaround time for Warm Handoffs to referral organizations
Emergency Department Buprenorphine Induction Protocol

Review Inclusion/Exclusion Criteria and Perform COWS: Clinical Opiate Withdrawal scale (see appendix)
To ensure patient does not have activated opioid receptors as this may lead to precipitated withdrawal
Following criteria should be met:
1. Last heroin use more than 6 hours prior and/or no other opioid agonists given within the previous 12 hours
2. Use the COWS scale to identify at least moderate withdrawal signs and symptoms (COWS > 12)
3. UDS - for Opiates
4. UDS - for Benzodiazepines
5. Pregnancy test Neg
Order CBC, CMP, HCG, UDS, and Serum ETCH and Consider Medical Toxicology/Psychiatry consultation for guidance when necessary
If COWS < 12: Consult Care Coordination/CRC for initiation of Warm Handoff Referral Process

Administer Suboxone (buprenorphine/naloxone) 4/1mg
Consider adjunctive medications for opioid withdrawal (see Appendix)
Observe for 2 hours
Performs COWS score

COWS > 12?
If YES: Repeat dosing of Suboxone 4/1mg every 2 hour (Total daily dose no more than 16 mg)
Consider consultation with Toxicology and use of adjunctive Medications for opioid withdrawal (Appendix)

COWS < 12?
If YES: Day 1 Dosing Established Consult Care Coordination/CRC for initiation of Warm Handoff Referral Process

COWS > 12 after maximum daily dose of 16mg?
Patient should be admitted to the hospital for treatment of symptoms with consultation to Toxicology/Psychiatry/Care Coordination. (See Admission Protocol)
Substance Use Disorder Treatment Plan Algorithm for "Warm Handoff"

1. Patient identified as needing SUD Tx Plan
   - Call BI Liaison at 610.237.4211
   - Behavioral Health Specialist completes Pre-certification

   Detox Approved
   - Admit to Hospital & Detox using Direct Admission Protocol
     - Complete Follow Up Care Tx Plan and send to Referring Facility Representative

   Detox NOT Approved
   - Arrange Community Based Treatment
     - Approved by Insurance Provider Using Preferred Resources Database
   - Community Based Treatment Approved
   - Medication Assisted Treatment (MAT) Approved
     - Arrange MAT Using Preferred Resources Database
Community Outreach: Opioid education and prevention with a local community church and school included a 2 step process: Removing Stigma and Prevention

“Prevent”, A Program designed to address addiction with elementary and middle school children

- Partnership to prevent teen opioid addiction in began between the church, school and hospital with a pilot (Jan-May ‘18) prevention program called “PREVENT”
- 8th grade class was the target audience; post course survey results were very positive
- Kick-off dinner meeting with parents immediately followed by meetings with students
- Sessions structured to provide topic content & interaction with a teen in recovery focusing on issues that face teenagers and could help push them toward relying on substances

“Removing Stigma”

- This was a six months series led by a Recovery Specialist addressing addiction & holistically examining the bio-psycho-social-spiritual dimensions of this disease
- Designed for caregivers, family members, friends, professionals and addicted pts.
- Goal to look at addiction as a disease of the body, mind and spirit that affects the afflicted, those who love them and the community at large
- Feedback from the group led us to establish an ongoing bi-monthly support group and a program to address prevention with elementary school age children
### Community Prevent Program Evaluation

<table>
<thead>
<tr>
<th>Community School-Age Education: PREVENT PROGRAM Measures and Outcomes, Target 100%</th>
<th>School 1 2017-2018 24 students</th>
<th>School 1 2018-2019 24 Students</th>
<th>School 2 2018-2019 33 Students</th>
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<tbody>
<tr>
<td>Parent is able to articulate the purpose of the program and consents to participation for their child</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
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<tr>
<td>From the kickoff presentation, students understand why they are participating in the program and are able to talk about its overall goal</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
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<tr>
<td>Students are able to name at least two different kinds of bullying</td>
<td>96%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Students are able to identify bullying behaviors</td>
<td>96%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Students feel they will be able to use the information for themselves or their friends</td>
<td>96%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Students are able to identify two signs or symptoms of depression and addiction</td>
<td>96%</td>
<td>100%</td>
<td>100%</td>
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Favorable outcomes and positive feedback were received from the initial 2017 pilot. Results were analyzed and content changes were made accordingly in the following areas: signs of depression/addiction, resources and referrals. The PREVENT program is currently being held in three local schools with plans to expand in the new fall school year.
OUTCOMES AND INSIGHTS

OUTCOMES/GOVERNMENTAL OPPORTUNITIES:
The Department of Human Services and the Hospital Association of PA proposed a state-wide Hospital Quality Incentive Program (HQIP) for opioid treatment. Four pathways are available yielding a potential for $193,000 toward process incentives. All 4 pathways are under development with “Warm Handoffs” to multiple community partners across 2 counties. Pathways improving access and treatment include:
1. ED initiation of buprenorphine with warm hand off to the community
2. Direct warm hand off to the community for medication assisted treatment
3. Specialized protocol to address pregnant women with OUD
4. Direct inpatient admission pathway for methadone or observation for buprenorphine

FY2020 Metrics will include patients who received follow-up within 7 day after ED, referral tracking & TAT.

INSIGHTS AND FUTURE STATE: EARLY IDENTIFICATION, PROMPT TREATMENT AND APPROPRIATE REFERRALS ARE KEY FACTORS IN MANAGEMENT OF THE OPIOID CRISIS. THIS JOURNEY WILL REQUIRE A COMPREHENSIVE, INTERDISCIPLINARY APPROACH ACROSS THE CONTINUUM.

- Implementation & Monitoring of Opioid Discharge Guidelines endorsed by PA Opioid Surgical Stewardship Enterprise, POSSE
- Monitoring of the Access in EMR to PDMP
- Expansion of Non-Pharmacologic Methodology into practice
- Expand student “Prevent” program to 4 additional schools in Delaware County and West Philadelphia
- Increase liaison and partnerships with Outside Community Agencies and other Acute Care Facilities
- Increase utilization of buprenorphine in the ED & acute care settings