MID-VALLEY CLINIC

2018 RAPID CYCLE OPIOID GRANT

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Objectives:

1. Build infrastructure to support providers and patients in MAT programs.
2. Depression screening for our obstetrical and postpartum patients.
3. Increase access to naloxone through distribution channels in our local ED.
OBJECTIVE 1: BUILD INFRASTRUCTURE

• Have a care coordinator track, manage, assist in completion of individual steps (i.e. drug screen, COWS screening at every visit, attending chemical dependency classes) for the duration of each patient's program.
  • UPDATE:
    • Work in progress.

• Have in-house chemical dependency counseling services (via telemed or on-site provider) for easier access for patients.
  • UPDATE:
    • MOU with Dr. Terri Greer to provide telemed services.
    • Working with OBHC to provide services.

• Develop workflow to best manage patient progress and track care services.
  • UPDATE:
    • Workflow developed.
    • Tracking template created.
OBJECTIVE 2:
DEPRESSION SCREENING FOR OB AND POSTPARTUM PATIENTS

• Provide PHQ9 screening to all obstetrical and postpartum patients.
  • UPDATE:
    • Screening started 11/1/18 for Family Practice and OB/GYN obstetrical and postpartum patients.

• Create workflow for primary care provider notification and if chosen, referral to counseling and/or treatment for positive screenings.
  • UPDATE:
    • Work in progress.

• Create best practice policies for management of patients with positive screenings.
  • UPDATE:
    • Work in progress.

• Provide patient education on behavioral health coping mechanisms, available resources, signs and symptoms of conditions.
  • UPDATE:
    • Education is provided at regular intervals.
    • Additional educational materials and resource guide are in development.
OBJECTIVE 3: NALOXONE DISTRIBUTION IN ED

• Provide naloxone tool kit to local ED for distribution to at-risk patients.
  
  UPDATE:
  
  • Kits assembled and sent to MVH ED on 11/12/18 for distribution.
  
  • Kit includes:
    • Naloxone, 2mL syringe with nasal atomizer, x 2
    • CPR face shield
    • Nitrile gloves
    • Bag has instructions for CPR and naloxone administration pre-printed on front

• Provide education to local ED in overdose prevention.
  
  UPDATE:
  
  • Work in progress.

• Provide patient education in overdose prevention and local syringe exchange programs.
  
  UPDATE:
  
  • Work in progress.
TIMELINE AND MILESTONES

• July, 2018
  • Research proven best practices in the management of substance abuse patients and develop SUD management policy.
    • DONE!
  • Research best practices and develop policy to include obstetrical and postpartum PHQ9 screening.
    • Started!

• What needs to be done now?
  1. Policy development for depression screening amongst Family Practice and OB/GYN obstetrical and postpartum patients.
     1. Approval by Family Practice and OB/GYN providers.
     2. Approval by Policy Committee
     3. Go-live
TIMELINE AND MILESTONES

• August, 2018
  • MAT providers credentialed.
    • DONE!
  • Research educational materials for distribution to obstetrical and postpartum patients who test positive on PHQ9 screenings.
    • Started!

• September, 2018
  • Implement management plan with one MAT provider, managing established patients only.
    • Started!
    • It's complicated!
  • Begin PHQ9 screening for OB and postpartum patients.
    • Started on 11/1/18
    • LOTS of training involved!
TIMELINE AND MILESTONES

• October, 2018
  • Research and introduce naloxone tool kits to local ED.
    • Research completed, policies developed.
    • Policies approved by Policy Committee. WOOHOO!
    • Kit components ordered!
  • Provide patient education in regards to overdose prevention.
    • Staff education DONE!
    • Patient educational materials DONE!

• November, 2018
  • Assess patient progress and modify workflow as needed.
    • Processes started, workflows modified as needed.
WHAT HAVE WE LEARNED SO FAR?

• We learned that the best laid plans ALWAYS go awry.
• There are more policies that are needed to implement the naloxone distribution than we previously thought.
• As fast as I want to go, we only go as fast as the slowest member of our team.
• Scheduling meetings between facilities and stakeholders is a headache.
• There are A LOT of cans, with even more worms, in the MAT world.
• Starfish rule-of-thumb.
• This community is AWESOME!
• Stakeholder resiliency and optimism.
• Once scheduled, meetings are the best way of throwing everything on the table and finding the best solution to the problem.
• When MAT is discussed at a community level, it is amazing what can be accomplished!