Establishing Successful Links to Treatment

Ashel Kruetzkamp, MSN, RN
St. Elizabeth Healthcare

- Five hospitals: Covington, Edgewood, Florence, Ft.Thomas and Grant County.
- Edgewood is the largest site with 450 beds for hospital care.
- Serves 197,000 patients per year in the Emergency Department.
- Largest employer in NKY.
Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry.
Our goal is to integrate a trauma-informed and recovery-oriented medical response for the disease of addiction across all departments in the healthcare system.
Our journey began in 2014 when we experienced 252 overdoses in our Emergency Departments.
Our Response

• Managing an internal task force to organize and align efforts across departments.
• Conducting monthly meetings.
• Engaging more than 20 representatives across all areas of the St. Elizabeth system.
• Establishing a strategic plan.
We educated the community about Medication Assisted Treatment

- Opioid Community Toolkit.
- COR 12 Treatment Model combining MAT with traditional 12-Step Program.
We established Baby Steps

A program for the education and support for pregnant women with substance use disorder.

(updated strategic plan released in 2018)

More than 200 babies born each year are exposed to opiates.
We created Journey Recovery Center

- 12,000 square feet.
- 850-1,000 patients.
- Physicians and case managers specifically trained in addiction medicine.
- Medication Assisted Treatment.
- Case Management.
- Recovery Support.

3x Treatment Capacity
We also ...

• Distributed and trained more than 1,500 police officers/first responders in use of Naloxone.
• Helped to fund a centralized helpline.
• Helped to create programs in the Campbell and Kenton County Detention Centers.
• Promoted community drug disposal.
• Educated physicians on pain management and opiate prescription.
• Took an active role on community task force and advocated for supportive legislation.
We also ...

• Spoke at more than 30 town hall meetings across eight counties over three years.
• Educated parents and students on proper use of medications and the signs and symptoms of misuse.
• Deployed SBIRT screening throughout all primary care settings.
• Nurse Education – Opioid 101 class introduced for all associates.
• Provider Education – Pain management and opiate prescription review.
Regional Data Reflects Progress
Working with partners to develop data repository

- Overdoses.
- NAS Babies.
- People staying in treatment.
- People accepting treatment from the Emergency Department.
- Regional Death Rates.
- Hep C and HIV Rates.
Heroin Overdoses
St. Elizabeth Emergency Departments

Data provided by: Ashel Kruetzkamp, MSN, RN St. Elizabeth Healthcare
Ranked in Top 5 in Kentucky for Overdose Deaths
Boone, Kenton and Campbell Counties

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>Total</th>
<th>% of 2016 KY State Total Deaths: 1,404</th>
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<tr>
<td>Boone</td>
<td>34</td>
<td>36</td>
<td>48</td>
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<td>58</td>
<td>236</td>
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<td>55</td>
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<td>59</td>
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<td>71</td>
<td>112</td>
<td>90</td>
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<td>28%</td>
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WHERE DO WE GO FROM HERE?

Aligning Services in Accordance with Best Practices ...
2019-2021 Strategic Plan:
Align all addiction services within a continuum of care

- Maintain internal infrastructure to organize/manage collaboration across systems.
- Improve and expand specialized treatment services for pregnant women with SUD and their infants.
- Provide comprehensive medical services for persons with a substance use disorder including those with dual diagnosis.
2019-2021 Strategic Plan:
Align all addiction services within the continuum of care

• Create a program of “Bridge Builders” (peer support specialists/recovery coaches) to facilitate navigation for patients on the journey to recovery.

• Facilitate evidence-based prevention efforts in schools, youth-serving organizations and faith-based groups.

• Decrease the availability of prescription drugs in the community.
Establishing a Recovery-Oriented System of Care

Began with a Covington pilot that linked patients with treatment counselors

Recipient of Cures Act Funds to establish the “Bridge Builders Program”
- Additional staff including care coordinators and peer support specialists.
KORE Grant
Recipient of $921,000

- Establishing Bridge Program
  - Added care coordinators and peer support specialists in five emergency departments.
  - Increased access to treatment.

- Expanding Baby Steps
  - Added additional nurse navigator and two peer support specialists.

- Distributing Narcan
  - Narcan distributed to every patient/family who visits the emergency department.
ESTABLISHED ALGORITHM for Connection to Social Worker

- ED Patient
- Identify Substance Use Disorder
- Consult SUD Social Worker
- Assessment completed by SUD SW. SUD SW makes recommendation to MD re: Treatment Plan
- Assess readiness for treatment
- Resources Provided
- Patient discharged once medically cleared by MD
- Patient admitted to IP unit

Peer support specialist and/or SUD SW will follow up with patient at the 24-48 hour mark, 7 day and 30 day post discharge. The team will review all patients seen in ED and will determine who should call the patient.

- If patient consents, referral made to follow up with MD for potential MAT
- Patient begins Bridge Clinic Care path established by patient & SUD SW
- Medical cleared by ED MD
- Patient admitted to IP unit

- Plan for MAT referred to MD office for
- Plan discharge to residential
- Plan discharge to detox
- Plan discharge home with referral
1. Meets patients in Emergency Department and introduces peer support specialist (PSS) role.

2. If patient agrees, PSS supports patient during their Emergency Department stay.

3. Once plan of care is developed for patient, PSS communicates to patient what they should expect in terms of follow-up from PSS.

4. PSS secures good contact information.

5. PSS ensures patient has completed Release of Information prior to leaving the Emergency Department.

6. In between patient intervention, PSS completes follow-up calls to ensure patients progression on journey to recovery.
Two physicians from California and New York visited Covington and Edgewood Emergency Departments.

Discussed Buprenorphine Initiation (BI) in the Emergency Department.

Plan to begin BI in Covington in early 2019.

To listen to presentations, visit stelizabeth.com/community-outreach/activating-hope
Lessons Learned Since KORE

• Connecting to Case Management and Peer Support is necessary from any entry point.
• This begins a patient’s journey to recovery.
Expansion of Peer Support

Lessons Learned Working with Peer Support Specialists

• PSS are a valuable component for assisting patients on their journey to recovery.

• System Plan Objective #4: Create a program of “bridge builders” (peer support specialists/recovery coaches) to facilitate navigation for patients on the journey to recovery from any entry point.
  • Examples: Baby Steps and Emergency Department

• Establish strong connection to case managers on a 1:2 ratio for daily supervision.

• Support each PSS’s personal journey to recovery and career development.

• Develop new partnerships with local agencies to increase capacity.

• Develop digital products to facilitate connections to local resources.
How will we Get There?

- Sustaining and enhancing effective strategies to increase public awareness
- Using guidelines set forth by state and federal policy leaders such as the Surgeon General and SAMHSA
- Cultivating new partnerships with community agencies
- Continuing to seek input from stakeholders
- Engaging the business community to recognize that investment in SUD prevention/treatment/recovery is an investment in industry.
- Building a supportive Infrastructure
• Garren Colvin, serves on Regional Policy Board
• An agenda based on science
• Motivated, visible departmental leaders and vice-presidents
• Active, organized representatives from key departments that provide services to patients with substance use disorders