Treating Substance Use Disorders: Enhancing Attendance at the Weekly Inpatient Medication Assisted Treatment Group

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**Recommended Citation**

Gillis, Devon; Weisberg, Jayne; Whitesell, Dena; McAuliffe, Amy; Sparks, Amy; Nayak, Suneela; Hanselman, Ruth; and Tyzik, Stephen, "Treating Substance Use Disorders: Enhancing Attendance at the Weekly Inpatient Medication Assisted Treatment Group" (2019). *Operational Excellence*. 20.  
https://knowledgeconnection.mainehealth.org/opex/20

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Project: Enhancing Attendance at the Weekly Inpatient Medication Assisted Treatment Group.

Last Updated: 06/28/2019

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Problem/Impact Statement:

There is currently a lack of attendance at the once weekly inpatient Integrated Medication Assisted Treatment (IMAT) education group. Participation ranges from approximately 25 – 50% of medically stable patients consented to the IMAT treatment program, and the goal of the project is to better understand the barriers and institute a process that leads to increased attendance.

Scope:

In scope: Medically stable patients consented (patient agrees to medication assisted treatment with buprenorphine, methadone, or naltrexone; estimated length of stay 30 or more days) to the inpatient IMAT program.

Out of scope: All other patients with substance use disorders who are invited to the group and medically unstable patients (requiring telemetry, hemodynamically compromised, altered mental status, etc.).

Goal/Objective:

Improve group attendance to a minimum of 50% of medically stable patients who have consented to participate in the IMAT program.

Baseline Metrics/Current State:

IMAT Weekly Group Attendance Baseline Data

Root Cause Analysis:

1. Technology
   - EPIC order unavailable
2. Medical stability
   - On telemetry
3. Patient
   - Decline/Disinterested
   - Sleeping
   - Visitors
4. Procedure/Testing
   - Patient with other provider
5. Procedure/Testing
   - Staff unaware transport available
6. Provider
   - Staff forgot
7. Off the floor
8. Transport
   - R1 Conference room not a destination

Countermeasures

10/2018
• Interviewed unit nursing leaders to identify barriers to patients participating in the group.
• Initiated KPI to collect and assess baseline group participation data.
11/2018
• Began in person requests to nursing for patient attendance on group day.
12/2018
• Collaborated with the transport service to add R1 conference room as a destination in Teletracking.
• Trialed nursing communication order in EPIC, decided a more specific order was needed.
03/2019
• Group order live in EPIC, requirements not fully met.
• Discontinued in person requests to nursing for patient attendance on group day.
04/2019
• Data collection indicated order needs further refinement.
• Met with nursing informatics to discuss and request further development of EPIC order.
• Began attending nursing bed board meeting on group day to inform nursing units of eligible group participants.
• Discontinued in person requests to nursing for patient attendance on group day.

Outcomes

1. Group Order live in EPIC
2. Discontinued in person requests to nursing for patient attendance
3. Began attending bed board on group day

Next Steps

• Continue weekly bed board attendance prior to group.
• Ongoing nursing and care management education
• Continue using current EPIC order.
• Continue to work with nursing informatics to develop EPIC order, an appointment feature will be available in the future.

Lessons learned

• Face-to-face communication yielded stronger results
• Facilitating an inpatient group presents unique challenges.