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

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

Last Updated: 06/28/2019

Team Members: Jayne Weisberg LCSW, Devon Gillis NP, Dena Whitesell MD, Amy McAuliffe NP, Amy Sparks

Executive Sponsor: Wendy Osgood
Facilitator: Devon Gillis

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:

<table>
<thead>
<tr>
<th>IMAT Weekly Group Attendance Baseline Data</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th></th>
<th>October</th>
<th>November</th>
<th>December</th>
<th>January</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group Attendance (%)</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

Root Cause Analysis:

- Technology
- Medical stability
- Patient
  - EPIC order unavailable
  - On telemetry
  - Sleeping
  - Visitors
  - Procedure/Testing
  - Unavailable
  - Staff unaware
  - R1 Conference room not a destination
- Provider
- Off the floor
- Transport

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.
  - Began in person requests to nursing for patient attendance on group day.
- 11/2018
  - Collaborated with the transport service to add R1 conference room as a destination in Teletracking.
- 12/2018
  - Tried nursing communication order in EPIC, decided a more specific order was needed.
  - Requested specific IMAT group order for use in EPIC.
  - Collaborated with transport service to add R1 conference room as a destination in Teletracking.
- 03/2019
  - Group order live in EPIC, requirements not fully met.
  - Discontinued in person requests to nursing for patient attendance on group day.
  - Data collection indicated order needs further refinement.
  - Resumed in person requests to nursing for patient attendance on group day.
  - 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

Behavioral Health and Substance Abuse Orders

<table>
<thead>
<tr>
<th>Transport Request</th>
<th>Destination</th>
<th>R1 Conference Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>60367339 - LOSSE N LUTNDR</td>
<td>R1 Conference Room</td>
<td></td>
</tr>
<tr>
<td>PJCD 356</td>
<td>R1 Conference Room</td>
<td></td>
</tr>
</tbody>
</table>

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

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.