

Tackling Addiction Task Force



Vision

RWJBarnabas Health will treat substance use disorder as a chronic disease with appropriate medication, without stigma and with recovery support services.

Mission

The mission of the Tackling Addiction Task Force is to establish best practices, ensure the highest level of quality care is delivered to patients with substance use disorder, and provide the necessary tools to promote evidence-based and comprehensive substance use disorder services throughout the RWJBarnabas Health system.

Key Components

1. Screen all RWJBH patients for the presence of substance use disorder universally using an evidenced-based tool
2. Connect all RWJBH patients with substance use disorder with the Peer Recovery Program (PRP)
3. Medically treat all aspects of substance use disorder
4. Provide ongoing hospital-based peer recovery supports through full care team integration
5. Connect all patients requesting services with clinical Patient Navigators in order to facilitate a warm handoff to the next level of substance use services
6. Screen for and address all social determinants of health impacting recovery using the RWJBH universal SDOH screening tool
7. Provide ongoing community-based follow-up and support for a minimum of 8 weeks post-discharge

Task Force Members

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Strategies

1. Reduce stigma associated with substance use disorder

- a. Increased awareness, knowledge and services specific to substance use disorder
- b. System-wide awareness campaigns such as Recovery Month

2. Train all medical staff

- a. Completion by request through grand rounds with CMEs, lunch and learns, huddles, resident education, and medical staff meetings
- b. Trainings specifically for physicians, nurses, social work/case management and others as identified
- c. Ongoing technical assistance in coordination with facility CMOs, Medical Directors and Department Chairs specific to substance use disorder and the medical treatment of withdrawal

3. Create treatment guidelines and order sets

- a. Automatic triggers for referral to the Peer Recovery Program
- b. Utilization and review of Prescription Monitoring Program (PMP)
- c. Monitoring for opioid withdrawal using the Clinical Opiate Withdrawal Scale (COWS)
- d. Stabilization with buprenorphine when indicated
- e. Warm handoff with or without buprenorphine bridge prescriptions
- f. Incorporation of all treatment guidelines, clinical decision support tools and order sets into Epic and all legacy EHRs

4. Implement Deliberate Reduction of Opioid Prescribing (DROP) initiatives

- a. Development and implementation of best practices through a multidisciplinary and multimodal approach
- b. Utilization of assessments for pain and functional impairment, nonpharmacological therapies, pharmacological non-opioid options and the judicious use of opioids
- c. Focus on education and patient engagement strategies such as setting realistic expectations for patients, scripting conversations between providers and patients, and educating providers on all order sets
- d. Creation of buprenorphine order sets for patients with opioid use disorder and/or chronic pain

- e. Addressing opioid use disorder and chronic pain with a focus on provider education around the use and benefits of buprenorphine
 - f. Establishment of nursing care standards and best practices with specific focus on nursing-led implementation of COWS
 - g. Expansion of work of ED-ALT at SBMC by utilizing patient navigators to coordinate multimodal pain program processes for patients in the emergency department, serve as a liaison between the emergency department and inpatient and outpatient care settings, and connect patients with individualized services based their complex social determinants of health
- 5. Establish and monitor quality standards**
- a. Inclusion of Peer Recovery Program quality data in QIP-NJ, Corporate Quality Council, Behavioral Health Quality Council and all other applicable settings to advance accurate data reporting for individuals with co-occurring mental health and substance use disorders
 - b. Creation of a dashboard to capture and track all quality and programmatic metrics
 - c. Introduction of standards and expectations similar to other initiatives such as sepsis
- 6. Support all Local Tackling Addiction Task Forces**
- a. Coordination of bi-directional communication between Corporate and Local Task Forces
 - b. Coordination of monthly Local Tackling Addiction Task Force Meetings led by each facility's CMO and including a multi-disciplinary team of key stakeholders in order to ensure successful, localized implementation of all initiatives
- 7. Continue to build system capacity to address substance use disorder across the system**
- a. Expanded capacity of existing staff
 - b. Integration of screening tools related to substance use disorder and social determinants of health

Required Collaboration

1. Physicians
2. Nurses
3. Pharmacy
4. IT&S
5. Social Work/Case Management
6. Peer Recovery Program
7. DROP
8. Human Resources
9. Safety Team
10. Marketing
11. Staff and Patient Education
12. Facility Leadership

Subcommittees

1. Pain Collaborative
2. Buprenorphine
3. Illicit Substances in Our Hospitals

Outcome Measures

Corporate and Local Task Forces will utilize a dashboard consisting of Peer Recovery Program, screening, pharmacy and readmission data to measure system performance and improvement. The following indicators are grouped into dimensions and will be assessed for unique hospital visits to identify successes and gaps in care delivery.

Preventing Addiction

1. Opioid prescriptions
2. Morphine milligram equivalents (MMEs) used
3. Substance use- and pain-related educational sessions for staff

Recognizing Substance Use Disorder

4. Patient screenings for opioid use and/or active or anticipated withdrawal
5. Naloxone administrations at hospital and prior to arrival
6. Use of COWS and patients' maximum score
7. Peer Recovery Program consultations

Treating Withdrawal

8. Buprenorphine administrations

Pathways to Recovery

9. Naloxone prescriptions
10. Buprenorphine prescriptions
11. Patient acceptance of Peer Recovery Program services

Recovery

12. Successful referrals to substance use treatment
13. Social determinants of health assessed by Peer Recovery Program at intake, during continuous 8-week follow-up and at 3, 6, 9 and 12 months
14. 30-day hospital readmissions

Reducing Mortality

15. Naloxone administrations in the community
16. Drug overdose deaths



For more information,
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