



BON SECOURS  
BALTIMORE  
HEALTH SYSTEM

# Bon Secours Baltimore

## Capabilities for Impacting MD Opioid Epidemic

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# Bon Secours Hospital

- High percentage of patients screening positive for substances - 40%
- High volume of OUD
- OUD patients are high utilizers of ED



# Emergency Department Initiatives

- SBIRT- July 2012
- Buprenorphine in ED- March 2017
- Overdose Survivors Project – Spring 2017





# What is SBIRT?

Screening

Brief Intervention

Referral to Treatment

# Triage Screen

ED Navigator
? Resize

Care Plan
Triage
Narrators
RR/Code
Discharge
Navigators
Call Back
Tx Team
Quick Immunization
PCP/Others
Preview AVS
References
Enter/Edit Results
Pregnancy Wheel
Request Outside Records

Home Meds (7):
Allergies (3):
Problems (14):
Chart Complete

Diphenhydramine
Baclofen
Cellulitis Of Leg\*

Naproxen
Green Pepper
Mild Heroin Abuse

QUICK TRIAGE
Arrival Info
Triage Start
Triage Plan
ED Triage Notes
Travel Screen
ECO/TDO
Vitals
Chief Complaint
Allergies
Adult GCS

BRIEF TRIAGE
LWBS or to L&D
Prehospital Treat...
Treatment Start
History
Peer Recovery
Home Medications

COMPREHENSIVE TRIAGE
Care Plans
Quick Immunization
Iso Precautions
Immunizations
Suicide Assessment
Screenings
DV Documentation
Advance Directives
BestPractice

ORDERS & ORDER SETS
Manage Orders

Customize
More

### Peer Recovery

Time taken:  8/9/2017 Values By:

Show: [Row Info](#) [Last Filed](#) [Details](#)

**Substance Use**

Suspected/Confirmed Opiate Overdose  Yes

Frequency in past year of a drink containing alcohol  0=Never  1=Monthly  2=2-4 times per month  3=2-3 times per week  4=4+ times per week

Drinks Per Day  0=None-2  1=3 or 4  2=5 or 6  3=7-9  4=10+

Frequency six or more alcoholic drinks on one occasion  0=Never  1=Less than monthly  2=Monthly  3=2-3 times per week  4=4+ times per week

Total Scores from responses

Ever used illegal or prescription drugs for nonmedical purposes  Yes  No

Drugs and Dates of last use  Marijuana  Cocaine or Crack  Heroin  Prescription Drugs  Other

Date of last marijuana use  Date of last cocaine/crack use

Date of last heroin use  Date of last Other use

Readiness to Change

For Alcohol score >= 4 and/or yes to drug use- brief intervention by nurse  
For Alcohol score >= 7 and/or cocaine/crack and/or heroin use and readiness to change >= 4- Enter Consult for Chemical Dependency  
Recovery Coach is requested by patient or nurse then enter consult for Chemical Dependency

**Screening Questions**

Audit-C Score

Intervention Indicated  Yes  No

# SBIRT Outcomes to Date

## From July 2014 to August 2017:

- 23,000 positive screens
- ~7000 interventions
- ~800 referrals with 50% show rate



# Buprenorphine in the ED

- Prior to Bup in the ED, coaches refer to MAT, but had delays in getting first appointment
- Initiated at Bon Secours March 2017
- **Program:** Increase access to initiation of Opioid Maintenance Treatment with Buprenorphine followed by referral and access to OP SATP within 24-72hrs

# Clinical Protocol

Patient screens positive for OUD and referred to PRC. PRC assesses motivation for treatment and if motivated refers to clinical team

COWS administered by nursing and MD assesses patient for exclusion criteria (Long acting opioid pain medication or pregnant)  
COWS of 8 or higher triggers order for buprenorphine 8 mg  
Nurse administers initial dose

PRC arranges next day appointment at Fast Track treatment program  
Patient provided discharge summary with diagnosis of OUD and indication of dose administered  
PRC follows up to determine linkage to treatment and needed support



# Outcomes to Date: Buprenorphine in ED

# of Patients Referred for Bup in ED	19
# of Patients Induced	11
# of Patients Referred for Treatment	11
# of Patients who kept intake appt	7
% of Patients retained for at least 30 days in treatment	60%

# Overdose Survivors Outreach Program (OSOP)

Started in Spring 2017

- OSOP identified patients
  - Encouraged to consent to a referral to the OSOP community outreach team
- SBIRT Peer Recovery Specialist (PRS)
  - Will focus the initial brief intervention on educating the patient on the risks of a subsequent overdose following discharge and obtaining contact information for the outreach team

# Recommendations

- Keep educating your physicians and nurses who don't have expertise in addictions (stigma); be flexible in implementation when you can
  - Their role
  - Community resources (ie standing orders)
- Work together

# Lessons Learned

- Many patients do not meet COWS requirements - not in significant withdrawal
- Patients and Coaches need education on MAT as the evidence-based treatment option for OUD
  - Patient education materials developed and helpful
  - Focused training for coaches necessary
  - Scripts for coaches to present to patients developed and helpful
- Medical team involvement in identifying patients helpful to support volume growth; Identify addiction expertise in your facilities
- Fast Track treatment site partnership essential