


NYC ED MAT QUALITY COLLABORATIVE

November 18, 2021

GREATER NEW YORK HOSPITAL ASSOCIATION

*Over 100 years of helping hospitals deliver the
finest patient care in the most cost-effective way.*

Welcome to the NYC ED MAT Quality Collaborative

- Lines will be muted during the presentation
- Let us know who you are! Please share your name and institution in the chat box! 
- To ask a question
 - Type your question in the chat box or unmute yourself
- The slides and materials will be made available in our follow-up email.
- For technical difficulties, please email AVassistance@GNYHA.org

Agenda

I. Welcome

II. Resource and Next Step Reminders

III. Case Finding/Case Review and PDSA Strategy

IV. Discussion

V. Next Steps and Homework

July 2021	Aug 2021	Sep 2021	Oct 21 2021	Nov 18 2021	Dec 16 2021
	Check in & Office hour calls	Webinar & PDSA planning call	Webinar & Check in & Office hour calls	Webinar & Check in & Office hour calls	Poster Presentations



December: Poster Presentations/Abstracts

- Develop poster/abstract
- ***Present findings to colleagues on December 16 Collaborative Session***
- Submit to GNYHA by *December 14*
- Distribute compendium of posters/abstracts

Format: Poster Presentations/Abstracts

- Sites can use internal poster presentations/abstract format
- Or can refer to [GNYHA's Compendium Patient Experience Abstract](#)
 - Description of the Project
 - Including Activities and Project Team
 - Measured Outcomes
 - Challenges and Lessons learned

7 Post-Assessment

CASE FIND AND CONDUCTING A PDSA CYCLE

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Recap: PDSA Homework

- Identify ED patients that might have been appropriate for MAT
 - E.g., opioid diagnosis, administered naloxone in ED, received naloxone kit at discharge, site ideas
 - E.g., EMR or pharmacy data
- Use the data collection tool to conduct chart reviews and identify patients that received MAT and those that did not
- Identify opportunities for improvement and “change”
- Use the PDSA cycle to test the change you believe will improve your current process

Recap: PDSA Homework - Data Tool

Case Characteristics					
Case ID (internal use only)	Day of the Week	Shift	Attending Physician	Doc Waivered	# of ED Visits within 30 days of Reversal

NYC H+H BELLEVUE

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MEDISYS: JAMAICA HOSPITAL MEDICAL CENTER

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Case Findings/PDSA Strategy for Jamaica Hospital Medical Center



Melvin Ku MD, MS
ED MAT Point-Person

Background

- Serving healthcare needs of South Queens, and East Brooklyn regions
- ED volume: ~117K patients/year (pre-pandemic)
- Level 1 Adult Trauma center
- Cardiac Cath Lab
- Thrombectomy-capable Stroke Center
- Multiple teaching residency programs, including a Psychiatry residency, and separate Psychiatric ED (CPEP)
- Part of the Medisys Health Network, with Flushing Hospital Medical Center (sister hospital)

Clinical Pathway



Opioid Use Disorder Pathway

Clinical Opiate Withdrawal Scale (COWS)

- measures severity of opiate withdrawal
- refer to mdcalc.com for scale

Complicating Factors

- co-ingestants (EtOH, benzos, opioids, chronic pain therapy)
- pts with heart/lung disease
- elderly
- acute critical illness
- CKD/hepatic dysfunction
- pregnancy

Suboxone Drug Info

- 1st-pass hepatic metabolism
- time of onset: ~15 min
- peak effect: ~1 hr
- duration of action: ~12-24 hrs
- 1st day total dose: ~8-16 mg

Labs to consider

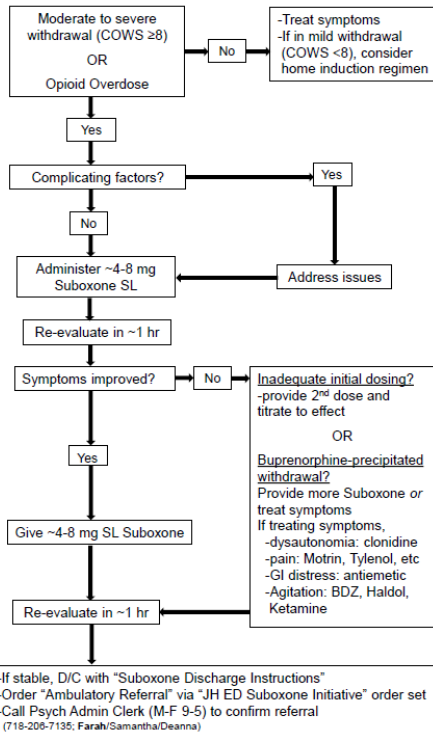
- urine pregnancy
- EKG
- LFTs
- urine drug screen
- alcohol level

DEA 72-hr Rule (No X-waiver needed)

- Providers can provide Suboxone in ED
- Patients may return to ED for up to 3 days in a row for repeat doses (can't be done repeatedly)

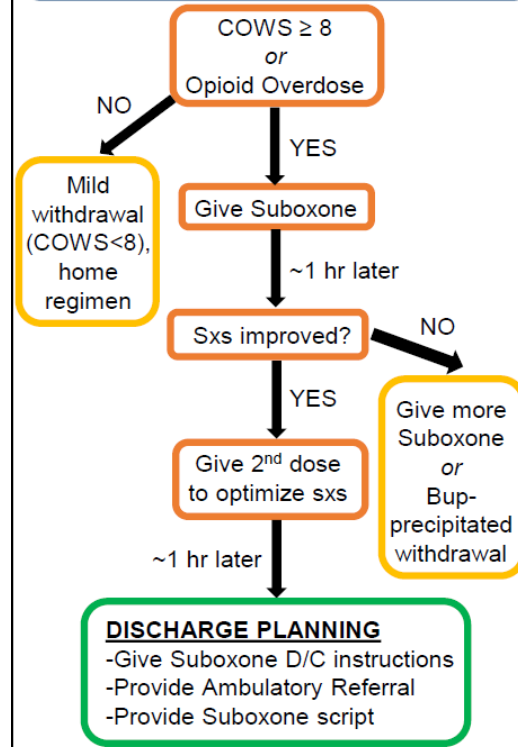
To E-prescribe Suboxone

- To overcome this
 - This medication will not be prescribed.**
 - Go to "Note to Pharmacy" section and type "XDEA"
 - Input your DEA #



Badge Backer

OPIOID USE DISORDER IN ED



Improvements in our OUD Screening Process

 Substance Use

Drug Use:

Types:

Use/Week:

Comments:

Methadone Use

PATIENT CURRENTLY ON METHADONE

Collaboration between IT (EPIC EMR), ED Nursing and ED Clinical Team!

High Priority (1)

ⓘ Patient is a candidate for suboxone.

Clinical Opiate Withdrawal Scale (COWS) - 07/21/21 1800

Clinical Opiate Withdrawal Scale (COWS)

Resting Pulse Rate (beats per min)

Sweating

Restlessness

Pupil size

Bone or Joint aches

Runny nose or tearing

GI Upset

Tremor

Yawning

Anxiety or Irritability

Gooseflesh skin

Total Score

Reviewed:

Pulse rate 80 or below

Flushed or observable moistness on face

Frequent shifting or extraneous movements of legs/arms

Pupils moderately dilated

Patient reports severe diffuse aching of joints/ muscles

Nose running or tearing

Nausea or loose stool

Slight tremor observable

Yawning three or more times during assessment

Patient obviously irritable anxious

Prominent piloerection

24

Yes

Order	Do Not Order	➔ Buprenorphine-naloxone (SUBOXONE)SL film 2-0.5 mg
Order	Do Not Order	➔ Buprenorphine-naloxone (SUBOXONE) SL film 8-2 mg
Order	Do Not Order	🏠 Ambulatory referral to Suboxone (ED ONLY)
Document	Do Not Document	📄 COWS Score

Acknowledge Reason

Patient Declined

Defer

Other (see comments)

ⓘ Enter Comment

BestPractice Advisory - Valdez, Juanita

High Priority (1)

ⓘ The Clinical Opiate Withdrawal Score (COWS) should be completed before administering buprenorphine.

➔ Document Clinical Opiate Withdrawal Score (COWS)

Acknowledge Reason

Not Applicable Defer

✔ Accept Dismiss

Case Review of 20 ED patients provided Suboxone

- Majority of patients are under NYPD custody (in handcuffs), or from drug rehabilitation programs (Samaritan Village, JCAP, etc)
- They might have no known phone #, or established address.
- Vast majority of these patients had a documented COWS before given ED dose of Suboxone
- Our ED has 19 X-waivered physicians, with 14 of them having occasion to order a dose w/in the ED
- Referral to 3 outpatient Psychiatry clinics within Medisys system

Areas for Improvement

- Engagement with ED physicians one-on-one regarding benefits towards patients in withdrawal or overdose
- Expanding application towards home induction regimens
- Increasing physician awareness/comfort with outpatient referral process, and prescription options

H+H NORTH CENTRAL BRONX

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Questions or Comments?



Increasing the # Patients Treated with Buprenorphine

Timeline:

- **December:**
 - Poster Presentations
 - Check-in & office hour calls

Contact Information



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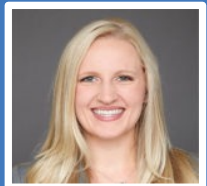
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