The Impact of the Opioid Epidemic on Hospital Services: How Inpatient Medical/Surgical Services are Affected and Responding

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Presenters

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Ohio’s Opioid Epidemic

Opioid deaths in 2015
Age-adjusted death rates (per 100,000) for overdose deaths from all opioid drugs

(Ingraham, 2016)
Ohio’s Opioid Epidemic

Number of Unintentional Drug Overdose Deaths Involving Selected Drugs, by Year, Ohio, 2000–2016

Source: Ohio Department of Health, Bureau of Vital Statistics; analysis conducted by ODH Violence and Injury Prevention Program. Multiple drugs are usually involved in overdose deaths. Individual deaths may be reported in more than one category. Includes Ohio residents who died due to unintentional drug poisoning (underlying cause of death ICD-10 codes X40-X44). * Excludes deaths involving fentanyl and related drugs.
Ohio’s Medicaid Expansion

• State adopted expansion in 2013
  • Poverty line criteria for eligibility
    • 138% adults
    • 206% children
    • 200% Pregnant women

Reduced the uninsured by 45% adding 700,000 OHIOANS

(Norris, 1994-2018)
Mental Health Bed Demand

Franklin County Emergency Department & MedSurg MH Volumes - May '09 to August '15

Retrieved from Franklin County Mental Health Collaborative
Mental Health Bed Demand

Franklin County Emergency Department & MedSurg MH Volumes - May '09 to May '17

Retrieved from Franklin County Mental Health Collaborative
Medical Surgical Unit

Realization

• Experiences on unit
• Partnered with Harding and Frank Beel
• Presented need for TIC to senior leadership and obtained approval
• Steering Committee developed
Situation

• Young male patient
• Patient behavior
• Leaving the unit
• Upset, scared employees

Outcomes

• Patient care conferences
• Staff support groups
• Safety contracts
• Ongoing opioid algorithm meeting
Opioid Algorithm

- Hold patient care conference, review and outline the expectations.
- Patient signs Patient Safety agreement.

Is the patient high risk due to substance or opioid abuse?

No

- Hold patient care conference, review and outline the expectations.

Yes

- Hold patient care conference, review and outline the expectations.
- Patient signs Patient Safety agreement AND Opioid Safety agreement.

Does the patient comply with the Patient Safety and/or Opioid Safety agreement?

No

- Hold patient care conference, review and outline the expectations.

Engage Legal, Critical Event Officer, ADC, and Attending Physician to discuss next steps, including:
- Discharge AMA if appropriate.
- Make potential adjustments to plan of care.
- Communicate visitor restrictions.

Yes

Continue care as usual.
Burn Unit

Situation

• Young male patient
• Family dynamic
• Self-limiting barriers
• Pain
• Long hospitalization
Burn Unit

What we knew...

• Using high amounts of narcotics
• Patient was not happy
• The situation was taking a toll on our staff
• Helplessness

What we were missing...

• The backstory
• The connection
• The “why”
Medical Center Security Incidents 2010 – 2017*

Excludes Harding Hospital*
Security Events Across Enterprise

Harding Security Incidents 2010 – 2017*

- 2010: 119
- 2011: 188
- 2012: 257
- 2013: 341
- 2014: 301
- 2015: 290
- 2016: 217
- 2017: 189

TIC Implemented 2013*
Violence Post-TIC: Harding
Occupational Work Injuries: Harding
Patient Satisfaction: Harding
Employee Engagement: Harding

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<tr>
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<th>2015 Engagement Score</th>
<th>2013 Engagement Score</th>
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<td>Harding Hospital</td>
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<td>3.83</td>
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Workforce engagement is based on employees:

- Willingness to recommend OSUWMC to family, friends and colleagues
- Pride in affiliation with OSUWMC
- Overall, satisfaction in employment at OSUWMC
Partnerships

NCTIC

Initial Assessment
- November 2017
- Raul Almazar & Joan Gillece
- Toured medical units

Findings
- Eye-opening how opioid epidemic infiltrated in-patient medical areas

Training Plan
- Massive system
- Train-the-Trainers
- Focus on high priority units
TIC Rollout

- Nursing leadership introduction - February 2017
- Steering Committee formed - June 2017
- Train-the-Trainers - April 2018
- Content developed for nursing orientation/residency - June/July 2018
- Develop two-hour class for current nursing staff
- Steering Committee work
- Future state
System Response

Opioid Specific Initiatives

• New pain management plan
• New opioid prescribing guidelines
• Broadening integration of MAT
• Increased Narcan availability
Time and change will surely show –

How firm thy friendship … OHIO!
References

DISCUSSION AND QUESTIONS
Type in the chat box and tell us:

What is one thing that you will put into practice after this webinar?
What is one thing you learned today that surprised you?
CLOSING COMMENTS
Thank You

SAMHSA’s mission is to reduce the impact of substance abuse and mental illness on America’s communities.

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