

## STAFF DEVELOPMENT/EDUCATION/SUPPORT

Nearly 1,000 associates were trained in a 4-hour course on substance use withdrawal protocols, compassion fatigue, safety of patients and staff, and standardizing patient care of substance use withdrawal. Attendance was mandatory for the acute care, transitional care and intensive care nurses. The curriculum weaves in personal experiences with SUD and shows simulated videos of patients displaying aggressive behaviors. Content is presented in simulated scenarios that illustrate ways to interact with patients with a SUD. Course evaluations have been filled with testimonies of how it impacted associates both personally and professionally. To facilitate prompt identification and referral of patients with a primary or secondary diagnosis of a SUD, more training will occur into 2021.

## COMMUNITY PARTNERSHIPS – COLLABORATION – ENGAGEMENT

There are far too many efforts to record them all but some of the most significant include:

- Partnered with three community coalitions to implement a youth summit that engaged 240 teens and adults.
- Business Health partnered with Drug Free Clubs of America to provide drug testing in more than 20 area schools.
- To increase options for residential SUD care and detox, St. Elizabeth donated the Falmouth facility and provided financial support for the new Residential Treatment Center to Transitions, Inc.
- Garren Colvin, St. Elizabeth Healthcare President and CEO, served on the Northern Kentucky Office of Drug Control Policy Board.
- St. Elizabeth Healthcare contributed funds to maintain the NKY Helpline.
- Provided parking lot space in Covington and Ft. Thomas for the NKY Health Department's Syringe Access Exchange Program.
- Partnered with the Cincinnati Enquirer to produce "Activating Hope", multiple digital stories and printed features about OUD/ SUD and our services.
- Partnered with NKY Health Department to prevent the spread of Hepatitis A by vaccinating patients at highest risk in our Emergency Departments.
- Provided funding for multiple programs that enhance positive youth development.
- Provided leadership assistance to Life Recovery Center.
- Engaged more than 35 partners in strategic visioning to improve outcomes for pregnant women with SUD and their infants.
- Engaged more than 50 partners in strategic visioning to increase awareness of mental health and suicide prevention.

For more information on any of these services, contact: (859) 655-0180  
visit: Activating Hope at: <https://www.stelizabeth.com/community-outreach/activating-hope>

# 2019 SUD PROGRESS REPORT



## Journey to Recovery for Patients with Substance Use Disorders (SUD)

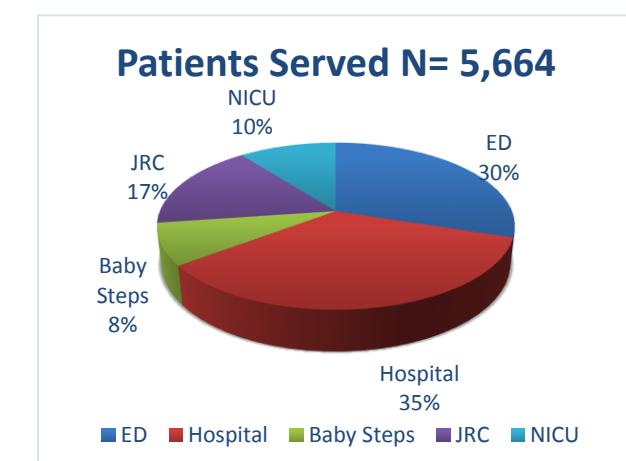
Serving the Northern Kentucky community is a core value at St. Elizabeth Healthcare. One of the major issues impacting our community is the opioid epidemic. System-wide, St. Elizabeth Healthcare serves nearly 6,000 patients with a substance use disorder (SUD) each year. In 2014, an internal task force was developed to provide a path to treatment and recovery for every patient with a substance use disorder. The team meets monthly to brainstorm solutions, develop and track a strategic direction, and educate associates on new treatment methods. In addition, Government and Community Relations created a coordinating office to assist the task force and connect with community partners.

**The Internal Task Force on Addiction will strategize around the following goals through 2021:**

- Provide comprehensive, recovery-oriented medical services for patients with a primary or secondary SUD diagnosis.
- Incorporate peer support and care management across units as relevant to the needs of the patient.
- Increase nonpharmacological pain management.
- Use primary prevention to address SUD addiction precursors.
- Reduce the impact of infectious diseases caused by intravenous drug-use.
- Provide comprehensive recovery model for patients with SUD addressing personal, social, and medical needs that are important to recovery



## A PATIENT'S PATH TO RECOVERY BEGINS AT ST. ELIZABETH PHYSICIANS JOURNEY RECOVERY CENTER



Once medical needs are met, patients with an SUD are encouraged to begin their recovery at Journey Recovery Center (JRC), which provides medication-assisted treatment, case management, intensive out-patient and individual/group cognitive behavioral therapy. JRC may refer patients to one of our community partners for specialized care, such as methadone or residential care, based on assessment by a certified chemical-dependency counselor.

Through JRC, St. Elizabeth Healthcare has increased our capacity for treating patients with an SUD three-fold. In 2018, JRC associates provided services to 949 patients in 21,466 visits. All associates are trained in Hazelden Betty Ford's COR 12 model of treatment, emphasizing the value of medication plus the traditional abstinence route.

JRC received a \$1 Million grant from the Fifth Third Foundation and the Jacob G. Schmidlapp Trust (\$500,000 each) that will enable us to provide

our patients a comprehensive network of community resources to live a life of sustained recovery.

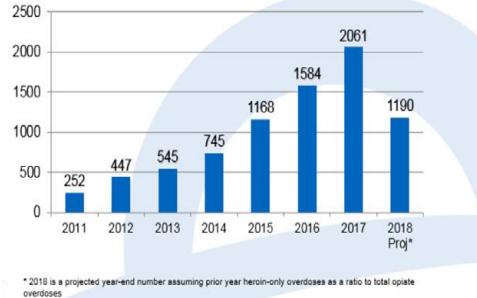
## EMERGENCY DEPARTMENT

Far too often, a patient enters our healthcare system through the Emergency Department due to an overdose. In 2018, Emergency Department associates treated 1921 patients (1190 overdoses and 731 for other SUD) with a substance use disorder, many in opiate overdoses.

A Kentucky Opioid Response Effort (KORE) grant award enabled the development of the Emergency Department –Bridge Program to facilitate patients with a SUD to treatment at the time of overdose by connecting them to a peer navigator and a care coordinator. It is that basic “bridge” philosophy that provides the foundation for our expansion across the healthcare system — to connect patients with a SUD from any point of entry.

Expansion of Emergency Department services over the next three years will include establishing standardized protocols for treating patients with a SUD. This may include the initiation of buprenorphine for opiate overdose patients, connection to a peer support specialist for all patients with a SUD, clinical assessment and follow-up within 24-48 hours at Journey Recovery Center.

Heroin Overdoses  
St. Elizabeth Emergency Departments  
(Covington, Edgewood, Florence, Ft. Thomas, and Grant)



Data provided by Ashel Krueckamp, MSN, RN St. Elizabeth Healthcare

The St. Elizabeth Baby Steps program was developed in 2015 due to the growing number of pregnant and parenting women with a SUD. The program was designed to connect pregnant and parenting women to treatment, recovery services and community resources. Baby Steps started with one nurse and has grown to a team of three nurses and two peer support specialists through a Kentucky Opioid Response Effort (KORE) grant award. The program has served more than 1,500 women to date and continues to grow. It has a streamlined and automated referral process to ensure everyone is offered services. Our associates work with community partners in Boone, Campbell and Kenton counties to teach evidence-based nurturing parenting curriculum and Neonatal Abstinence Syndrome (NAS) education. Our goal for 2019 is to expand our services to the surrounding counties. The program also provides support and education classes for women in the Campbell and Kenton County Detention Center and aids in coordinating services to sustain success once released. Collaboration with St. Elizabeth Physicians allows for personalized care with an addictionologist, as well as individual and group therapy at the Journey Recovery Center.

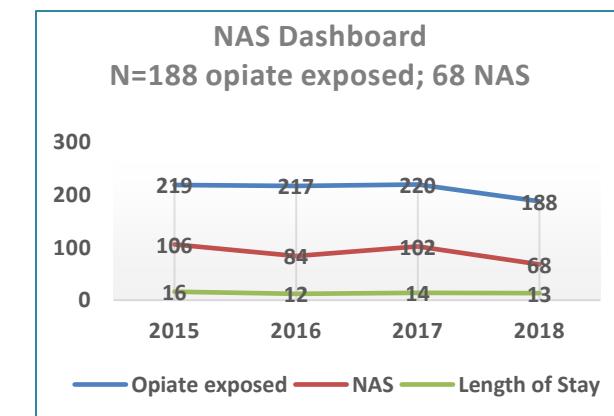
In 2018, the Baby Steps program received 457 referrals from EPIC or other sources.

**The preliminary findings show that:**

- The average client is 29 years old.
- 80% connected with the program prenatally and 20% after delivery.
- The average number of days engaged in treatment is 288 days.
- The average number of days from referral to starting MAT services was 9 days.
- 64% had prenatal MAT. An inpatient buprenorphine induction program (BIP) began and witnessed 17 successful inductions of patients who stayed with the program through delivery. **There were zero incidences of NAS in the infants born to these successful BIP patients.**

**Other activities in 2018:**

- A regional task force was established with 35 community partners to determine best ways to provide support for pregnant women with a SUD and their newborns.
- A \$500,000 grant award from the Charlotte R. Schmidlapp Fund, Fifth Third Bank, Trustee will support further expansion of the Baby Steps Program and other women's services for women with SUD
- All our Labor/Delivery and postpartum nurses attended 4-hour OB Opiate 101 training and specialized training on the new BIP, Stigma and Motivational Interviewing Overview.



- Of our 4,375 live births, 594 had a positive drug screen; 188 babies were exposed to opiates during gestation dropping from 220 in 2017, and 68 babies were born in withdrawal dropping from 102 in 2017. The average length of stay in our NICU was 13 days.

## ST. ELIZABETH FT. THOMAS: 2SW UNIT

Currently, St. Elizabeth Healthcare has one chemical-dependency educator who, acting in much the same way as a hospitalist, sees all patients who are admitted to the hospital with a primary or secondary diagnosis of an SUD. In 2018, that educator met one-on-one with 1,964 patients. Expansion of this effort is planned for 2019.

During the second quarter of 2019, St. Elizabeth Physicians JRC associates will be collaborating with the 2SW team to enhance patient care. In 2017, St. Elizabeth Ft. Thomas 2SW Unit created a pilot program to provide patients with a SUD long-term IV antibiotic care. The current unit capacity is 14 patients, with the opportunity to grow to treat 15-18 patients. Referrals for 2SW come from medical units system-wide and are typically generated from physicians, care coordinators, and the chemical dependency educator. The JRC team of addiction specialists will enhance SUD treatment through comprehensive assessments of each patient that will determine their interest in recovery, discharge resource and therapy needs. JRC on site will allow physicians to consult the team for pain management and earlier onset of MAT. Additionally, physicians that specialize in addiction on site will allow other providers to request consults for the management of medically complex patients with a SUD.



## PARTNERSHIP FOR IMPROVED BEHAVIORAL HEALTH SERVICES

In 2018, the partnership between SUN Behavioral Health and St. Elizabeth Healthcare became a reality. The first year of operation provided both challenges and successes as various units opened in succession. In the first quarter of 2019, the average daily census was 90-110 patients. At complete operation of all units, SUN will provide a full continuum of care for patients with mental health and substance use disorders including dual diagnosis, detox, acute rehab, partial hospital program, intensive outpatient, aftercare and support programs. Complete implementation of all units will be achieved in 2019. In addition to our partnership with SUN, SEP is working to provide more behavioral health services at the primary care practices sites. A strategic planning collaborative was also started in 2019 to raise mental health awareness and suicide prevention in our community.

## COMMUNITY OUTREACH – MEETING PEOPLE WHERE THEY ARE

St. Elizabeth Healthcare and St. Elizabeth Physicians recognize the importance of extending medical care to those at high risk beyond our walls. Health Ministries Faith Community Nursing provides medical care to patients and connects them to specialized care, including substance use treatment. These dedicated nurses treat 125 persons at high risk, often homeless, a week. In addition, St. Elizabeth Physicians partners with Welcome House, a housing facility for the homeless, to provide health care including identification, referral and or treatment for substance use disorders. Other opportunities for collaboration and outreach are also being pursued with local agencies.



## PHARMACY

In 2018, we increased our OUD prevention efforts by evaluating and improving processes. Specialized pharmacists now evaluate hepatitis status in patients admitted to 2SW and order labs and immunizations as appropriate. Teams revised order sets to include a multimodal but segregated approach to inpatient prescribing with clear delineation of opioid-naïve versus opioid-tolerant pain control. Also, narcotic e-prescribing now requires clear indications for use, and limit prescriptions to a three-day supply. We dispensed 110 Naloxone kits to those at risk of overdose and 1,000 kits to first responders through a Kentucky Opioid Response Efforts (KORE) grant. To further our efforts, we have a resident project in process to address opioid prescribing guidelines and prepared education for associates and providers regarding SUD. We also actively educated the public on the proper disposal of excess prescription drugs to limit access to opioids at home.