



# Integrating with Primary Care

## Improving Treatment Outcomes for Hospitalized Patients

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# Session Objectives

- Leveraging Addiction Expertise makes us Vital to Mainstream Healthcare
- Integrated Assessment and Intervention Improves Hospital Patient Outcomes
- Work-Based Learning Changes Views about Addiction Patients
- Collaborations Lead to Integration

# What we Know

- 25%-30% of Hospital Admissions are Alcohol Related
- Alcohol Withdrawal Syndrome is Undertreated
- Patients have longer LOS & Medical Complications
- Hospital Stays are Costlier

# The Gosnold-Hospital Relationship

- Neighbors since 1982
- Courteous but Distant
- Mysterious
- Mutually Necessary but not Collaborative
- Gosnold “a place to send ‘those’ people”

**SO WHAT CHANGED???**

# The Origin of the Project

Was It:

- Cost Analysis by Diagnostic Group?
- LOS Analysis by Utilization Management?
- Patient or Family Complaints?
- QI Analysis of Medical Complications?
- Complaints by the Medical Staff?

# How Did The Hospital Respond?

- Hospital COO Made a Decision
- Joint Planning Meetings Convened
- Action Plan Developed
- Key Stakeholder Commitments

# Observations & Retrospective Review

- Sampling from 6 Months Prior to Onset
- Average Age: 53.7 years
- 23% female; 77% male
- Average LOS = 10.6 days
- 50% ICU Transfer Rate
- Negative Patient Perceptions Impacting Quality of Care

# What Did we Do?--Program Design

- Staff Trainings
- Consultations on Med-Surgical Floors
- Emergency Room Coverage
- Nursing Rotations at Gosnold

# Measurable Program Objectives

- Patient Withdrawal Consults--Target: 38.
- Counseling interventions--Target: 30
- Addiction trainings—Target: 4
- ALOS of “consult” patients-Target: Reduce 10%
- Patient ICU Transfers--Target: 30% reduction
- Referrals to addiction treatment-- Target: 35%

# I. Medical Staff Training

- 4-Hour Training Seminars
  - Disease Model
  - Neurobiology of Addiction
  - Treatment Options
  - Communication Skills
  - Family Intervention
- Language Makes a Difference

# Physician Impact

- MD Trainings by Addictionologist
- Doctors begin Inquiring about Service
- Docs begin Requesting Consults
- Docs ask for Help with Medications
- Docs SEE the Difference and Buy-In!

## II. Alcohol Withdrawal Consults

- Hospital Consult Line for Nurses
- Improved Screening Approaches
- On Floor Teaching with Nurses
- Improved Treatment Practices

# Gosnold -FH Alcoholism Consult Program

Help is just a call away!



Internal #  
78809  
External #  
508-495-8809

Leave a message:

Patient Name & Location and Caller Name

Objective

Identification & management assistance  
with any patient withdrawing from alcohol

or

other addictive substances

# III. Counselor on the Floor

- Motivational Counseling
- Consultation with the Nursing Staff
- Treatment Referrals and Improved Access
- Interventions at Appropriate Levels

# III. Counselor in the ER

- Conducts Alcohol Screenings (ASSIST)
- Intervenes with Intoxicated Patients
- Consults with ER Medical Staff
- Access to Detox

## IV. RN Observation at Gosnold

- 2-3 Days at Gosnold's Acute Unit (Detox)
- Morning Rounds
- Addiction Education & Group Therapy
- Observe Patient Admissions
- Lunch & Talk to Impact Attitudes & Beliefs

# RN Feedback

- “I got to see the person behind the addiction; these patients shouldn’t be treated any differently than others in the hospital”
- “No judgments or preconceived views were part of treatment
- “Patient’s stories were most instructive”
- “All nurses should have this experience, it is priceless”
- “I will now see patients as looking for help for a medical problem, not people who are just ‘bad’ ”

## Results

- Med-Surg Phase Began in November 2010
- Through June 2011--85 Consults
- 73% Men; 27% Women
- Average Age: 52.1 Years

# Hospital Admission Diagnosis

- Gastrointestinal
- Diabetes
- Hypertension
- Osteopathic Procedure
- Pulmonary Disease
- Coronary Disease

## The Outcomes

- Average Length of Stay: 5.9 days
- ICU Transfer Rate: 11.7%!! (10 of 85 pts)
- 45% Accepted Referral to Inpt or Outpt
- Avg. # of Nursing Consults per Pt.=2.1
- Avg. # of Counselor Visits per Pt.=1.0

# The Outcomes

- ALOS reduced by 44% (cf to sample)
- ICU Transfers down from 50% to 12%

## Cost per day

Med-Surg Floor vs. ICU

**30%-40% LOWER IN MED-SURG**

# How do the Patients Respond?

- Grateful that Someone Cares
- Patients not judged and shamed
- They want to talk to us
- More hopeful because the Hospital staff is interested and concerned about them
- Someone is on their side

# Next Steps & Challenges

- Continued training
- Expand ER presence
- Family component
- Patient Follow-Up (Case Management)
- Sustain enthusiasm
- Add to the team (Super-Users/Passion)
- Move to CCH and PCP offices

# Lessons Learned

- Presence Equates to Relevance
- Medical Staff Wants and Needs our Expertise
- We CAN Make a Difference
- We are Essential in the New Healthcare Environment