

## Problem Statement

- A large ambulatory care clinic for people with substance use disorder must comply to its low barrier methadone access model while addressing high need, high use (HNHU), preventable emergency department and hospital admissions (ED/H).
- Disparate healthcare system electronic platforms make tracking these patients difficult.
- 2-year retrospective chart review of 1/2 clinic's census reveals that 23% were high ED users (4+visits/year).

## Purpose

- Develop and implement a comprehensive tracking system from multiple electronic platforms to monitor all ED/H among patients receiving methadone.
- Design and implement a remote triage protocol to efficiently identify patients requiring in-person nurse assessment or transition of care services following ED/H visits.
- Evaluate the effectiveness of integrated tracking and triage systems to improve care coordination for patients with substance use disorders in a low-barrier methadone treatment model.

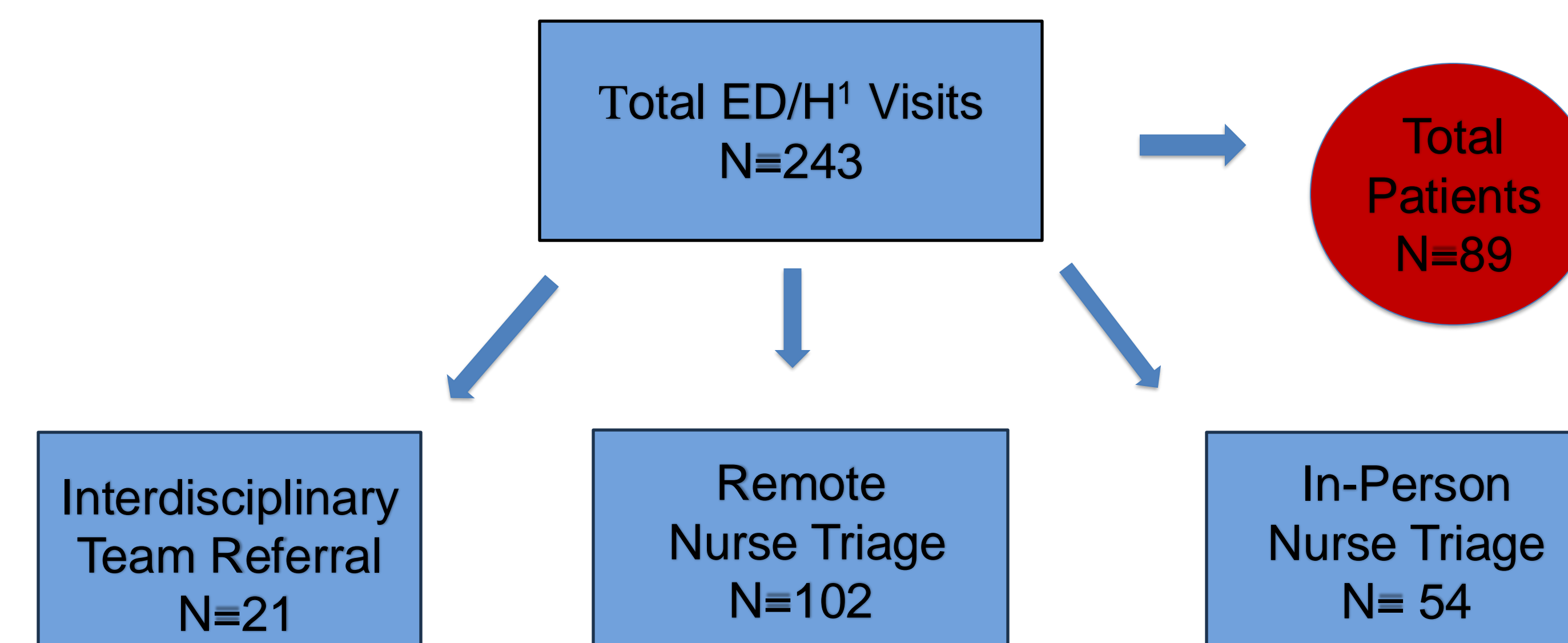
## Methods

- **Setting:** Large, urban ambulatory clinic capable of immediate primary care, wound care, infectious disease, counseling & psychiatry services.
- **Population:** Patients receiving methadone outpatient treatment (OTP).
- **Inclusion Criteria:** Current site-assigned OTP patients with ED/H.
- **Exclusion Criteria:** For navigation to in-person triage, patients: originating from or transferred to a sub-acute nursing facility continuously inpatient, receiving services elsewhere or leaving site.
- **Intervention:** Quality Improvement (QI) of tracking all OTP ED/H, Remote Triage, Interdisciplinary Team Coordination in HIPPA protected Excel spreadsheet through coordination with Health Home nurses' monitoring of CRISP/EPIC & medical nurse monitoring of Microsoft TEAMS Incoming Calls & Patient Dosing threads.
- **Process Measures:** Remote Triage and referral to site's in-person nurse triage or Interdisciplinary Team action.
- **Outcome Measures:** Tracking of all ED/H users. Remote Triage rate paralleling ED/H rate. Identification of rising and highest ED/H users to be addressed by Interdisciplinary Team.

## Figures

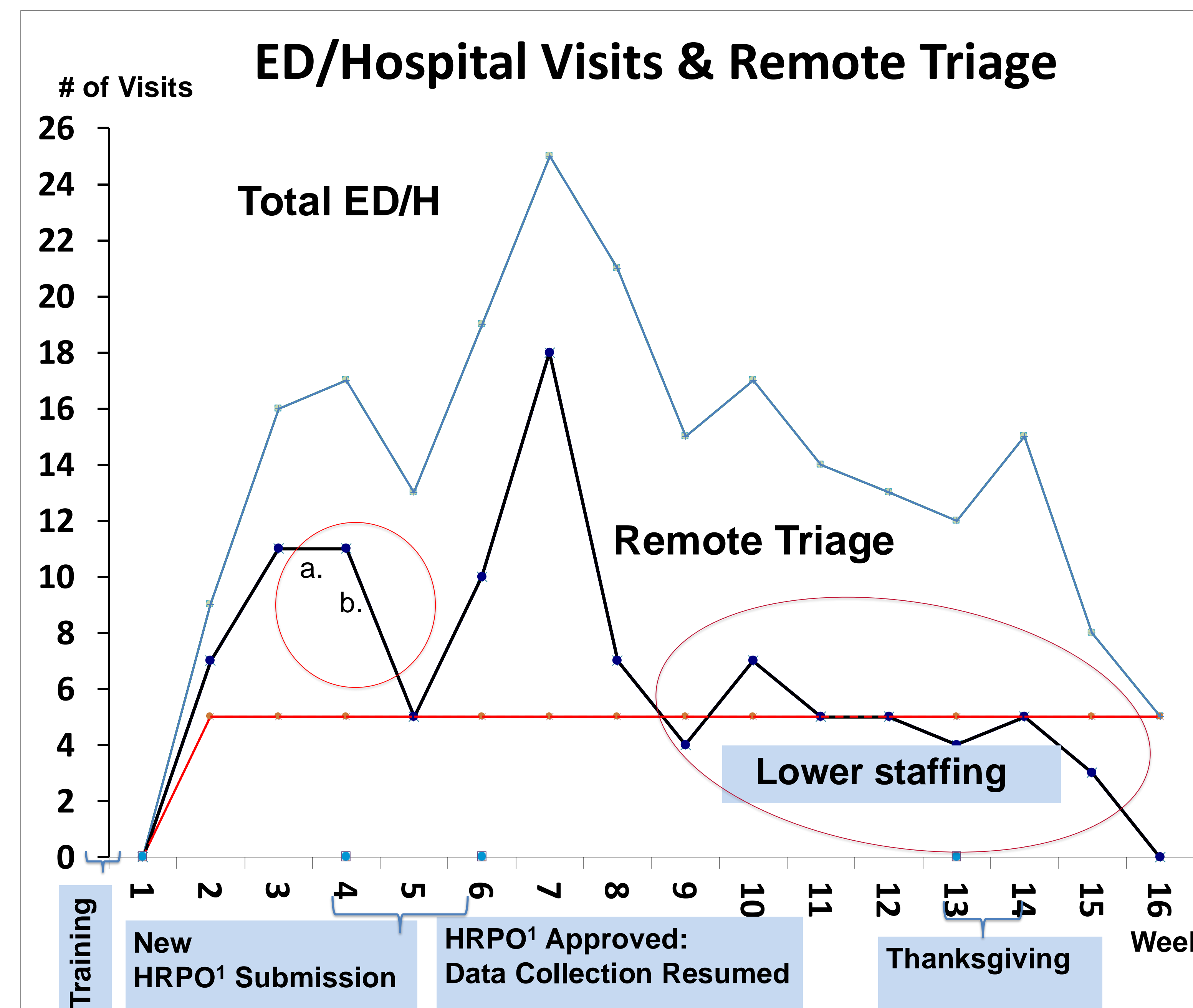
Figure 1

**Triage for Post-Hospital Navigation: Inclusion/Exclusion Criteria**



<sup>1</sup> ED/H-Emergency Department Visit/Hospitalization.

## Results



a. New Epic Nurse Triage Form- week 3  
b. New TEAMS Incoming Calls Template-week 4

<sup>1</sup> HRPO-Human Research Protections Office

## Discussion

- A total of 243 ED/H visits by 89 patients were identified with 42% visits remote triaged, resulting in 54 in-person triage visits and 21 patients referred for an Interdisciplinary Team discussion. Identifying rising ED/H rates allowed fast-tracked Interdisciplinary Team referral.
- Revised protocol necessitated a 2<sup>nd</sup> HRPO approval. Once QI re-initiated, a significant uptick in remote triage process was apparent. While not originally part of QI, the process provoked creation of user-friendly templates for in-person nurse triage (EPIC) & Incoming (dosing verification) Calls (Microsoft TEAMS).
- Some extreme HNHU patients were identified as using the site's psychiatry services but not receiving transition of care visits. Additionally, OTP patients who were not usually assigned to medical services at the site, were also prioritized.
- **Limitations:** It is difficult for an outside party (DNP student) to introduce a new process in a complex clinic system. Additionally challenging is adding to staff duties the tracking of patients from multiple electronic sources during a large-scale facility renovation.
- **Sustainability:** can be met by training more staff in tracking process.

## Conclusions

- Remote triage mechanisms integrates information from disparate electronic platforms, maximizing relevance and efficiency of direct nurse/patient interactions. These ultimately can favor positive patient outcomes as well as increased rates of transition of care services.
- Interdisciplinary care coordination can be enhanced for HNHU patients by systematic regular tracking. In future: Microsoft TEAMS processes such as Power Automate can facilitate this.
- Ambulatory sites can enhance reimbursements and healthcare system cost savings by remote triage monitoring of HNHU patients.
- Examining workflow can have desirable secondary impacts, such as creating easy-to-use EPIC, Microsoft TEAMS channel templates.

## References



<https://osf.io/zsbe7>

## Acknowledgements

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