

Welcome!



Mute

Minimize Interruptions

Please make sure to mute yourself when you aren't speaking.



Chat

Go Ahead, Speak Up!

Use the Zoom chat to ask questions and participate in activities.



Naming

Add Your Organization

Represent your team and add your organization's name to your name.



Tech Issues

Here to Help

Chat Host privately if are having issues and need tech assistance.

While we wait, please rename yourself.



Addiction Treatment Starts Here Nurse Forum Session #3

“Screening, Assessment and Intake”

December 1, 2021 | 12-12:45pm (PT)



+





Nurses Forum 3

Screening, Assessment and Intake for our MOUD/SUD in Primary Care

KATIE BELL MSN RN-BC CARN PHN AND DIANE ROONEY MBA RN

NAOMI MARQUEZ-TOULEMONDE BSN RN-BC CARN PHN

GUEST INTERVIEWER GLENNA EADY BSN RN





Today's Forum

Participant Intros – turn on cameras and unmute mics

Discussion of screening and assessment from Nurse perspective

Review of screening and assessment tools

Naomi's discussion of her SBAR assessment

Case discussion

Glenna interviews Naomi about becoming board certified in addictions nursing.

Purpose of screening and assessment for SUDs

- Screening starts the process of identifying the needs of our patients
 - Level of Care – Tiers or Phases
 - Referrals
- Health Questionnaires and annual screenings give a thumbnail sketch of history and current mental health, physical health
- Can you name some routine screens that all Primary Care patients receive?
- What is a validated tool? - see Joint Commission

Standard and Validated Screening tools for OUD, SUD and BH – a small list

- DAST-10
- AUDIT-C
- TAPS – SAMHSA
- CRAFFT – youth
- The one-question
- CAGE and the CAGE-AID
- <https://www.hiv.uw.edu/page/substance-use/audit-c>

The MAT Nurse's Role – Let's hear from Naomi

- First patient encounter
- A general sense of where they are.
 - Active withdrawal – use COWS and chart
- Establishing a relationship of listening and support
 - Minimal question asking
 - When do we gather the information?
 - What do we need to know and when do we need to know?

Assessments and Establishing Care

- Sees RN prior to provider appointments
- Protecting and managing provider time utilization
 - SBAR –quick screening – providers like
 - Screening, Background, Assessment, Recommendation/request
 - Gather info
 - Charting – essential to the providers
- Signs the MAT Treatment Agreement
 - Education and planning – short-term

Intake and Assessment

- Medication First approach
 - SUN or RN establishes initial needs and plan
 - Phone appointment
 - Send a Medication request
- Provider – within 3 weeks, then Q 3 weeks (Tier 1 at Santa Cruz)
- Behavioral Health needs – assessment and diagnostics are essential for care –
Primary Care MAT Programs handle this in different ways

Maddie – new patient referral

Maddie comes in for appointment after referral from local Bridge program. The Substance Use Navigator reports patient was started on a 7-day Rx for buprenorphine/naloxone 16/4 mg SL daily 3 days ago. She meets via telephone with the MAT RN for a quick screening, assessment and planning appointment.

- What information will the MAT Nurse want to gather in this visit?
- What information can be gathered at a later session?
- What is the benefit of a Nursing Intake/Assessment in a Primary Care MAT program?



Other screening tools –very helpful

What does the nurse need to know?

ASAM – American Society of Addictions Medicine Dimensions and Criteria for the
Whole-Person approach – in the iMAT

TNQ – Treatment Needs Questionnaire -also in the **iMAT**

ACEs – Adverse Childhood Experiences

Certified Addictions Registered Nurse (CARN)

Glenna interviews Naomi

1. What prompted your decision to get your certification in Addictions Nursing?
2. Describe the process by which you got your certification.
3. How has the certification affected your practice?

Addictions Nursing Certification Board (ANCB)

www.ancbonline.org

ASAM Criteria for Level of Care

TREATMENT OF OUD COMPLEXITY INDEX (V34) YES/NO 43 (44/44/47) TOTAL SCORE:

ASAM CRITERIA DIMENSIONS	RISK ASSESSMENT				
	0 Minimal/None	1 Mild	2 Moderate	3 Significant	4 Severe
1 Acute intoxication and/or withdrawal potential	No use of opioids, alcohol or sedative-hypnotics	Sporadic use of alcohol or sedative/hypnotics (i.e. less than 4 times a week); No use of opioids	Regular use of alcohol or sedative-hypnotic drugs- no history of symptomatic withdrawal; Episodic use of opioids	Regular use of opioids, alcohol or sedative-hypnotic drugs- no history of complicated withdrawal	In active withdrawal from opioids, alcohol or sedative hypnotic drugs or with a history of complicated withdrawal
2 Biomedical conditions and complications	No significant history of medical problems	Some chronic medical problems- but well controlled/ on stable medication regimen	Chronic medical conditions that are stabilizing or responding to adjustments in treatment	Active medical problems, requiring close monitoring and follow-up	Active medical problems that are acute and interfere with functioning
3 Emotional, behavioral, or cognitive conditions and complications	No psychiatric history	On stable, well controlled regimen for any psychiatric condition and/or integrated in care with a therapist	History of psychiatric hospitalization, suicide attempts or para-suicidal behaviors and/or no mental health care established, but there is an identified need	Active psychiatric problems requiring close mental health care and follow-up	Active psychiatric problems that are acute (risk to self or others; unable to self-regulate) and interfere with functioning
4 Readiness to change	Maintenance phase- already on stable medication regimen from previous provider	Action phase- engaging in treatment, taking steps to enact change	Preparation phase- compiling information and considering options-	Contemplation phase (willing to think/ talk about the need for a change)	Pre-contemplation phase (unwilling to think/talk about the need for change)
5 Relapse, continued use, or continued problem potential	In stable recovery- integrated in recovery community	Engaged in treatment and/ or peer support- lives close to clinic	Engaged in treatment and peer support- lives far from clinic	Sporadically attending treatment and/or peer support	Not attending treatment or peer recovery support
6 Recovery/Living Environment	Lives with sober, supportive, and concerned family/ friends; Is working and employer is supportive; Has no legal issues	Lives alone but is not isolated from social supports; Is working but not supportive of recovery; Has legal issues but is fully compliant	Lives with people who use substances recreationally; Lives alone and isolates; Is working but job is in jeopardy; Has legal issues and is engaged in risky or marginal activities	Unstable or tenuous housing situation; Is unemployed and interested but unable to work; Has legal issues but is not compliant and may be engaged in illegal activities presently	Homeless or living with active opioid users or dealers; Is unemployed and not interested in work; Has legal issues and is currently engaged in illegal activities

■ Poll

1. On a scale of 1-5, please select the number that best represents your experience with today's session.



- 5 - Excellent
- 4 - Very Good
- 3 - Good
- 2 - Fair
- 1 - Poor

2. Please select the number that best represents your response to the statement:
Today's session was a valuable use of my time.



- 5 - Strongly Agree
- 4 - Agree
- 3 - Neutral
- 2 - Disagree
- 1 - Strongly Disagree

3. I can apply learnings from today's webinar to my MAT work.



- 5 - Strongly Agree
- 4 - Agree
- 3 - Neutral
- 2 - Disagree
- 1 - Strongly Disagree



Coming Up – Session #4 (final)

Wednesday, January 5, 12-12:45pm PT

Topic: Initiating Buprenorphine, the Importance of Follow-Ups, and Urine Tox Screens

For registration information, slides, and recordings, go here:

<https://www.careinnovations.org/events/atsh-peer-forums-registration/#nurse-medicalassistants>

THE

END

