



BRIGHAM AND WOMEN'S Faulkner Hospital

# The History

- 1985 Addiction Recovery Unit opened with three inpatient beds to treat patients for alcohol withdrawal
- Progressed to a14 bed, level-4 detox unit, providing care for patients with polysubstance abuse and medical and/or psychiatric co-morbidities
- 1986 'Graduate Group' founded to provide weekly support for patients
- Additional outpatient service programs were developed:
- Dual Diagnosis
- Day/Evening Treatment Programs
- Inpatient Consultation and Triage Services were also established

# The Vision

- Spring 2013 Patients transitioned to 6North, an existing inpatient medical/telemetry unit, to provide 24 hour on-site medical coverage
- Provide access to telemetry and continuous oxygen saturation monitoring
- Enhance nursing expertise in caring for patients with chemical dependency
- Decrease adverse events/transfers to ICU
- Increase integration between addiction care and medical co-morbidity diagnoses
- Improve addiction care to all hospitalized patients through specialty consultation

# Integrating an Addiction Recovery Program (ARP) into a General Medical Unit

Suzelle Saint-Eloi, MS,RN **Barbara Peary, MS, RN** Kathleen Lang, BSN, RN Theresa Roche, MSN, RN

# **Our Commitment**

# **Time Line**: January 2013 - Present

# Relationships

Cohesive interdisciplinary relationships

Collaborative treatment planning expanding the scope of services and skills available to our patients

### Medical Model

Integrated Medical

Management

Hospitalists

RNs NPs PAs

Telemetry

Sharing our Knowledge and Commitment to Recovery

#### Education

- Didactic sessions, self learning modules, case reviews and 1:1 mentoring for all staff
- Expanded medical training for addiction RNs transitioning to 6 North
- Quarterly work shops to educate hospital community about the available ARP resources
- Consultation outreach for all BWFH patients family and staff

### Addiction

#### **Recovery Model**

Counselors

RNs NPs MDs

MWH

12 Step Recovery

Therapeutic Milieu

# Environment

- Create a therapeutic milieu
- Group/community space
- Alcohol and drug free/safe
- Sober Support
- Build bridges to community resources

ullet

For further information please contact Kathy Lang: **KLANG5@PARTNERS.ORG** 





### Impact Improved quality of care

**Comparison of Transfers to the ICU ARP vs. Non-ARP Patients** 



# **Advancing the Practice**

- **Development of Quarterly ARP** educational programs providing opportunities to share our experiences with colleagues
- Hospital wide consultation education for RNs
- Community outreach educating student nurses and medical residents