USE CASE

Warm Hand-Off Use Case

Use Case Name: Warm Handoff Use Case

Use Case Description:

Individuals who overdose, are reversed with naloxone, and stabilized in an emergency department have traditionally been referred to some form of substance abuse treatment prior to discharge. However, the large majority do not follow through with the referral. In 2017 Pennsylvania developed a 'warm handoff' initiative that mandates a procedure to connect opioid overdose survivors in the emergency department to a licensed drug provider treatment. A 'warm handoff' is when a Certified Recovery Specialist (CRS) works with an overdose survivor to identify their treatment needs, connect them to an appropriate level of care, and link them to community resources that will support their recovery. CRSs are persons with lived experience who have been trained to provide motivation, support, and care coordination.

The logistics of the 'warm handoff' are complicated. The interaction and communication between multiple agencies in a timely, efficient manner has proven difficult. Barriers such as resource availability, staff training, prompt communication, travel time, and systemic coordination could be addressed through intelligent and creative use of technology and data. Some particular areas that have been identified as challenging:

- o Shortening the time between ER arrival and CRS intervention could prove critical. Each moment an overdose survivor waits in limbo, the worse their withdrawal symptoms become more debilitating, prompting many to leave the ER against medical advice.
- o Even when a warm handoff is in place, the intervention process is often manual. A nurse waits for a patient to arrive on site, asks for their consent to talk to someone about treatment and then places a phone call or email to a CRS who may or may not be on site. The patient then waits for the CRS to arrive, who helps to find available treatment options and coordinates transportation.
- o Closing this gap could mean better tools for EMS responders, more efficient use of EHR systems, or other creative options.

Actors:

- Overdose Survivors
- Emergency Personnel
- Emergency Department Providers
- Treatment Centers/Agencies
- Certified Recovery Specialists (CRS)

Triggers:

- Time lag between patient presenting in ED and CRS arriving
- Providers undereducated on hospital's warm handoff protocol/CRS benefits
- Lack of clear process for warm handoff procedure
- Lack of simple solution to notify CRS/treatment facility of an overdose patient
- Engagement after treatment has been rejected

Preconditions:

- Time/resource gap prevents timely interaction between CRS and individual who has overdosed

Postconditions:

- Timely, coordinated warm handoff in the Emergency Department between providers and CRS. Optimally an efficient transfer from ED to treatment.
- Simple, easy to use solution for both hospital personnel and CRS workers

Normal Flow:

- Emergency Personnel respond to overdose, revive the individual
- Individual agrees to be transported to ED for care
- CRS arrives at hospital
- ED providers 'handoff' the patient to the CRS
- CRS speaks with patient, encourages treatment

Summary:

Develop a creative solution to improve the warm handoff process, either by streamlining and simplifying communication between the ED and CRS agencies/workers, or enabling other players to send or receive notifications to minimize the time lag and maximize resource use.

Some Sources:

- PA Open Data:
    - https://data.pa.gov/stories/s/Pennsylvania-Opioids/9q45-nckt/
    - Specific sets:
        - https://data.pa.gov/Opioid-Related/ED-Visits-for-Overdose-Filtered-View/f36j-4p67
        - https://data.pa.gov/Opioid-Related/Emergency-Department-ED-Visits-For-Overdose-Identi/xgr3-wzn3
        - https://data.pa.gov/Opioid-Related/Emergency-Department-ED-Visits-for-Overdose-Identi/vvvs-z9dr
- Philadelphia DOH
    - https://www.phila.gov/programs/combating-the-opioid-epidemic/reports-and-data/