



Osservatorio Nazionale

delle Buone Pratiche sulla sicurezza nella Sanità

Scheda per la rappresentazione dell'esperienza

Level: Outpatient care facility

Topics:

- Re-organization of clinical care pathways
- Organizational solutions for non-COVID patients management during COVID epidemic

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Reorganizing the addiction recovery service in the context of the emergency caused by COVID-19 pandemic

Here follow a description of the reorganization of the addiction recovery service because of the COVID-19 pandemic in order to keep treating 1007 patients.

Starting from February 24, 2020 the following measures have been implemented:

- Reduce the risk of COVID-19 spread among the outpatient offices of the Addiction recovery service and of other activities involving external agencies;
- Advise workers and users to adopt preventive behavior such as social distancing
- Handle less stable cases correctly and safely
- Reduce the possibility of inappropriate ER admission

These measures have been progressively adjusted in the subsequent days based on the COVID situation developments and Ministerial, regional and organization guidance according to the following steps:

- Reorganizing access to the center for medication prescription/administration and for drug and blood testing;
- Reorganizing access to the center medical and psychiatric visits and interviews, psychological and psychosocial assessment
- Strengthening phone support to patients
- Planning prevention activities
- New ways of accessing long-term care facilities
- Managing the activities of the community centers
- Managing the social coaching project
- Managing staff and smart working
- Managing the activities to be carried out on site that cannot be postponed, workers, projects and internships
- Managing suspected cases and contacts



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1. REORGANIZING ACCESS TO THE CENTER FOR MEDICATION PRESCRIPTION/ADMINISTRATION AND FOR DRUG AND BLOOD TESTING

Duration of take-home medication was extended to “stable” patients and based on their compliance. Likewise, drug testing is reduced to “stable” patients and based on their compliance. In case of rehab pathways including control supervision from Authorities, we assess every single situation awaiting for further decisions. Alcohol breath test are suspended. Blood tests are suspended.

Management of on-site activities

One healthcare worker (usually a nurse) is assigned the task of managing access to the waiting room. The nurse wears surgical mask and gloves:

- An access number is distributed on arrival: no more than 3 at a time patients are allowed to enter the waiting room
- Health education tips are given about how to prevent spread of infection, based on ministerial and regional recommendations
- Before entering the sickroom or medical offices, patients have their hands sanitized using alcohol-based hand rub
- Patients are advised not to go to the center in case of symptoms onset (fever, cough, breathing difficulties) or if they had contacts with suspected COVID cases, but they can make a phone call
- Patients accessing the center with respiratory symptoms (usually cough) are given surgical mask, if they do not have it already.

2. MEDICAL AND PSYCHIATRIC VISITS AND INTERVIEWS, PSYCHOLOGICAL AND PSYCHOSOCIAL ASSESSMENT

Visits and interviews are only scheduled in case of urgencies or for unstable patients who need support and monitoring. Non urgent visits and check-ups are postponed. Group therapy is suspended and replaced by on-line contacts with the patients.

3. STRENGTHENING PHONE SUPPORT TO PATIENTS

Phone support is enhanced to manage any critical situation, counseling interventions and phone interviews.

4. PREVENTION ACTIVITIES

Prevention activities are currently suspended.

5. ACCESS TO LONG-TERM CARE FACILITIES



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Patients who need to be admitted to long-term care facilities, when accepted, must have tested negative for COVID-19 and be visited by the physician of the Center the day of admission or the day before.

6. COMMUNITY CARE CENTER

The community care center is currently closed, but workers are regularly in touch with patients by phone to provide support and monitor their conditions. The Center is a semi-residential recovery facility for drug and alcohol use disorders targeted towards patients with severe psychiatric comorbidity (the so called “dual diagnosis”).

Once the provisions of the Presidential Decree setting out the closure of semi-residential facilities due to COVID-19 epidemic entered into force, the team started activities, actions and strategies maintain continuity of rehab services provided to users, who felt fearful of stopping their recovery program.

Users were informed personally about the closure and the ways to keep daily contact, about the activities to be carried out at home to continue their rehab pathway. The main message conveyed was that the facility was closed but community care center and workers were still working and their recovery programs would not have stopped.

Workforce were involved in planning the new interventions to be provided, in training activities aimed at developing new tools meant for managing the emergency, in sharing and discussing cases both internally and externally, maintaining direct communication with users.

Objectives:

- Taking charge of the patients and specific recovery aims should be maintained
- Supporting self-care by offering tools to use in daily life
- Enabling new intervention and communication strategies
- Monitoring psycho-physical state
- Preventing risky behaviors
- Maintaining communication between the community care service and the patient in household isolation

Activities and actions for users:

- Users are taken to the check-ups scheduled in accordance with the Addiction Recovery Service
- Users are sent cognitive-behavioral self/monitoring sheets to be filled in with time setting, daily goals, small activities to be carried out;
- Sheets are collected with daily checking session, emotional state monitoring and suggesting strategies to take advantage of own resources
- Support communication to group of users through enhancing every group member
- Sending information, updates and support to understand restrictions and promote behaviors to avoid spread of coronavirus
- Audio messages from workers
- Video-tutorial to make small objects, or about leisure time activities and cooking



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- Daily text messaging to enhance group climate and promote mutual aid
- Keeping in touch in the early mornings, evenings and weekends to send material for leisure time activities: audiobooks, book recommendations, websites, movies to stimulate discussion in the week to come;
- Availability by phone at weekends;
- Phone interviews or videocalls scheduled every two days with the assigned worker;
- Not scheduled phone calls and requests by users and family members;
- Accepting phone calls by former users of the Community care Center, currently followed up by the Addiction Recovery Service, who consider workers of the center as their reference sources in a time that is hard to understand;
- Setting up of a broadcast group active since the closure date of the center, through which one can exchange text messages and material with the worker acting as communication mediator;

Some data:

- 10 users are currently followed by the community care center, 3 of which are taken care of by both the addiction recovery service and the psychiatry
- 3 workers working to integrate the activities of the center in the users' daily life, despite the center is formally closed
- At least 6 structured phone interviews per day
- Acceptance of an average of 2 users in critical conditions per day
- About 40 communication actions per day from users and workers
- At least 3 weekly contacts with family members facing difficulties in managing their loved ones or frustration due to forced cohabitation, fears that isolation could cause former addicts to relapse
- On average, 1 daily request out of 10 is about the risk of substance use
- More than a half users experience depressive moods
- Most users would like to share their daily experiences and collect inputs to help them go on in their recovery pathway and feel part of a group

Some users have been seeking support with online lessons on how to use smartphones to download files, share audio and video, start a video call or make videos about the activities carried out. Unfortunately, some users do not have internet connection allowing to be online for different hours a day. In light of these difficulties, we are considering to provide users with the tools they are missing or to provide connection to disadvantaged users.

The ICT technician and team are scheduling further daily appointments on a web platform. During these weeks, projects to support users' recovery pathways were kept alive and we wish to go on this way.

Our aim is to offer the chance to live on-line the experience "physically" interrupted. That is why we are trying to restart on-line the group therapy and the psycho-educational groups.

Internal activities aimed at management and maintenance of the facility:



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Even though the community care center is closed, some of the activities cannot be suspended as there is risk of deterioration and subsequent difficulties to restart when the center will open again. These are the activities related to the “Horticultural therapy”.

Psycho-educational programs at the basis of the recovery pathways include keeping communication with the service alive.

Indirect activities (back office) to support users’ recovery pathways:

- Communication with the addiction recovery service to report risky behaviors, to share the actions to be undertaken to support user’s recovery programs and to keep workers updated on patients’ conditions, especially on the most severe conditions.
- On-line team meetings
- Training about phone counseling strategies
- Collection and development of sheets, video tutorial and other materials to be sent daily to users
- Research and testing of the best web platforms to be used to ensure interaction between the worker and the patient, facilitate working in groups and protect patient’s privacy

7. SOCIAL COACHING

The activities related to the “Social Coaching” project are carried out on-line.

General objectives:

The project was launched in 2015 with some aims that are deemed useful to integrate recovery programs of users who have reached a certain degree of autonomy, but do not have personal and social resources allowing them to be independent from their families or from social services.

A number of areas of intervention were identified, which cannot be included in standard recovery programs, but could be implemented in the patient’s daily life with support from an educator. Depending on the type of patient, level of impairment, age, personal and family needs, the identified areas may include:

Housing:

Support in daily life activities, autonomy development to patients with complex situations (dual diagnosis, family and social relationship problems) with the aim of supporting management of family relationships and relationships with friends and neighbors, or management of cohabitation. Depending on the cases, the need may arise to motivate patients to enhance personal and household care, to monitor household management, to handle any emergency situation, such as evictions or problems with utility contracts.

Job opportunities:

Help finding job opportunities, so as to enhance social abilities and prevent substance abuse disorders to become chronic conditions.

Managing psychiatric symptoms and possible complications:



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The activity of the educator might be oriented towards identifying situations at risk of relapse in substance abuse and handling crisis and pre-existing complications related to substance abuse.

Relationships:

Support the relationship development and maintenance outside the service setting (volunteering, sports, cultural activities). These could be of help to reconcile users with the territory they belong to, thus stimulating or renewing interests and motivation.

Therapeutic alliance:

Stimulate relationship maintenance with the services and promote interdependence between families and social environment in case of patients with reduced/assisted autonomy.

Methods:

The educator works in a “real-life” setting, which is the patient’s house or the environment where he/she lives. This is a dynamic approach strictly related to the patients life and needs, which does not aim to build a dependency relationship, but includes observation of the patients’ life skills and practicing social interactions and actions under educator’s supervision.

Evaluation:

With the aim of measuring the progress of the project, a questionnaire was developed which is composed of 23 items divided into the 4 areas the general objectives of the project are made of. The educators involved filled in one questionnaire per each patient every three months, so as to measure situations improvements or worsenings, providing details. The items were revised according to each situation to monitor every patient’s progress over time.

Results:

Items are scored from +1 to -2, where scores >0 highlight a stable or positive situations with no problems nor pathologies, while <0 scores point out negative or critical situations.

8. TURNOVER AND SMART WORKING

Starting from March 16, we have been planning smart working and staff turnover to ensure continuity of service. On duty nursing staff is 1-2 nurses at a time.

Consultants/collaborators

Consultants hired to carry out specific project tasks are currently out of the office and carry out back office activities at home.

Internships

Internships for psychologists, educators, social workers are suspended.

9. MANAGEMENT OF THE ACTIVITIES TO BE CARRIED OUT ON SITE THAT CANNOT BE POSTPONED

SICKROOM	Medication prescription/administration and
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	drug testing
MEDICAL OFFICE	Urgent visits, unstable patients check-ups
PSYCHOSOCIAL ACTIVITY	Accepting new urgent patients, support to unstable patients
ADMISSION	Access management, admission urgent patients

10. CONTACT MANAGEMENT

Patients and personnel contacts with suspected or confirmed COVID cases have been dealt with according to the Regional procedures and in collaboration with the Public Health division.

ANNEX 1.

ON-LINE SOCIAL COACHING

The tools in use in the social coaching program were revised to overcome the impossibility to meet users due to COVID-19 outbreak.

Objectives:

- Maintain the educational intervention and relationship with the user
- Activate the coaching program for those users who were taken care of by the Community care center and therefore need support and structured interventions other than the serviced provided by the community center
- Alongside the specific objectives laid down in the individual program in its usual version, define micro-goals related to everyday life and self-care in this challenging conditions affected by restrictions and changes.
- Intensify monitoring and support tools

Tools:

- Telephone and/or personal computer
- User's sheet describing the specific intervention

Methods:

- Weekly schedule of 2 appointments per user
- Agree on the most appropriate ways of communicating according to the user's condition
- Activate the agreed upon procedures among the following: phone call, video call via whatsapp, skype

Strategic interventions:

- Stimulate description of own daily life and emotions
- Promote implementation of good practices related to COVID-19 emergency
- Evaluate risky situations
- Support user's thinking and possibility to express doubts and worries
- Offer positive examples to avoid depressive states or desire of substance use to come to light



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- Activate the Service in case of dangerous situations for the user