

# Healthcare for people with problematic substance use and complex needs: Nurse Navigation AOD

Dr Warren Harlow  
Nurse Practitioner – Nurse Navigator  
Alcohol and Other Drugs Service  
Gold Coast Health  
Adjunct Associate Professor University of Canberra  
Email: [Warren.harlow@health.qld.gov.au](mailto:Warren.harlow@health.qld.gov.au)  
Ph:0418997762

**Gold Coast Health**  
[www.goldcoast.health.qld.gov.au](http://www.goldcoast.health.qld.gov.au)



**Queensland  
Government**



## Why sit through this presentation?

- For you to take home **an understanding of how you can support people with problematic substance use and complex needs**
- Explore Nurse Navigation for people with problematic substance use and complex needs





# Dependence; Neuroadaptation 'Addiction': *'the mesolimbic dopamine reward pathway'*

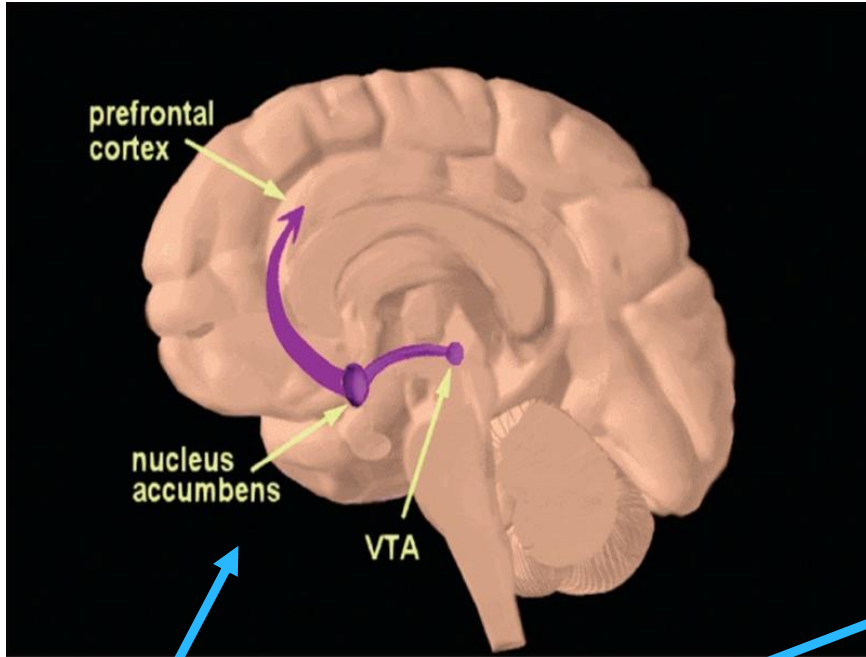
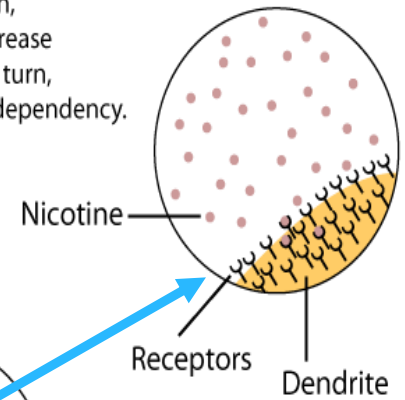
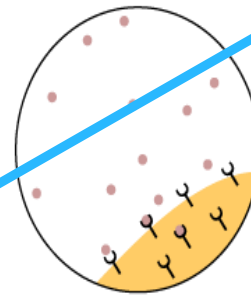


Image retrieved from [http://www.nida.nih.gov/pubs/teaching/teaching3/fargegifs/slide\\_1.jpg](http://www.nida.nih.gov/pubs/teaching/teaching3/fargegifs/slide_1.jpg) Accessed 3 Nov 2010.

During up regulation, neural receptors increase in number, which in turn, increases chemical dependency.



During down regulation, neural receptors decrease in number, which in turn, decreases chemical dependency.



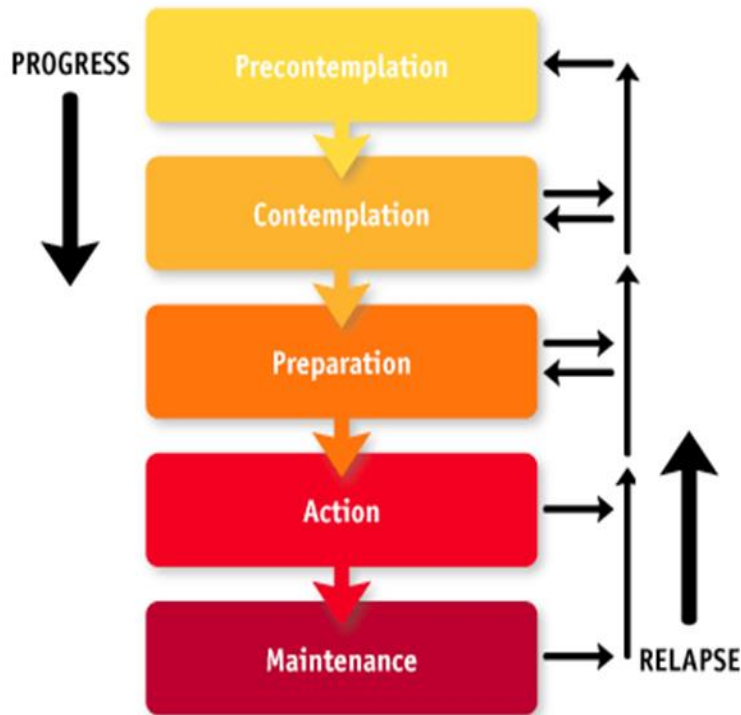
Dependence: **Withdrawal, Tolerance, Harm**

**Addiction** is memory of substance use – the dopamine reward





# ‘Transtheoretical Model of Change’; also known as ‘Stages of Change Model’



Prochaska J.O. and DiClemente C.C. (1982). Trans-theoretical therapy - toward a more integrative model of change. *Psychotherapy: Theory, Research and Practice* 19(3):276-288.

Prochaska, J. O., & DiClemente, C. C. (1983). **Stages and processes of self-change of smoking:** Toward an integrative model of change. *Journal of Consulting and Clinical Psychology*, 51, 390-395.



A **THEORY** (1.) to help you consider where a person is at with their substance use, so you can (2.) support them along the stages.





## Complex: What do we know about People that present to Emergency Departments?

### 2008 Aus study on people presenting to 9 Perth hospitals

-1 July 2000 to 31 December 2006.

- $n = 663,309$  individual patients.

- $n = 1\,583,924$  ED presentations

-98% of patients attended Perth EDs < x 5 a year.

-Patients presenting more frequently were more likely to be: male, middle-aged, self-referred, have mental and behavioural disorders and be alcohol intoxicated.

**-On average, 100 patients/year attend 20 or more times to ED with mental and behavioural disorders and alcohol intoxication not requiring hospital admission.**

Jelink, G.A., Jiwa, M., Gibson, N.P. & Lynch, AM. (2008). Frequent attenders at emergency departments: a linked-data population study of adult patients. *MJA*, 189(10),p.522-556

### 2016 Aus study on people presenting to New South Wales EDs

-  $n = 4\,188,283$  individual patients.

-  $n = 10\,798,797$  ED presentations.

- The proportion of frequent ( $n = 5212$ , [0.1%] individual patients) and very frequent representations ( $n = 1186$  [0.03%] individual patients).

**- Very frequent representations were characterised by a much higher proportion of mental health (17.3%) and drug and alcohol related presentations (7.3%).**

Dinh, M., Russell, S.B., Bein, K.J., Chalkley, D., Muscatello, D., Paoloni, R. & Ivers, R. (2016). Trends and characteristics of short-term and frequent representations to emergency departments: A population-based study from New South Wales, Australia. *Emergency Medicine Australasia*, 28, 307–312.





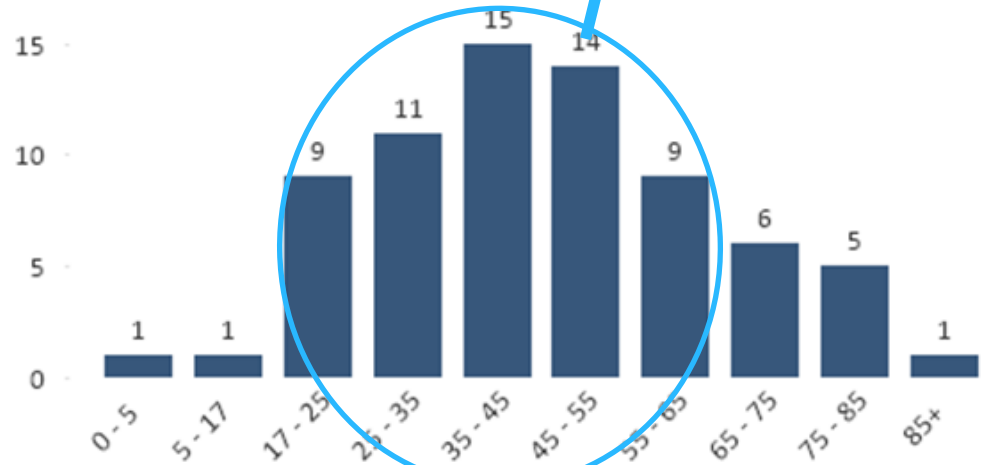
# Reasons and Age of people whom represent to Gold Coast Health Emergency Departments: >20 x Presentations within 12mths (2017-18)

## Primary Diagnoses For Frequent Presenters

Primary Diagnosis	Percentage	Count
DID NOT WAIT	12.0%	255
SUICIDAL IDEATION	5.8%	124
ALCOHOL INTOXICATION	4.4%	93
POSSIBLE CARDIAC CHEST...	4.1%	88
NON CARDIAC CHEST PAIN	3.3%	71
ABDO PAIN - LOCALISED ...	2.5%	54
MINOR HEAD INJURY	2.4%	51
ABDOMINAL PAIN - RECUR...	2.0%	43
ABDOMINAL PAIN RECURRE...	1.7%	37
CHRONIC AIRFLOW LIMITA...	1.6%	35

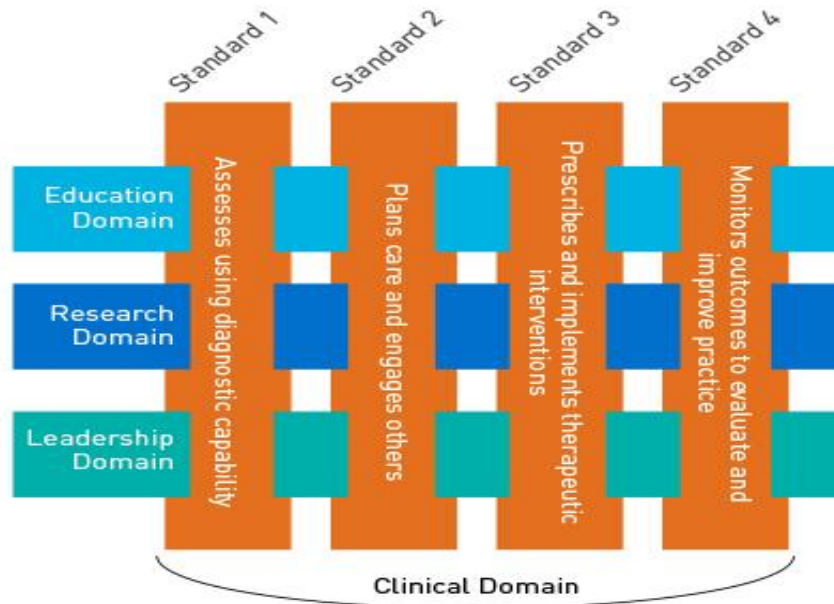
22% - 472 (93 Alcohol)  
- 58/72 betw 17-65yo

## Frequent Presenter Patients By Age





# Nurse Practitioner – Nurse Navigator AOD role: Considerations

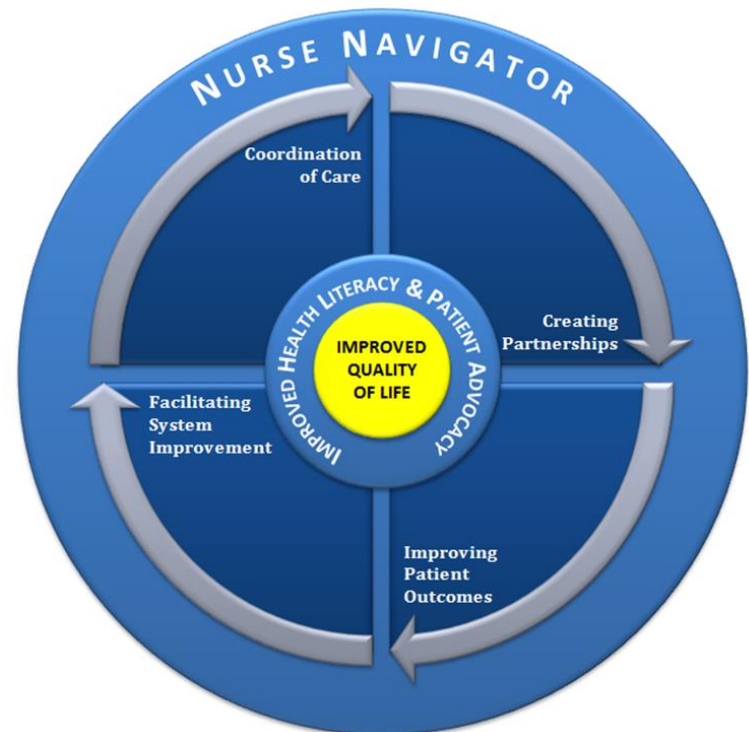


## 1. Nurse Practitioner Standards

Nursing and Midwifery Board of Australia (2014). Nurse practitioner standards for practice. NMBA,p1-7

## 2. Nurse Navigation key principles:

- A. Coordinating patient centred care
- B. Creating partnerships
- C. Improving patient outcomes
- D. Facilitating systems improvement

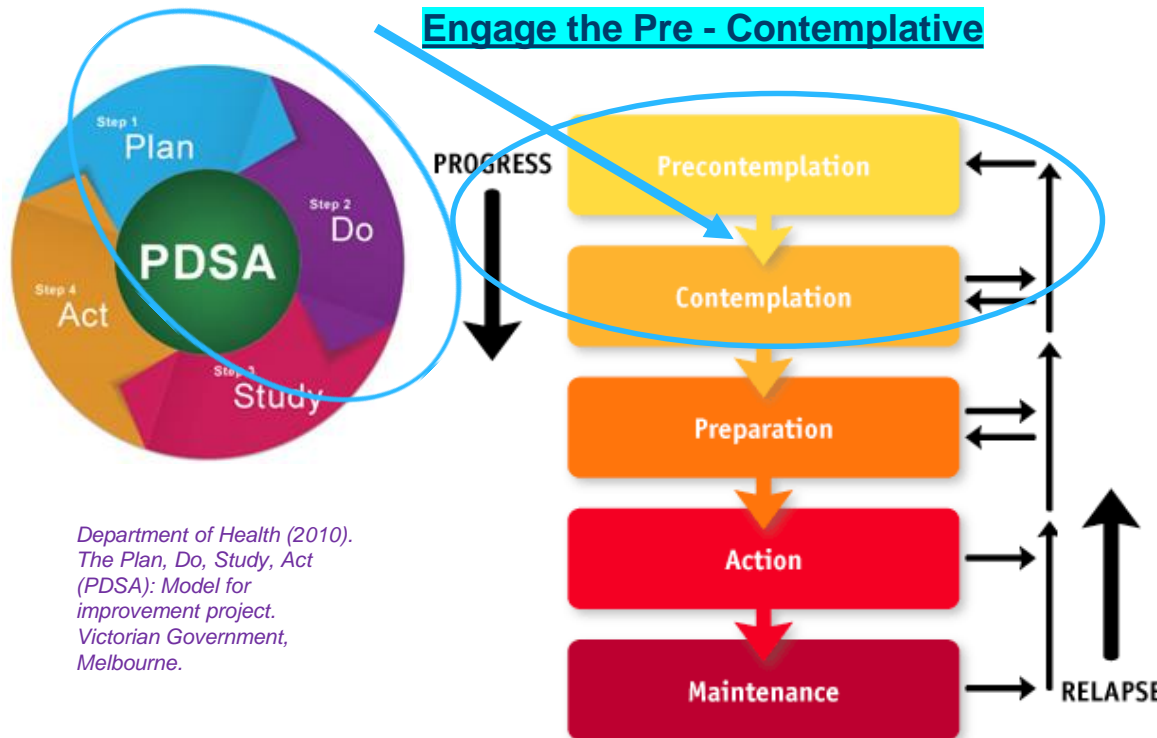




## Nurse Practitioner – Nurse Navigator AOD role considerations

3. **Local Health Service Scope of this role:** Focus on people frequently presenting to hospital within a context of problematic substance use: x 5 & > within 1/12 and/or x 10 & > within 12/12

4. **How the role will compliment existing AOD services:** Hospital and Community AODS services



Department of Health (2010).  
The Plan, Do, Study, Act  
(PDSA): Model for  
improvement project.  
Victorian Government,  
Melbourne.

### 4a) **'Assertive engagement'** in AOD care delivery

-Limited literature: Switzerland  
(2017) & England (2016)  
Demonstrated < ED presentations

Morandi, S., Silva, B., Golay, P. & Bonsack, C. (2017).  
Intensive case management for addiction to promote  
engagement with care of people with severe mental and  
substance use disorders: an observational study.  
Substance Abuse Treatment, Prevention, and Policy,  
12(26), p.1-10.

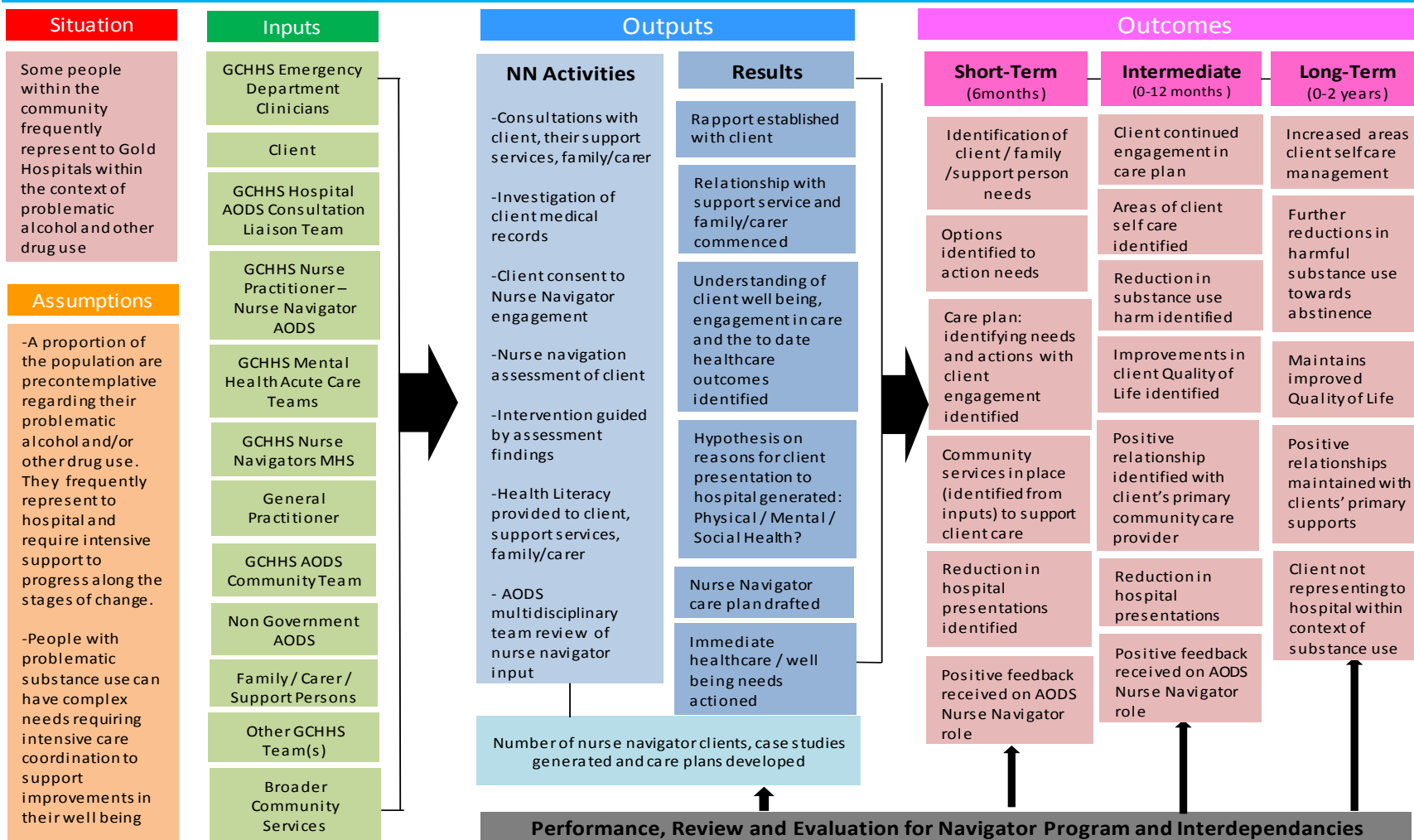
Drummond, C. Gilburd, H., Burns, T., et al. (2016). Assertive  
community treatment for people with alcohol dependence.  
Alcohol and Alcoholism., p1-8. DOI  
[:http://dx.doi.org/10.1093/alcalc/agw091](http://dx.doi.org/10.1093/alcalc/agw091)





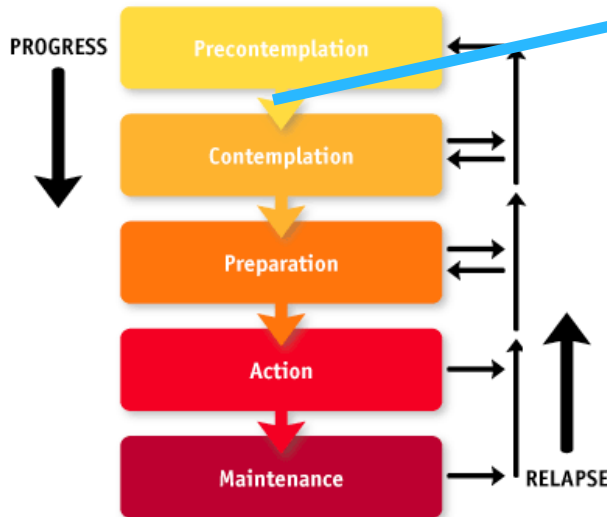
## Alcohol & Other Drug Service (AODS) Nurse Navigator Program Logic

**Aim:** To improve the health and well being of people that experience the harmful effects of alcohol and other drug use



# Nurse Practitioner – Nurse Navigator AOD

The aim is to improve the health and well being of people that experience the harmful effects of alcohol and other substance use



## Situation

Some people within the community frequently represent to Gold Hospitals within the context of problematic alcohol and other drug use

## Assumptions

-A proportion of the population are precontemplative regarding their problematic alcohol and/or other drug use. They frequently represent to hospital and require intensive support to progress along the stages of change.

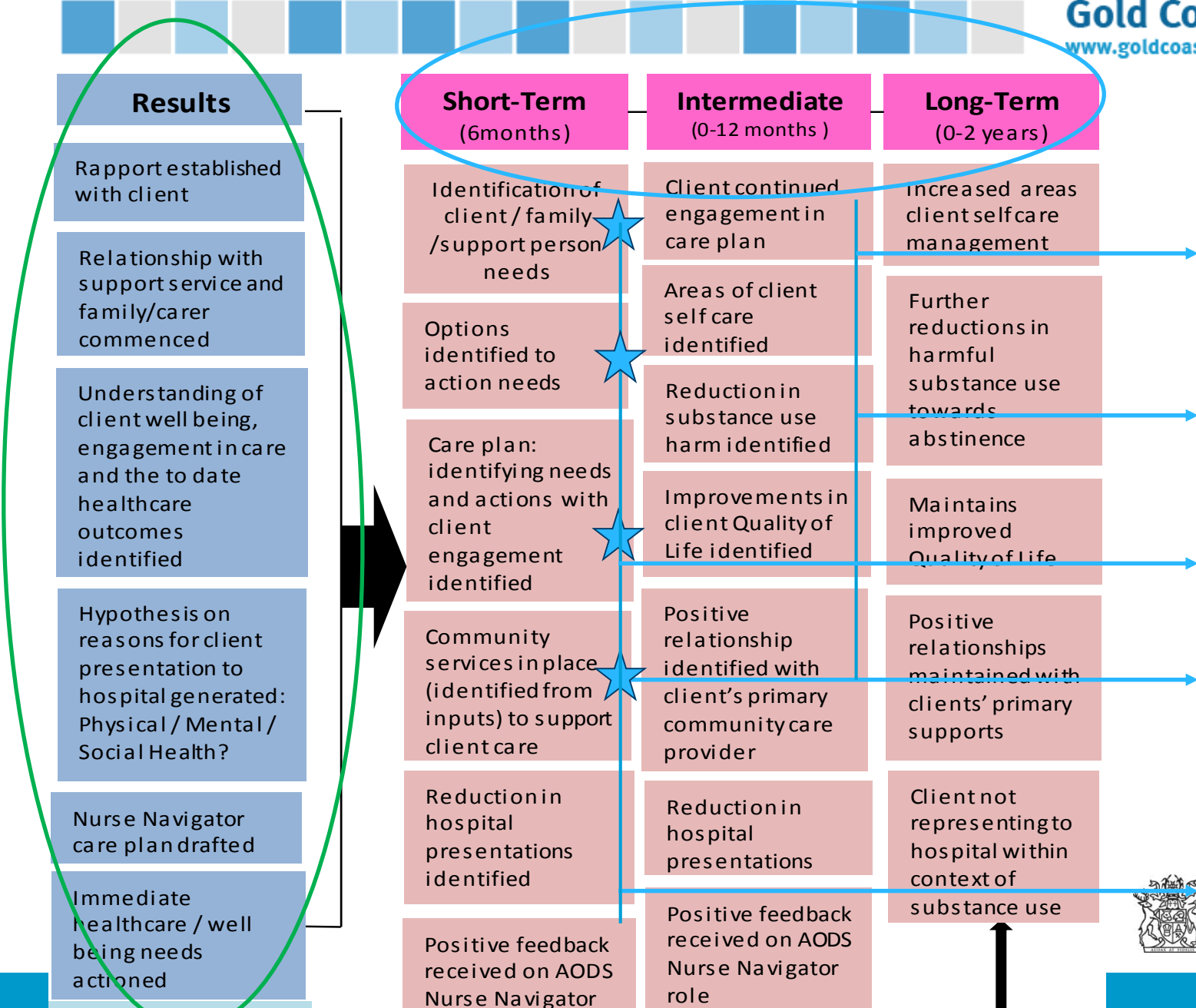
-People with problematic substance use can have complex needs requiring intensive care coordination to support improvements in their well being

## Inputs

- GCHHS Emergency Department Clinicians
- Client
- GCHHS Hospital AODS Consultation Liaison Team
- GCHHS Nurse Practitioner – Nurse Navigator AODS
- GCHHS Mental Health Acute Care Teams
- GCHHS Nurse Navigators MHS
- General Practitioner
- GCHHS AODS Community Team
- Non Government AODS
- Family/ Carer / Support Persons
- Other GCHHS Team(s)
- Broader Community Services

## Outcomes

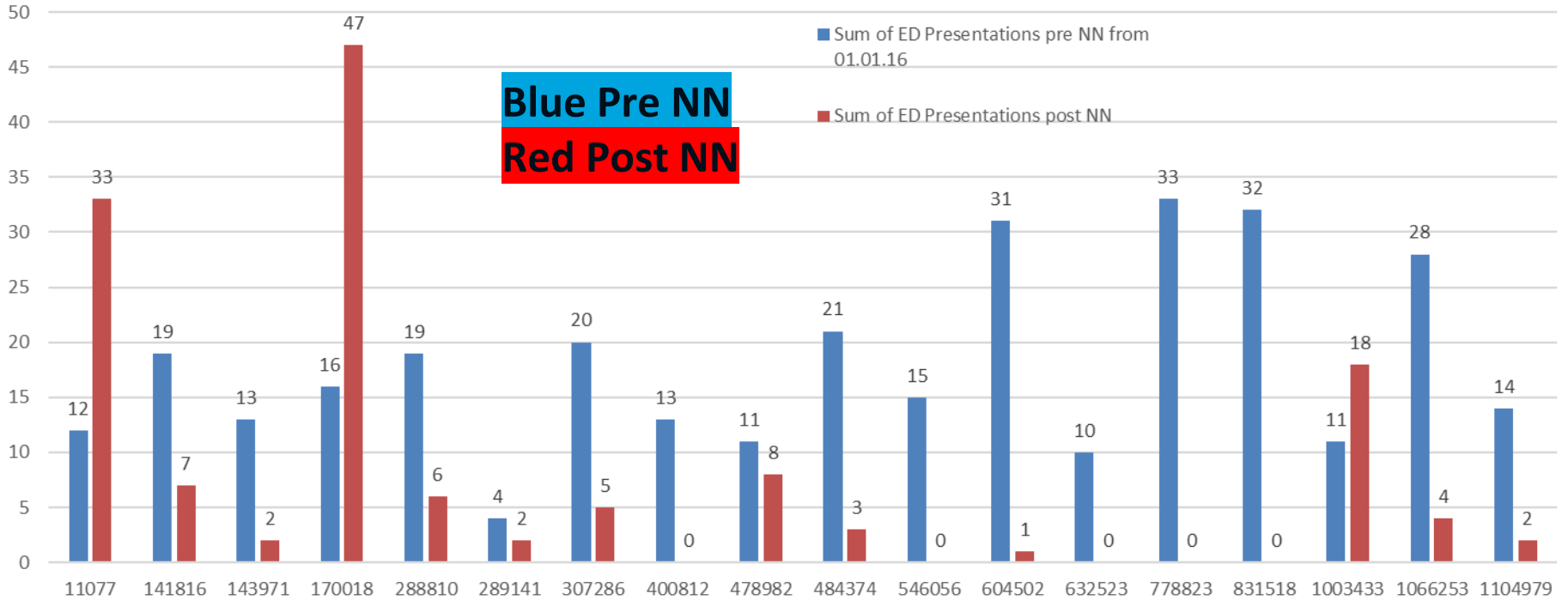
- ### NN Activities
- Consultations with client, their support services, family/carer
  - Investigation of client medical records
  - Client consent to Nurse Navigator engagement
  - Nurse navigation assessment of client
  - Intervention guided by assessment findings
  - Health Literacy provided to client, support services, family/carer
  - AODS multidisciplinary team review of nurse navigator input
- Number of nurse navigators generated and cared for
- ### Performance







## Hospital Presentations: Pre Navigation and Post Navigation



**Blue Pre NN**  
**Red Post NN**

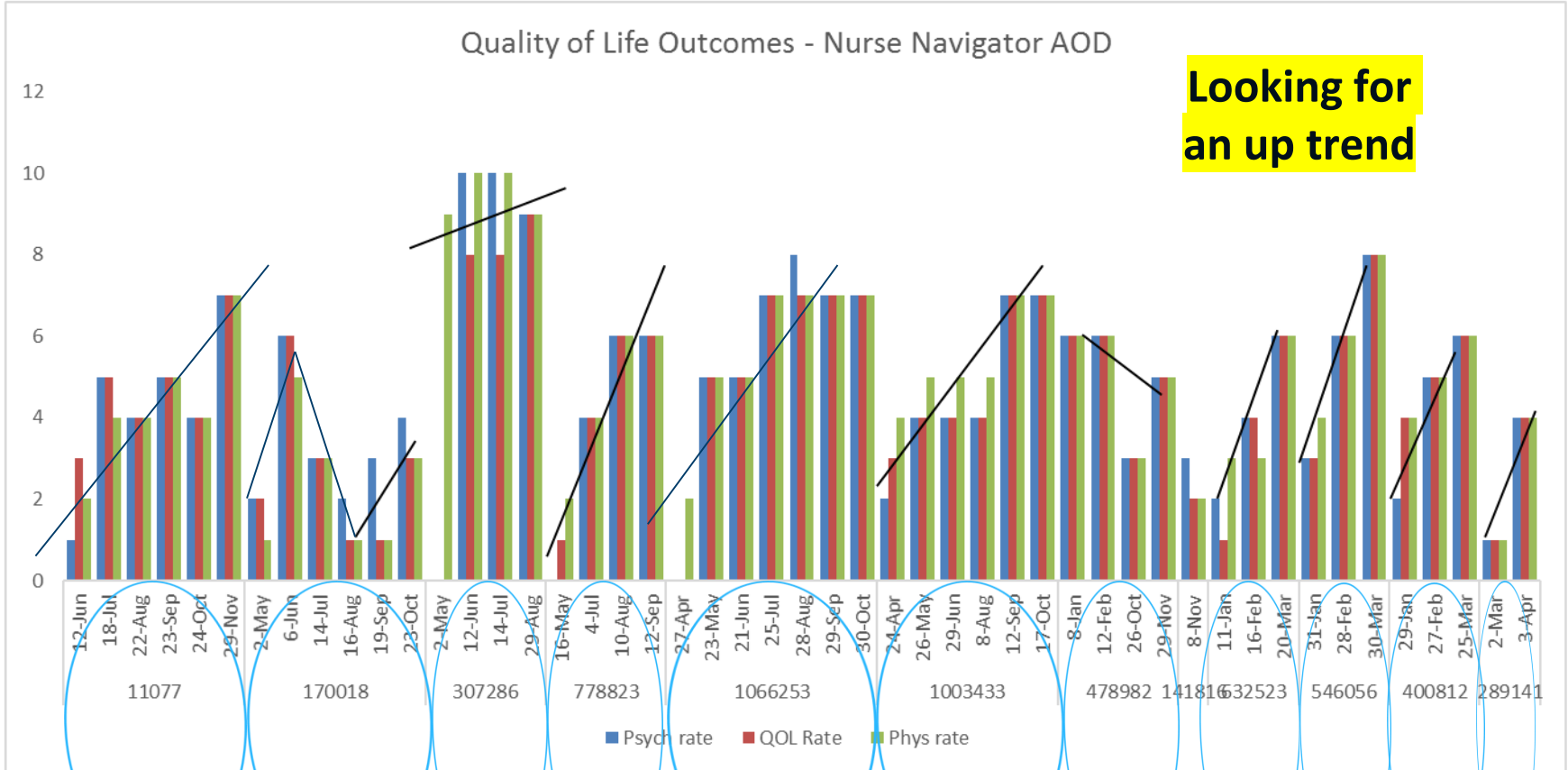
↑  
**Red Post NN**  
**greater**

↑  
**Red Post NN**  
**greater**  
  
Queensland  
Government



### Quality of Life Outcomes - Nurse Navigator AOD

**Looking for  
an up trend**



■ Psych rate    ■ QOL Rate    ■ Phys rate

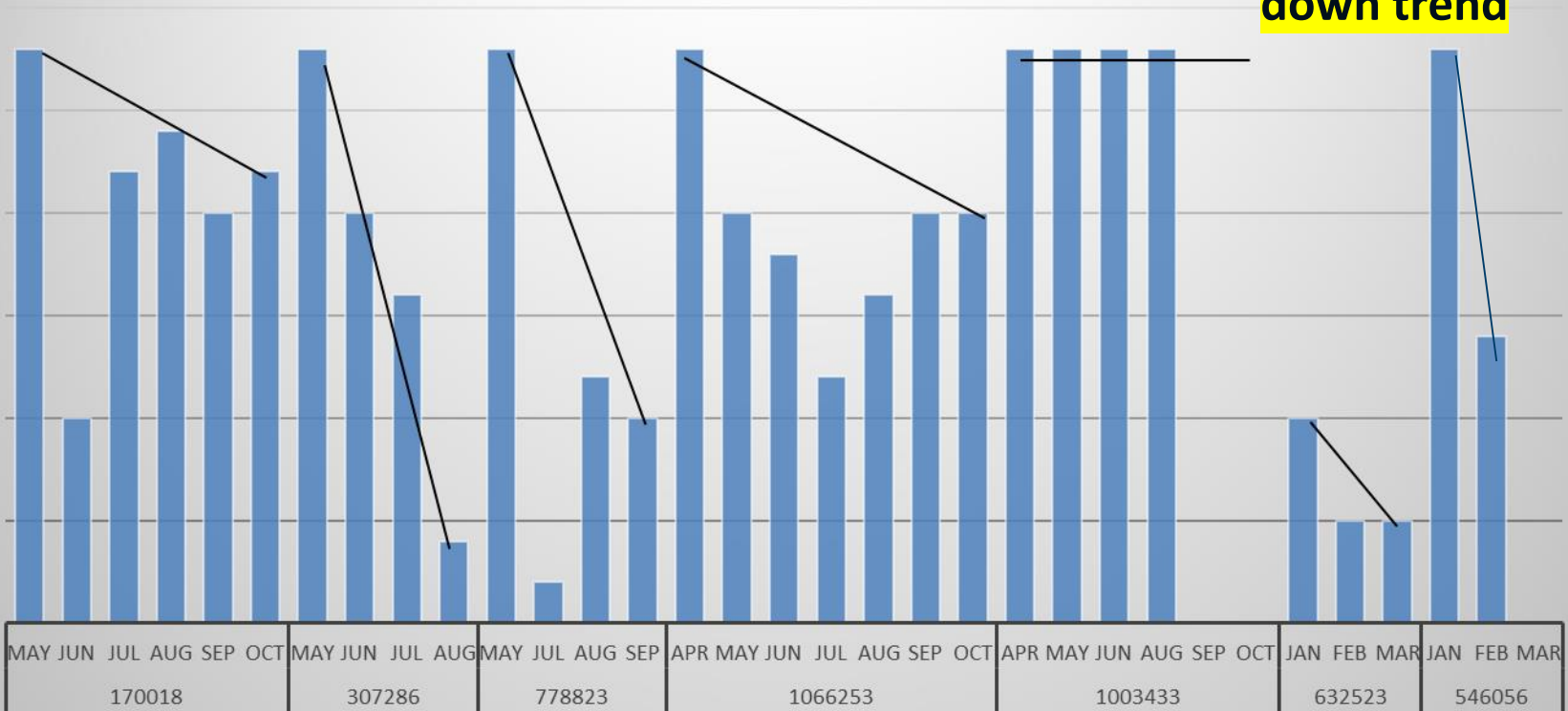




### Nurse Navigation AOD ATOPS Outcomes - Alcohol

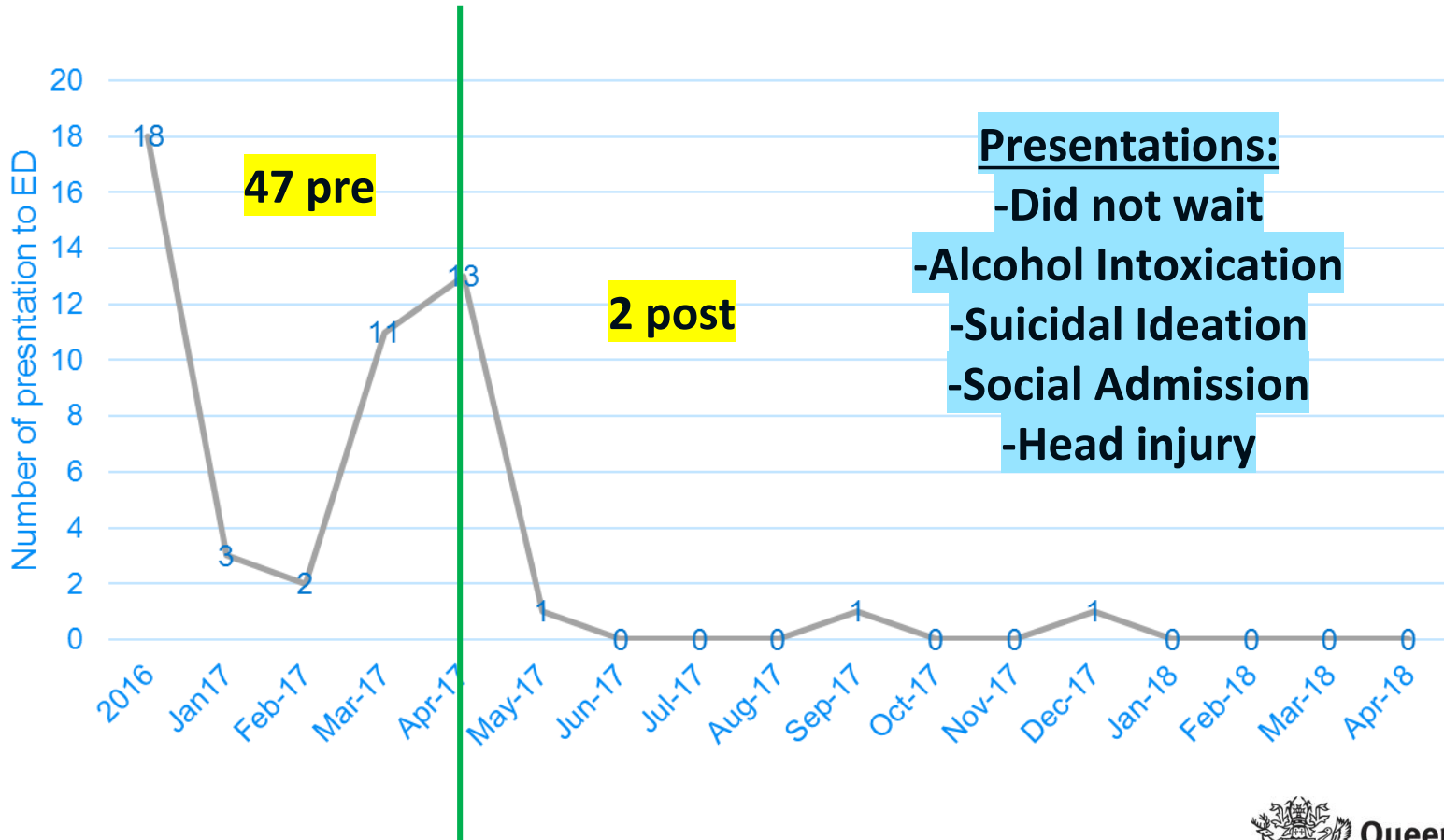
■ Total

**Looking for a down trend**



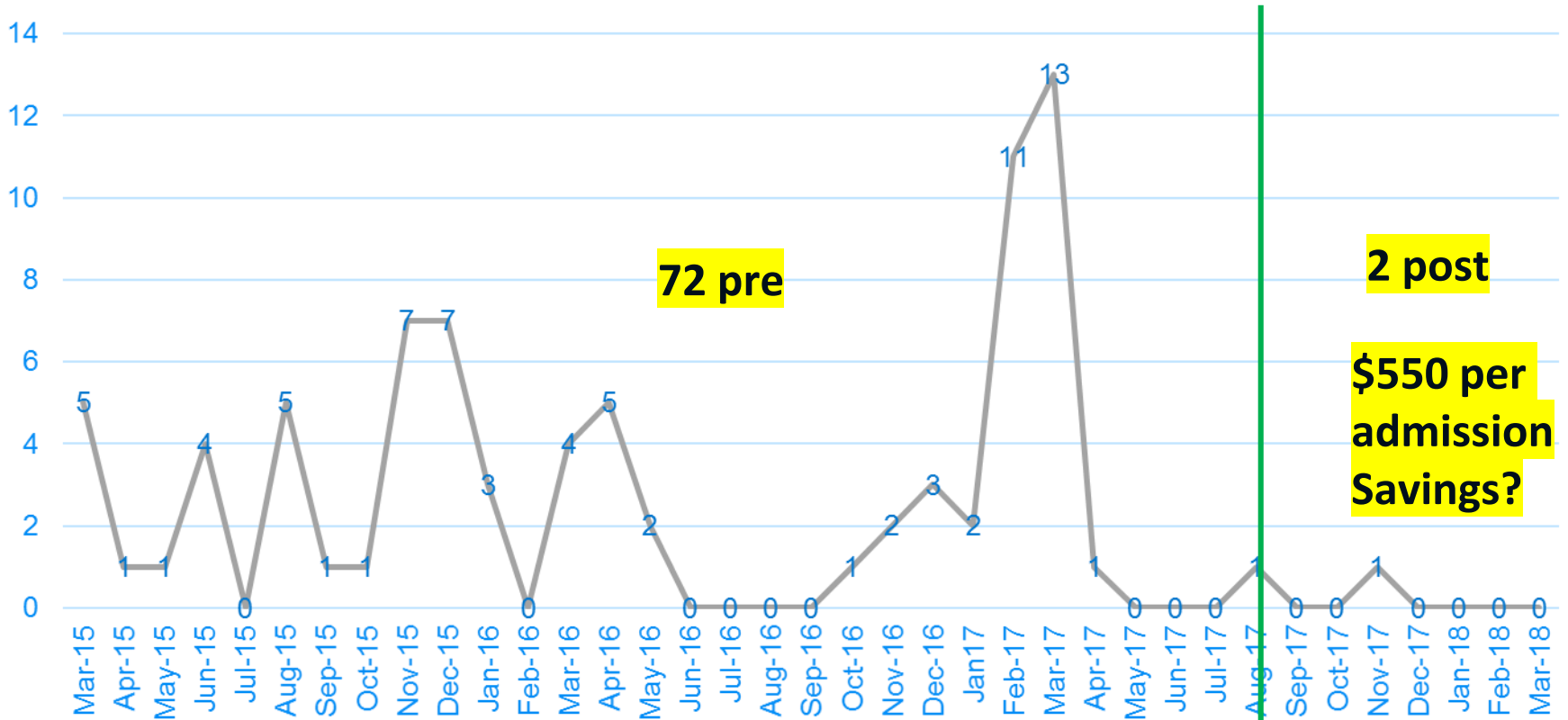


# ED Presentations: UR1066253





# 3 Year ED Presentations: UR1066253



**72 pre**

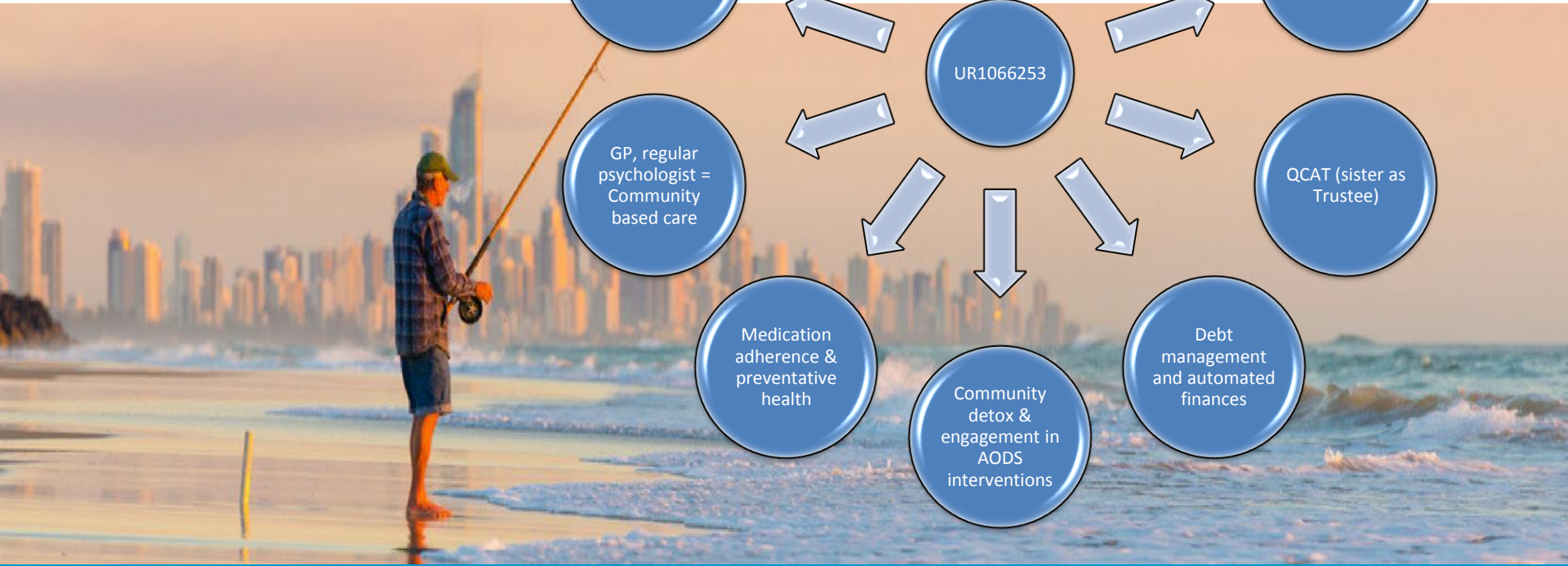
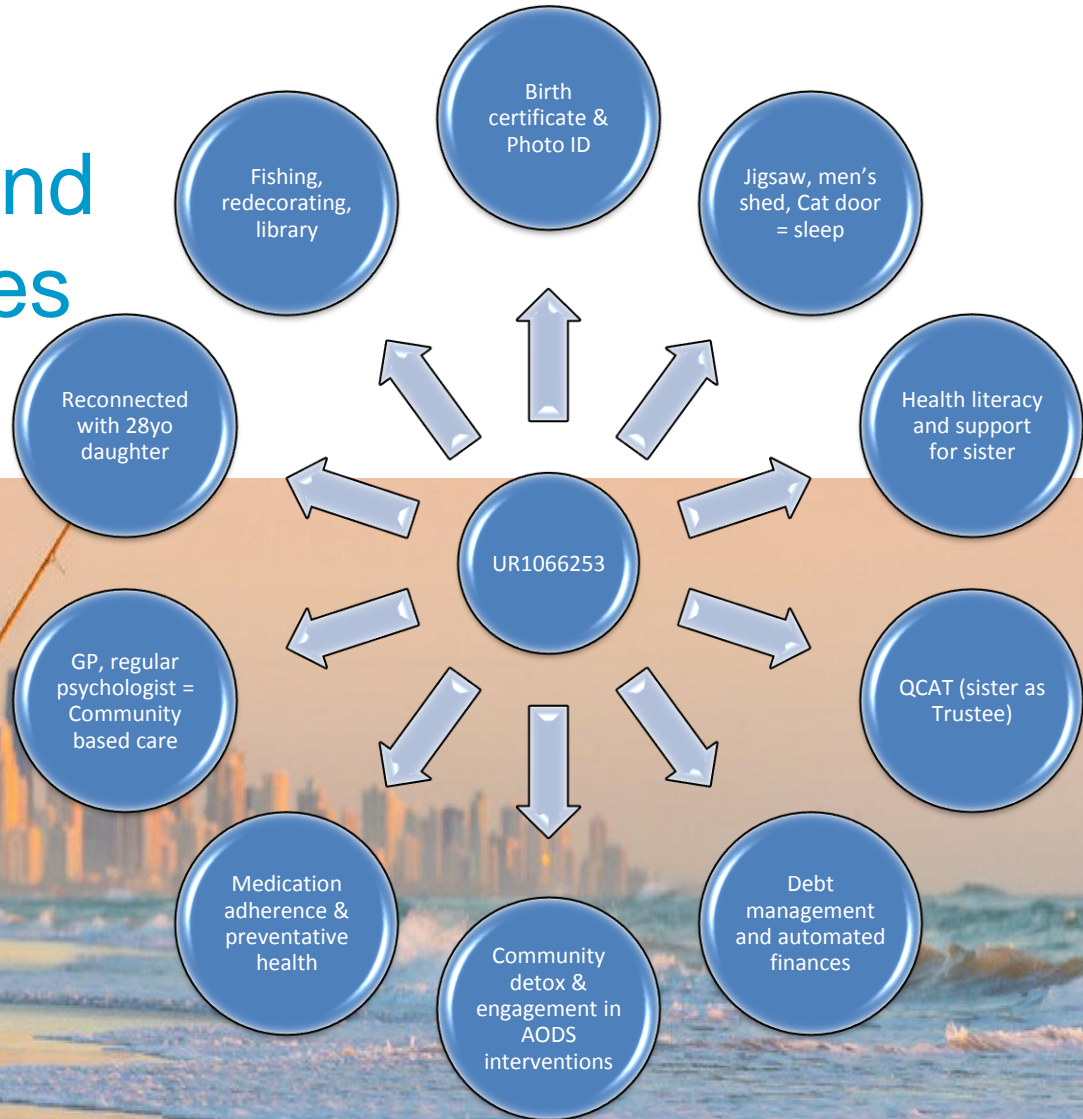
**2 post**

**\$550 per admission Savings?**

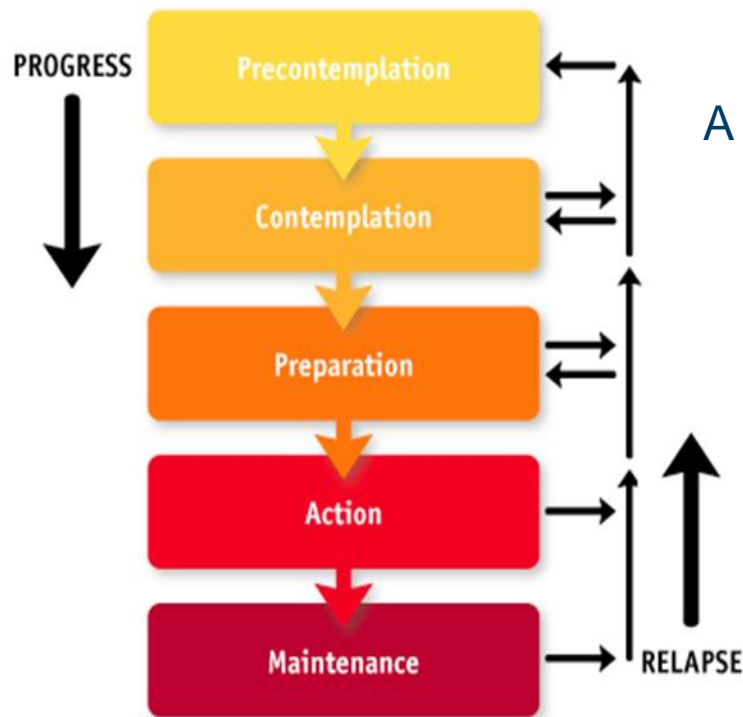




# Complex care Interventions and Client Outcomes

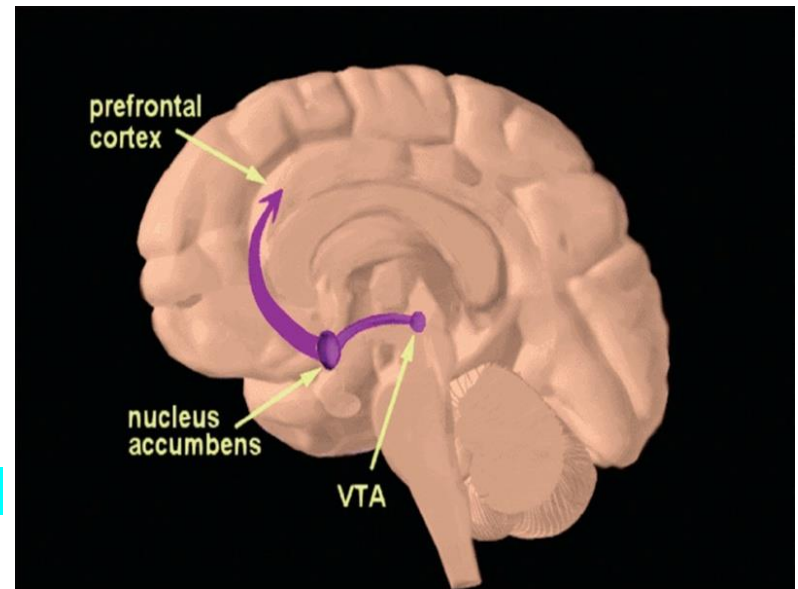


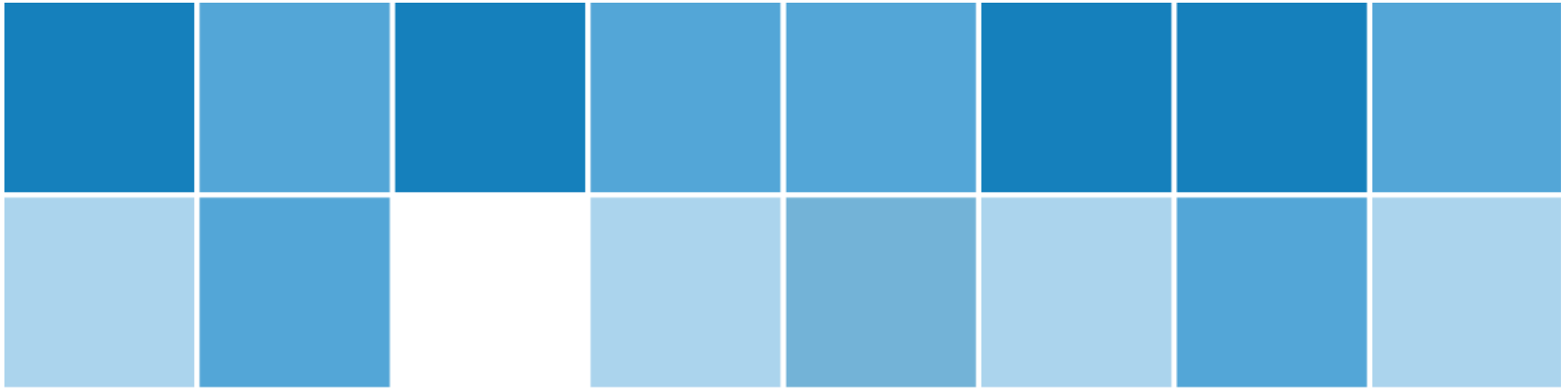
# How you can also Support People with Problematic Substance use and Complex needs



A **THEORY** (1.) where a person is at so you can (2.) support them along the stages.

**Addiction is memory of substance use – the dopamine reward**





**Thank you for your time**

Dr Warren Harlow  
Nurse Practitioner – Nurse Navigator  
Alcohol and Other Drugs Service  
Gold Coast Health  
Adjunct Associate Professor University of Canberra  
Email: [Warren.harlow@health.qld.gov.au](mailto:Warren.harlow@health.qld.gov.au)  
Ph:0418997762

**Gold Coast Health**  
[www.goldcoast.health.qld.gov.au](http://www.goldcoast.health.qld.gov.au)

