



## Intro/Graphic

### **SUD Needs Assessment: Qualtrics Survey**

The purpose of this needs assessment is to understand the current landscape in Washington hospitals in caring for patients who may be at-risk of an opioid overdose or other substance-related harm. The needs assessment aims to be inclusive of various types of facilities caring for patients who use drugs to understand regional, system, and resource challenges across the state.

This assessment is a component of the 2024 MQI Opioid Harm Reduction metric and will shape future S&Q programming.

For a more in-depth breakdown of this measure and the scoring methodology, please reference the [2024 MQI Measure Guidelines](#).

The survey will take approximately 10-15 minutes to complete and is broken down into five (5) sections:

Section 1: Hospital culture

Section 2: Screening and identification

Section 3: Overdose prevention

Section 4: Prescribing medications for opioid use disorder (MOUD) and other medications for addiction therapy (MAT)

Section 5: Treatment access, referrals, and community supports

**Please complete the survey by December 31st, 2024.**

Contact Brittany Weiner with any questions regarding survey content at [brittanyw@wsha.org](mailto:brittanyw@wsha.org)

or (206) 577-1822. If you have questions about how to use the survey instrument, please contact Celenia Lugo at [celenial@wsha.org](mailto:celenial@wsha.org) or (206)-577-1847.

Please select your hospital name:

Respondent Name:

Respondent Email:

## **Section 1**

### **Section 1: Hospital Culture**

1. Reducing opioid-related harm is a priority for many organizations at federal, state, and local levels. How is this priority addressed at your facility, with your executive team, and with your board?

2. Does your hospital operate an internal taskforce or workgroup for improving care for patients who use drugs, reducing overdose deaths in your community, and/or amplifying the urgency held by providers who champion the work?

- Yes
- No
- In Progress

What positions are included?

Do executive leaders participate?

- Yes
- No

## **Section 2**

### **Section 2: Screening and identification**

3. When entering your hospital, in what ways can patients be identified as being at-risk of an opioid overdose or other substance-related harm?

Please select all that apply:

- Using a paper screening tool completed by the patient
- Using an electronic screening tool completed by the patient (using an iPad or other electronic capture)
- Using an electronic screening tool completed verbally and entered by a healthcare professional
- Using information gathered during the health history and clinical interview
- Using a Best Practice Advisory (BPA) or other automated flag to identify risk based on specific diagnoses or presenting conditions
- No formal method of identifying patients at-risk of an opioid overdose or other substance-related harm

For hospitals using BPA or other automated flag, what triggers it? (e.g., diagnoses, presenting conditions, existing prescriptions)

4. What screening tool(s) are in use at your hospital to identify patients at-risk of an opioid overdose or other substance-related harm?

Please select all that apply:

- S2BI (Screening to Brief Intervention)
- BSTAD (Brief Screener for Alcohol, Tobacco, and other Drugs)
- ORT (Opioid Risk Tool)
- NIDA Quick Screen (National Institute on Drug Abuse screening tool)
- TAPS (Tobacco, Alcohol, Prescription medication, and other Substance use)
- DAST-10 (Drug Abuse Screen Test)
- DAST-20 (Drug Abuse Screen Test: Adolescent version)
- CRAFFT 2.1 (screening tool for adolescents)
- 5Ps (screening tool for pregnant patients)
- Other
- None

If "other" selected, please specify:

5. Does your hospital offer training to staff on standard screening and identification for patients at-risk of opioid overdose or other substance-related harm?

- Yes
- No

If yes, what frequency of training?

- Once at hire
- Annually
- Bi-annually
- Other

If "other" selected, please specify:

6. Does your hospital offer training to staff on the involuntary treatment process, including information about [Ricky's Law](#) (which established involuntary treatment for substance use disorders)?

- Yes
- No
- Not applicable – we do not have an emergency department

If yes, what frequency of training?

- Once at hire
- Annually
- Bi-annually
- Other

If "other" selected, please specify:



## Section 3

### Section 3: Overdose prevention

7. [2SSB 5195](#) requires all emergency departments and facilities with a BHA designation (freestanding psychiatric hospitals and inpatient behavioral health units) to distribute naloxone at discharge to anyone identified as being at-risk of an opioid overdose, opioid use disorder, or other adverse event related to opioid use.

Does your emergency department or BHA designated facility have a procedure in place to support compliance with naloxone distribution under 2SSB 5195?

- Yes
- No

8. What barriers has your hospital faced in fully implementing 2SSB 5195?

Please select all that apply:

- Executive leadership and/or board support

- Understanding of the expectations of the law
- Medication availability
- Identifying patients at-risk
- Staff comfort with process
- Provider comfort with process
- EHR challenges
- Training needs
- Data challenges
- Workflow challenges
- Other (If other is selected, please specify)
- No challenges – our implementation is fully operational and our data shows consistent success in identifying at-risk patients and offering them naloxone at discharge

If "other" selected, please specify:

9. Some hospitals in Washington host naloxone vending machines on their campus – does your hospital host an on-site naloxone vending machine?

- Yes
- No

If yes, where is it located and what external partners, if any, supported the acquisition or ongoing maintenance?



## Section 4

### **Section 4: Prescribing medications for opioid use disorder (MOUD) and other medications for addiction therapy (MAT)**

10. Medications for opioid use disorder (MOUD) and other medications for addiction therapy (MAT) are prescribed to patients with substance use disorders. Does your hospital currently prescribe these medications to patients in any of the following settings?

Please check all that apply:

- Emergency department
- BHA setting (inpatient BH unit or freestanding psychiatric hospital)
- Acute inpatient settings
- Outpatient clinics
- Other (If other is selected, please specify)
- None

If "other" selected, please specify:

11. Are hospital staff provided education on addiction treatment and stigma faced by people who use drugs?

- Yes
- No

If yes, what frequency of training?

- Once at hire
- Annually
- Bi-annually
- Ad-hoc
- Other

If "other" selected, please specify:

**Section 5**

## Section 5: Treatment access, referrals, and community supports

12. Does your hospital have peer navigators, peer support specialists, or other peer roles onsite?

- Yes
- No

If yes, how are those positions funded?

13. How are patients who are at-risk of opioid overdose or other drug-related harm connected to follow up visits for ongoing care at discharge?

Please select all that apply:

- Offered a list of resources for self-referral when the patient is ready
- Encouraged to call a scheduling line to self-refer prior to discharge (e.g., Washington Recovery HelpLine)
- Scheduled with a hospital clinic provider prior to discharge
- Scheduled with a community provider prior to discharge
- No current process for connecting to community resources

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