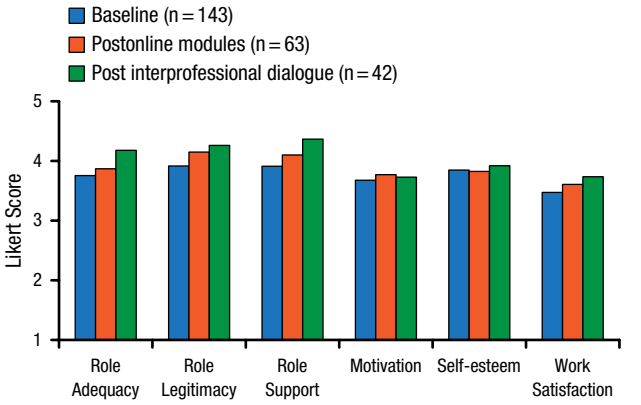
Guests also meet with a peer counselor for in-depth discussion of the nature of the crisis, and to help identify coping skills the guest can use to decrease distress. Ms Heyland emphasized that, due to their own experiences, peer counselors are uniquely positioned to offer support and empathy and to advocate for guests.

According to Ms Heyland, initial results of this program have been positive. In the 2014 fiscal year, of 262 total visits to The Living Room, guests were deflected from attending the ED on 258 visits (98.5% deflection rate), with an average decrease of 2.44 points on the subjective units of distress scale. Since the average cost of a visit to The Living Room is $269, compared with $2500 for a visit to the ED for a psychiatric reason, the 98.5% ED deflection rate represents an estimated savings of approximately $2231 per visit, for a total annual cost savings of > $575 000 to the State of Illinois. Importantly, guests who visit The Living Room are also receiving more appropriate psychiatric care, she concluded.

Figure 1. Alcohol and Alcohol Problems Perception Questionnaire Results



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Online Interprofessional Education and Practice for Health Care Professionals Improves Substance Use Treatment Capacity

Written by Nicola Parry

Kathryn R. Puskar, DrPH, RN, and Ann M. Mitchell, PhD, RN, University of Pittsburgh School of Nursing, Pittsburgh, Pennsylvania, USA, shared results from an online interprofessional project demonstrating the effectiveness of interprofessional collaborative practice (IPCP) and its impact on substance use health care in rural areas.

According to Dr Puskar, substance abuse represents an enormous public health problem, and its comorbidity with mental disorders is well recognized. Early screening by health care personnel has been associated with reductions in health care utilization and in criminal and other societal costs [Cuijpers P et al. *Addiction.* 2004; Wells-Parker E, Williams M. *J Stud Alcohol.* 2002; Gentilello LM et al. *Ann Surg.* 1999]. Nevertheless, she noted that many people need specialty treatment for substance abuse problems but do not receive it.

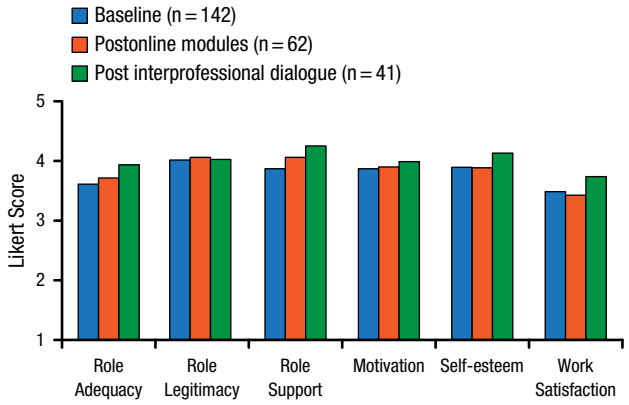
To address this issue in rural areas, Dr Puskar and colleagues aimed to create an easily accessible, 100% online education intervention for the health care workforce. They established a nurse-led interprofessional collaboration to enhance substance use treatment capacity in rural areas. This ongoing project aims to prepare all health professionals to collaborate, with the common goal of building a better, safer patient-centered and community- or population-oriented health care system in the United States. Its approach reemphasizes the importance of teamwork and communication within and among teams.

More than 230 rural providers are currently enrolled in the project. This involves public health professionals, nurses, and behavioral health professionals in a variety of community-based organizations, predominantly in Pennsylvania, Ohio, and West Virginia.

This interprofessional practice process comprises 7 steps, 1 of which involves online educational modules. Within 1 module, providers learn the reliable, evidence-based Screening, Brief Intervention, and Referral to Treatment (SBIRT) approach. The screening component comprises a short set of questions that can be used within a health visit to identify risky or hazardous substance abuse or dependence. Other modules cover issues such as the continuum of substance use, motivational interviewing strategies, and practicing IPCP. Providers also have access to online case study examples and interprofessional dialogue sessions. Pre- and posttest questionnaires are performed online to determine the effect of the education. These include the Alcohol and Alcohol Problems Perception Questionnaire (AAPPQ) and the Drug and Drug Problems Perception Questionnaire (DDPPQ) [Watson H et al. *Addiction.* 2007].

Dr Puskar shared data obtained to date, showing changes in the questionnaires' subscale scores from baseline to the postonline module and postinterprofessional dialogue steps. Significant ($P < .05$) score increases were seen in the subscales of role adequacy, role legitimacy, and role support in the AAPPQ (Figure 1) and role adequacy and role support in the DDPPQ (Figure 2).

Figure 2. Drug and Drug Problems Perception Questionnaire Results



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The Interdisciplinary Education Perception Scale [Luecht RM et al. *J Allied Health.* 1990], an IPCP questionnaire, was also used to measure providers' perceptions of the interprofessional collaborative project and its importance. According to Dr Puskar, changes in scores from baseline to postdialogue showed that providers' perceptions of competence and autonomy improved as a result of the collaborative practice project, as did their perceptions of actual cooperation and their understanding of the value of others.

The Readiness for Interprofessional Learning Scale [Reid R et al. *Medical Education.* 2006] was also used, focusing on providers' attitudes to interprofessional learning with respect to teamwork, professional identity, and patient centeredness. Although scores on this questionnaire also improved from baseline to postdialogue, Dr Puskar indicated that the increases were not statistically significant.

Interprofessional education and practice therefore represent an effective way to strengthen substance use treatment capacity in rural areas. In her concluding remarks, Dr Puskar encouraged nurses to improve interprofessional communication, communicate with clients using SBIRT, communicate with team members, and suggest referrals when necessary.

VA Facility Upgrades Continuity of Mental Health Care

Written by Rita Buckley

The beneficial effects of postdischarge follow-up after inpatient hospitalizations have been documented [Kan CK et al. *Soc Psychiatry Psychiatr Epidemiol.* 2007], as has increased recidivism from lack of such care after discharge [Llgen MA et al. *Psychiatr Serv.* 2008].

Using this literature for evidence-based research, Linda I. Kaplan, RN, MSN, and Danielle Battinelli-Weng, RN, BSN, Veterans Affairs New York Harbor Healthcare System (VA NYHHS), Manhattan Campus, New York, New York, USA, presented a poster on a system-wide postdischarge initiative to improve continuity of care.

The 7-day follow-up is a Veterans Health Affairs (VHA) Performance Measure. It involves either seeing patients face-to-face or having in-depth telephone contact with them within 7 days of discharge. VA NYHHS's goal is to ensure continuity of care from the 17 North (17 N) inpatient admission process to the outpatient mental-health setting. This is part of the unit's effort to facilitate engagement and help veterans with psychiatric diagnoses make a successful transition to ongoing treatment in a less restrictive environment.

The VHA benchmark of 75% assures that appropriate interventions can be initiated in a timely manner if veterans clinically deteriorate due to nonadherence to medications and/or their treatment plan, or if they become a danger to themselves or others.

To meet the requirements of the VHA Performance Measure and ensure access to care within 7 days, 17 N adopted a 5-step program. Nursing staff educate patients from admission to discharge on the importance of outpatient follow-up care and the need to return or be contacted within 7 days of discharge. They then ensure that each patient has an active telephone number and is informed that they will be receiving postdischarge phone calls. A new spreadsheet for tracking the initiative was developed and slated for review by staff every day. Social workers on the 17 N unit call patients the day after discharge; if a social worker cannot reach the patient by phone, the case is handed off to the nursing staff, who continue to make calls. Evaluation of compliance with both postdischarge face-to-face provider meetings and telephone contact with patients is tracked on an ongoing basis.

The new procedures, which are best practices at other VHA facilities, were implemented in 2012. By the following fiscal year, VA NYHHS (17 N) exceeded the