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Continuity of Care in Crisis Stabilization Centers

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,

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Abstract

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MSN, Walden University, 2017

BS, Wilmington University, 2014

Project Submitted in Partial Fulfillment

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Abstract

Crisis stabilization centers (CSCs) were designed to provide individuals with substance use disorders (SUDs), the treatment they needed to get well, manage their addiction, and prevent future abuse of their substance of choice. Realizing these objectives requires proper patient referrals and assessment of the patient's condition. The Tobacco, Alcohol, Prescription medication, and other Substance use (TAPS) assessment screening tool helps to provide critical health information about the patients that can help enhance continuity of care. The TAPS assessment tool included age, gender, substance use history, housing status, legal concerns, family support, employment status, education level, and medical and psychiatric status. The quality improvement project tracked the number of TAPS assessments that were completed on admission, how many referral resources were identified, and how many patients received continuity of care based on their TAPS assessment screening tool. A before / after model was applied to track the effect of TAPS on referrals for individuals with SUDs. The cascade of care model was selected to guide the project toward accomplishing project goals. Research indicated that the implementation of the TAPS assessment screening tool helped to increase referral resources, provided a connection to continuity of care. The data collected identified referral resources for the SUD patient. The percentage of pre-implementation outpatient referrals was 59%, and the percentage of post-implementation outpatient referrals was 72%, increasing outpatient referrals by 13%. A positive social change occurred as the practicum site stakeholders recommended to continue using the TAPS assessment screening tool as a segment in their new hire orientation process.

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Section 1: Nature of the Project

Introduction

Opioid use among young generations is increasing globally and is affecting the US healthcare system (Samuels et al., 2018). Overdose of opioids over a long period has dire health and social effects on the user and to society, respectively. At the critical stage of addiction, the victim has no control over the dosage and can hardly live without using opioids (Ganesh, 2020). The 2016 National Survey on Drug Use and Health Fund noted that of the approximate 19.9 million people who require treatment for a substance use disorder, only 2.1 million receive the addiction treatment they need (Hawk & D'Onfrio, 2018). Individuals who abuse drugs must be approached with patient-centered care, a method that maintains their self-respect and dignity. One of the screening tools to identify substance use is the Tobacco Alcohol, Prescription medication, and other Substance use (TAPS) tool. The TAPS assessment screening tool is a combined two-part screening and brief assessment developed for the substance use disorder patient (Gryczynski et al., 2017). Tobacco, alcohol, illicit drugs, and nonmedical prescription medication use is a major contributing factor to morbidity, mortality, and societal costs (Gryczynski et al., 2017). The TAPS screening tool identifies broad categories of substance use and can be used as a stand-alone triage assessment tool. The TAPS assessment offers an opportunity to identify substance use and other related problems, which provides a conversation to and opportunity for interventions to link patients with continuity of care during discharge planning. Crisis stabilization centers provide patient-centered care, with a focus on immediate access to mental health care and substance use, such as emergency withdrawal

management. There is a need to assess the crisis stabilization center's effectiveness on continuity of care during discharge.

The purpose of this quality improvement project was to evaluate how crisis stabilization centers promote and provide linkage for continuity of care on discharge. The implementation of the doctoral project provided positive social change for crisis stabilization centers, and clinicians, and patients, by providing continuity of care in the practice site (see Samuels et al., 2018). Implementing the doctoral project provides social change as the patient with substance use disorders have the appropriate patient-centered withdrawal management, with an extension of continuity of care. Examining these changes in a local context could provide a model that might be implemented more widely. Section 1 presents the problem statement, purpose statement, nature of the doctoral project, and significance.

Problem Statement

Local Nursing Practice Problem

The local nursing practice issue was the lack of continuity of care for individuals affected with substance use disorders. Continuity of care is a critical component in maintaining compliance with the patient's plan of care and results in a better standard of care (Sudhakar-Krishnan & Rudolf, 2006). However, there measurements are lacking in current referral resources and services extended with continuity of care across the industry (Balfour et al., 2016).

The concept of drug addiction treatment changed in the 1970s when crisis stabilization centers (CSCs) opened in the Northeast. Before the opening of CSCs, those who struggled with drug or alcohol addiction were detoxicated in the emergency room, hospital, or jail. Upon discharge, the continuation of care was neglected, leading patients to relapse in their sobriety. The lower socioeconomic status is prominent in Northeast United States, leading citizens to indulge in an unhealthy activity such as addiction and crime (Vuille et al., 2018). Most of the patients, from an inner-city located in the Northeast United States, present to the CSC practice site with no family support, and no health insurance.

The Local Relevance

The local relevance for this project was the need to address the issue of the referral resources for the linkage of continuity of care for individuals with substance use disorder. Obtaining an appropriate assessment helps facilitate the connection with resources such as mental health, medical, social services, dental, and employment, to help maintain their sobriety. Using the TAPS screening tool assisted in collecting information about patients, thus, enhancing the delivery of care. The information obtained from the assessment process includes supplementary information on patients' employment status, marital status, educational level, race, age, most extended sobriety, legal issues, motivation to obtain and sustain sobriety, past medical and past psychiatric history (Vuille et al., 2018). The evidence-based practice recommendation is access to the patient's information that would help in addressing the opioid use disorder thorough assessment of family issues and cultural factors that could be associated with the health

problem (Bohnert et al., 2016). Undertaking a TAPS assessment provides a social status of the patient's life and evidence on the critical risk factors of alcohol/drug use readiness.

Significance for the Field of Nursing

The doctoral project was essential because it enhanced and illustrated how the nursing practice impacts patient referral resources for continuity of care. Nurses at the CSC have a significant role to play in the care of victims of opioid addiction (Ganesh, 2020). Nurses are focusing on reducing the intensity of opioid dependence by creating useful resources that outline best practices in nursing, identify alternative forms of pain management, and create connections and reconnection with healthcare maintenance.

This quality improvement project could significantly impact society by enhancing the efficiency of drug addiction management for medical practitioners and healthcare organizations. Achieving continuity of care has a pivotal role in nursing practice to ensure that referral resources are process base on the best practice guidelines, including evidence-based recommendations for appropriate referrals and resources improving continuity of care. Continuity of care is an essential component of well-functioning healthcare systems.

Purpose Statement

The purpose of this quality improvement initiative was to provide an evidence base that will guide future practice regarding how nurses can link within critical rehabilitation centers and establish the best techniques for continuously attending to the needs of individuals with adverse experiences of mental health crisis. More specifically,

the purpose of the project was to apply a before / after model to track the effect of TAPS on referrals for individuals with SUDs.

This enables the nurses to easily identify an individual in crisis and link with the other professionals to approve the transfer of a patient to the correct resources and services. For instance, in a situation where a patient describes a critical mental condition caused by drug addiction, the nurse team should be able to link with the emergency respondents and other significant professionals. The nurses can then meet with the crisis response team and establish a plan to work together and resolve the situation.

Gap in Practice

The gap in practice was that the crisis stabilization team at the practice site was not consistent with providing optimum referral resources to patients with a substance use disorder for continuity of care to address other healthcare needs. At the CSC, the staff were not appropriately triaging patients for their health needs assessment, as evaluated by the TAPS assessment screening tool. The data from patients' TAPS assessment were not collected effectively to ensure appropriate referral resources to aid in the linkage for continuity of care. In this process, it is important to note that assessment, such as the assessment utilized in TAPS, is itself an important precursor to matching individuals with SUDs to referrals. The absence of a formal assessment tool and process means that personnel with continuity-of-care responsibilities might lack the urgency, institutional pressure, or appropriate evidence to make referrals to individuals with SUDs. This situation appears to have been the case at CSC.

Referral resources process is critical in today's healthcare arena, where patients have experienced a negative stigma of care from their substance use disorder. The CSC staff can inform patients about referral resources. This quality improvement project addressed the needs of the patient as it relates to their TAP assessment to provide patients with the continuation of care. Identifying and addressing the patient's holistic wellbeing is key to maintaining sobriety in individuals with a substance use disorder. The purpose of this quality improvement project was to evaluate how CSCs promote and provide linkage for continuity of care on discharge.

Practice-Focused Question

The practice-focused question was: Will implementation of the TAPS assessment screening tool on admission for patients with substance use disorders increase the number of referral resources for linkage to the continuity of care? The program logic inherent in this question is that the use of TAPS will increase the matching of individuals with SUDs to appropriate referral sources. Thus, the purpose of the quality improvement project was to determine if the implementation of the TAPS screening assessment tool enhanced the individual referral for resources and needs for continuity of care. Therefore, the use of the TAPS assessment screening tool helped in screening and evaluating the need for these individuals to access better care. Currently, patients with substance abuse issues are only able to access a limited range of services and fail to get full coverage by insurance. Evidence-based practice (EBP) recommends access to the patient's information that would help in addressing substance use disorder through assessment of family issues and cultural factors that could be associated with the health problem (Bohnert et al., 2016).

Data collected using EBP rendering of the TAP assessment justifies the importance of identifying the practice problem to the nursing professionals because it helps clinicians to recommend the appropriate treatment interventions for opioid use disorder, thereby supporting patients to lead a normal life in the future (Ryan et al., 2016; McRae, 2019).

How the Doctoral Project Address the Gap-in-Practice

The doctoral project addressed the gap as it related to the patients who were not receiving the referrals resources as recommended because the clinicians were not properly utilizing the TAPS assessment screening tool. Clinicians may identify and manage current gaps in their practice by re-establishing the linkage of healthcare services to provide continuity of patient care (Schaefer et al., 2005). However, introducing a new development plan and process related to the use of the TAPS assessment screening tool addressed the generalized lack of evidence-based knowledge clinicians had about the connection of continuity of care for the substance use disorder patient. Some risks arise when a patient's complete treatment and the healthcare system overlooks the provision of providing a connection for continuity of care, such as outpatient counseling, substance use disorders meetings, and support groups.

Nature of the Doctoral Project

Sources of Evidence

The project identified linkage to continuity of care based on referral resources from the TAPS assessment screening tool, completed on admission for the patient with a substance use disorder. The literature search to support the question was conducted by

using the databases of CINAHL, MEDLINE, Google Scholar, and PubMed. The search terms included *gaps in continuity of care*, *referral resources*, *opioid use disorder*, *treatment*, and *stabilization crisis centers*. The year search consisted of 2005-2021, and the Boolean terms consisted of AND, OR, and NOT. A before-after approach was utilized in this DNP project to allow for evaluation of data pre- and post-implementation of the TAPS assessment screening tool. In essence, the literature identified for this project suggested that individuals with SUDs need to be regularly assessed—using structured approaches such as TAPS—in order to increase the likelihood that appropriate personnel will connect individuals with SUDs to the referrals they need for the provision of care and improved outcomes. The focus of the project was therefore suggested by the literature.

Data relating to the identification of patients' needs was collected on the TAPS assessment screening tool, such as substance use history, patient's readiness, housing legal concerns, family support, employment status, education level, and medical and psychiatric status.

The data collection process consisted of the six dimensions of clinical information, including completion of the TAPS assessment screening tool, patient identified needs, patient readiness, system quality, information quality, user satisfaction, individual impact, and organizational impact.

The de-identified retrospective data included age, gender, the number of patients who have received a continuum of care based on their TAPS assessment screening tool,

and referral resources identified in their treatment goals. TAPS data was provided by the clinicians taking the assessment from the patients and stored in an Excel spreadsheet for calculations. The Excel spreadsheet was stored on a protected drive, where the assigned team members would only have access to retrieve information and input data. The intake coordinator collected data from the electronic health record and generated a weekly report consisting of the number of TAPS assessments that were completed on admission, how many referral resources were identified, and how many patients received continuity of care based on their TAPS assessment screening tool. The information collected was used to determine how many patients received referral resources for the continuum of care.

The prospective data included age, gender, the number of patients who have received continuum of care based on their TAPS assessment screening tool and referral resources identified in their treatment goals. The prospective data was collected from the electronic health records, pharmacy records, and assessment tool. The data collected by the clinicians in charge of the patient in the continuity care program and was recorded in an Excel spreadsheet. The spreadsheet was stored in a protected drive that was only retrieved by the project team members for analysis. The data provided information about the provision of the services for the patient, recovery rate, and medications that the patient had undergone under the continuity care provision.

Concise Statement

The project determined referral resources for the linkage of continuity of care for the substance use disorder patient after utilization of the TAPS assessment screening tool. Establishing referral resources and linkage to the continuity of care improves patient outcomes. Using TAPS in substance use screening facilitates nursing professionals to obtain adequate information about the patients, thus enhancing the delivery of care. The information obtained from the assessment process included supplementary information on patients' employment status, marital status, educational level, race, age, longest sobriety, legal issues, motivation to obtain and sustain sobriety, and past medical and psychiatric history (Vuille et al., 2018). EBP recommends access to the patient's information that would help in addressing opioid use disorder by assessing family issues and cultural factors that could be associated with the health problem (Bohnert et al., 2016). Undertaking a TAPS assessment provides a social status of the patient's life and evidence on the critical risk factors of Alcohol/Drug use readiness. Data collected using EBP rendering of the TAPS assessment justifies the importance of identifying the practice problem to the nursing professionals because it helps nurses to recommend the appropriate treatment interventions for opioid use disorder, thereby supporting patients to lead a normal life in the future (Ryan et al., 2016). The setting of the doctoral project was a stabilization center located in a major city in the Northeast United States, which serves patients of all ages, varying economic status, and classes.

Significance

Stakeholders

The increase in opioid addiction care appointment attendance affected several stakeholders. The key stakeholders in the DNP project were the clinicians, insurance companies, and substance use disorder patients. The clinicians have the capabilities to identify related healthcare issues, providing the patients with an individualized plan of care for continuity of care for referral resources. The patient who has substance use dependency can be reassured of having appropriate referral resources for linkage to the continuity of care, without negative stigma. Enhancing access to treatment and providing referral resources for continuity of care for substance use disorder is essential (Kansagra & Cohen, 2018). Healthcare funding companies provide information on health services utilizing the burden and community need, enforcing positive impacts on healthcare policies and treatment protocols.

Potential Contributions to Nursing Practice

The contribution of this doctoral project to nursing practice was the establishment of referral resources for linkage to the continuity of care, as it relates to the triage process in crisis stabilization centers. The doctoral project contributed to nursing practice by streamlining the admission assessment process, which provided patients with an individual plan of care based on his/her needs assessment for referral resources for continuity of care. Enhancing the access to treatment and providing a connection with continuity of care for substance use disorder patients is a major factor in maintaining sobriety (Kansagra & Cohen, 2018).

Potential Transferability of the Doctoral Project to Similar Practice Areas

The linkage to the continuity care can validate the transferability of this doctoral project to referral resources for continuity of care shared by the clinicians, providers, and patients of substance use disorders. The quality improvement development project is useful to health care employees, substance use disorder patients, staff in crisis stabilization centers, practitioners in emergency departments, and staff and patients in other healthcare organizations. Emergency departments can benefit from the utilization of the project data by implementing assessment processes geared to the substance use disorder client during their triage process. The continuity care process provided a focus on the patient's needs, and offered referral resources for linkage to continuity care, alleviating an influx of nonemergent patients from entering the emergency department. The project allowed the emergency departments to focus on the throughput of a client with higher acuity. Substance use disorder patients benefitted and enjoyed having linkage to referral resources for continuity care in their familiar surroundings and hometown environment. Connecting patients with other referral resources provided reassurances in their healthcare needs. Continuity of care is associated with various medical disciplines with preventive medicine, general health, maternity and child health, mental and psychosocial health, chronic diseases, and costs of care.

Potential Implications for Positive Social Change

Social change is a favorable implication of the work of the doctoral project, placing quality standards and processes for the clinicians, stakeholders, substance use disorder patients, and the community served by CSCs. The US Department of Health and

Human Services (2016) noted that substance abuse is perceived to be a social and criminal problem; thus, prevention services are often not included in health care systems.

Consequently, substance abuse patients are only able to access a limited range of services and fail to receive full coverage by insurance. Following the establishment of CSCs, substance use disorder/opioid abuse/overdose client were more likely to consider seeking treatment (Saxon et al., 2018). The centers also enable the integration of services that individuals with substance abuse disorders require. The US Department of Health and Human Services (2016) advocated for effective integration of services, including recovery, treatment, and prevention in the different health care systems to help manage substance abuse/overdose patients. CSCs adopt approaches that consider continued care issues from a scientific view and offer an approach that will promote social change in handling opioid addiction (Saxon et al., 2018). Saloner (2018) reported that the need to provide better facilities of care compelled states to develop CSCs. Such centers are locations that offer individuals facilities where they can obtain medical care as well as supervision following the aftermath of an overdose.

Summary

The local nursing practice issue was the lack of continuity of care for individuals who suffer from substance use disorders. The project aimed to identify linkage to continuity of care based on referral resources from the TAPS assessment screening tool, completed on admission for the patient with substance use disorders. The doctoral project addressed the gap related to the patients who were not receiving the referral resources as

recommended because the clinicians were not adequately utilizing the TAPS assessment screening tool. The practice-focused question was: Will implementation of the TAPS assessment screening tool on admission for patients with substance use disorders increase the number of referral resources for linkage to the continuity of care. The quality improvement project's significance enabled the CSC to provide the linkage of continuity of care, based on the referral resources from the patients' TAPS assessment screening tool.

The project involved collecting data from the TAPS assessment screening tool as the primary source of evidence to determine the number of attendance and the patient who has access to continuity care resources in each month. The literature search to support the doctoral project question was conducted by using the databases of CINAHL, MEDLINE, Google Scholar, and PubMed. The key stakeholders in the DNP project are the clinicians, insurance companies, and substance use disorder patients. The contribution of the doctoral project to nursing practice established referral resources for linkage to the continuity of care, as it relates to the triage process in crisis stabilization centers.

The evidence was analyzed to determine the impact of TAPS assessment screening tool on admission for patients with substance use disorder to increase the number of referral resources for linkage to the continuity of care. Social change is a favorable implication of the work of the doctoral project, placing quality standards and methods for the clinicians, stakeholders, substance use disorder patients, and the community served by CSCs. This ensured a linkage to the continuity of care by setting a

precedent on the journey to recovery, allowing them to be productive members of society. Section 2 discussed the context, concepts, models, and theories related to my doctoral informational project. Further, I explain my informational DNP project relevance to nursing practice, local background, and my role as a DNP student.

Section 2: Background and Context

Introduction

Continuity of care is a significant part of maintaining compliance with the treatment plan of patients diagnosed with substance use disorders. However, the local nursing practice of the CSC lacked the linkage for continuity of care for individuals affected with substance use disorders. The practice-focused question was: Will implementation of the TAPS assessment screening tool on admission for patients with substance use disorders increase the number of referral resources for linkage to the continuity of care. The purpose of the quality improvement project was to determine if the implementation of the TAPS screening assessment tool enhanced the individual referral and resources needs for continuity of care. The current gap in practice was that the crisis stabilization team had not been consistent in providing referral resources to patients with a substance use disorder for continuity of care to address other healthcare needs. In Section 2, I explain the model used in this project, relevance to nursing practice, historical background, the role of the DNP student, and the role of the project team.

Concept, Models, and Theories

The Cascade of Care Model

The problem of substance abuse continues to be a major social problem in the United States of America, as evidenced by the high rate of mortality associated with substance abuse. Although there are various evidence-based intervention models for substance abuse treatment, there still exists a significant implementation gap in the treatment plans (Williams et al., 2019). The cascade of care model determines the

sequence of the interventions distributed to the patients with substance use disorder (SUD) visiting the CSC facility.

The cascade of care model is a useful framework used to monitor the effectiveness and performance of the care provision system across the crucial stages of healthcare and intervention sequences of the continuum of care delivery (Socías et al., 2016). The primary populations used for my project improvement initiative included individuals seeking treatment for substance use disorders in a CSC. A primary goal was increased awareness of adverse consequences associated with substance abuse as it relates to the individual, the community, and their families. The CSC mission is based on the SUD patients who are at risk of developing addiction and warrant secondary prevention strategies such as screening services associated with the TAPS assessment screening tool to facilitate early intervention measures (Dodge et al., 2009).

The cascade of care model was initially used as a metric function to evaluate the human immunodeficiency virus (HIV) care delivery system by tracking the patients through the treatment programs (Paradise, 2019). The model encompasses the four interrelated domains of prevention, identification, treatment, and recovery. There is sufficient evidence that the cascade of care framework is crucial in identifying the gaps in the current care process and outlines the opportunities for improvement. The four domains may also provide a researcher with goal setting tools and guidance on making recommendations on alternative measures of progress.

The prevention domain determines medical issues based on the reduction of the factors that can cause therapeutic implications due to the harmful effects of addiction. Prevention may be divided into two sections: primary prevention, which aims at increasing awareness regarding initial exposure, and secondary prevention. Secondary prevention is targeted at the risk population, who seek care such as screening services to minimize the effects of SUD.

Identification is the process of diagnosis, during which the patient is tested using different techniques to recognize the disease and its severity. Identifying patients with SUD is done by the clinician performing an initial triage TAPS screening tool assessment upon admission. The TAPS screening tool is developed as a two-step screening tool. The TAPS screening enables the clinician to provide data as it relates to patient SUD and individualized resources as it relates to the patients discharging planning for linkage for continuity of care.

The third stage of the model is treatment and consists of the medical experts of the CSC applying an individual care plan based on the client's clinical presentation and TAPS screening assessment tool. The CSC clinicians begin the treatment through different approaches as it related to the patient’s SUD. CSC staff focused on informing the patients on their addictions and treatment options available in preparation for the eventual relinquishing of all substance use.

The last domain of the model is recovery, which refers to continuous abstinence. The concept of recovery management is specializing in services assisting the SUD patient

with linkage to medical, social, educational, and access to Medicaid services after detoxification and upon discharge from the CSC. Continuity of care allows the patient to sustain beneficial outcomes in healthcare once they are linked with other healthcare resources to maintain sobriety. Linkage of continuity of care is an essential avenue in recovery, which had been lacking in the CSC. The cascade model was used in the DNP project to determine the gaps existing along the care continuum, and thus, help develop solutions to improve the quality of care (see Socías et al., 2016). Research has identified that connection with other healthcare team members after completion of inpatient detoxification and provides positive outcomes. In maintaining individualized patient care plans, patients are transitioned to outpatient programs, sober living facilities, or other forms of treatment. Providing a connection after detoxification offered more extended periods of abstinence and fewer numbers of arrests.

Linkage of continuity of care after detoxification has predicatively reduced homelessness and increased employment (Socías et al., 2016). The research identified clients who received continuity of care within 3 days after being discharged from inpatient detoxification were less likely to be readmitted or relapse. The model supports this project because it guides the evaluation of care services offered, identifies the aspects where the continuity of care is lacking, and how CSCs can improve. To effectively track and report positive outcomes along the cascade, the current process must be revamped on how the SUD patient is assessed upon entering the CSC.

Definition of Terms

TAPS Assessment: The Tobacco, Alcohol, Prescription medication, and other Substance use (TAPS) Tool consist of a combined screening component (TAPS-1) followed by a brief assessment (TAPS-2) for those who screen positive (National Institute on drug abuse, 2020).

Crisis Stabilization Center: a short-term, intensive, community-based treatment program with a home-like atmosphere that is designed for adults who are experiencing a crisis to substance abuse (Saxon, Mukherjee, & Thomas, 2018).

Inpatient Detoxication: a short-term detoxification or a long-term residential treatment for substance use disorder (Morgan et al., 2020).

Residential treatment: direct structured interventions for individuals with substance use, occurring in nonhospital and residential home life facility ((Morgan et al., 2020).

Substance Use Disorder (SUD): defined by the presence of current or past use of opioids, stimulants, alcohol, or illicit drug use (Rubinsak et al., 2019).

Medication-Assisted Treatment (MAT): treatment for opioid use disorder that combines counseling sessions, behavioral therapies, and medication (Samuels et al., 2018).

Relevance to Nursing Practice

Before implementing TAPS, there was a lack of follow up with referral resources connecting patients with continuity of care for inpatient detoxification and mental health, medical and social services. The clinicians were not providing congruent information on the relevance of TAPS assessments, which created an influx of return relapse patients. The lack of follow up with referral resources connecting patients to services was related to the staff stigma of SUD patients and lack of knowledge surrounding continuity of care. Substance use disorder patients who engage in continuing care have better outcomes, greater patient relationship with their practitioner, and clinical staff engagement and retention in continuing care (Schaefer et al., 2005). Studies conducted on 28 Veterans Affairs SUD treatment programs, which validated continuity of care practices, found increased patients' motivation, treatment intensity, and engagement helped maintained sobriety (Schaefer et al., 2005). Medical providers and society have misconceptions regarding substance use disorders, subsequently exacerbating stigma and inhibiting appropriate care (Naegle et al., 2017).

The Current State of Nursing Practice in CSCs

The United States is one of the countries where SUD continues to rise in America (Han et al., 2017). The current state of nursing in the United States has limited access to combating the issue of SUD. The process of continuity of care ensured that the patient receives continuous medical help and care during the stages of prevention, identification, treatment, and recovery.

The CSC nursing staff has a crucial role in the provision of continuity of care to the patients. In improving the current practice at the CSC, data was collected on the linkage of referral resources from the initial TAPs assessment screening tool.

Identify Strategies and Standard Practices to Address the Gap in Practice

The central gap in practice was that the approach to linkage to the continuity of care was not evidence-based and does not help the patients in the clinic to recover fully. The contribution of the project to nursing was to provide continuity of care to continued recovery treatment in a CSC. Avoiding hospitalization for detoxification and providing the opportunity for a patient to have linkage to the continuity of care and follow up with their primary care physician provided a positive outcome for sobriety (Ztzema & Maclagan, 2017). As the clinical staff becomes more involved in informing the patients on the importance of continuity of care and initial assessment on admission and discharge, it is projected that opioid addiction declined as patients maintain their sobriety.

TAPS had an important role to play in the gap in practice. In the absence of formal assessment, it is possible that there is less pressure on continuity-of-care personnel to provide appropriate referrals. The ad hoc approach that existed before TAPS might have resulted in a lower volume of referrals than appropriate for the patient population.

Advancing Nursing Practice

The project positively impacted the assessment of the individual who has a SUD by providing an evidence-based plan that suits the patient's needs for linkage resources for continuity of care. The initial triage assessment required the clinicians of the CSC to

use a standardized, systematic approach assessing the biological, psychological, and social evaluation of all patients who were receiving inpatient detoxication. The biological assessment was to evaluate the anatomical and pathophysiologic of pain and previous diagnoses and treatment. The social assessment was to assess the patient work circumstances, home, social functioning, and any possible disability or impairment. The psychological assessment was to determine the patients' coping skills and addiction risk, and history. The project addressed the gap in practice by providing a standardized, systematic approach for individualized referral resources for continuity of care and maintaining sobriety (Lee, et al., 2014).

Local Background and Context

The practicum site is a nonprofit drug and alcohol treatment center, located in an inner-city of the Northeast US that treats patients with ages ranging from 18 to 75 years of age. The nonprofit treatment center delivers detoxication treatment and serves approximately 300 patients a day. The CSC offers inpatient detoxification, residential treatment, partial hospitalization, outpatient treatment, medication-assisted treatment, and peer support. Most patients seen at the CSC are homeless, Medicaid recipients, or do not have any health insurance. The CSC schedules 15-20 appointments of patients seeking inpatient detoxification. Emergency Medical Services (EMS) brings patients from the community who have contacted 911 for inpatient detoxication. Patients who present for detoxification services also present with mental health disease, heart disease, diabetes, pulmonary disease, renal disease, STIs/HIV and infected wounds, and acute musculoskeletal injuries. Patients also present with legal, financial, education, and social

services concerns, which emphasized the influx of criminal activity, homelessness, and transmitted sexual infections. The mission of the CSC is to transforms lives by providing help and hope for enduring recovery to individuals, families, and communities in the Northeast US metropolitan area who are struggling with addiction drugs and alcohol. The project aims to provide linkage to the continuity of care in CSC, particularly in assisting SUD patients to achieve full recovery.

The goal of the DNP project was to provide an appropriate linkage to the continuity of care. Over the last three years, the CSC experienced a significant increase in patients not being linked to the continuity of care based on not completing the TAPs assessment screening tool. The state where the CSC is located is one of the top five states with the highest rates of opioid-related overdose deaths. The state is currently providing a discharge plan for SUD patients being discharged from the hospital.

The Addiction Equity Act, the 2010 Affordable Care Act (ACA), and the passage of the 2008 Mental Health Parity incorporate parity for SUD into federal legislation. The federal parity legislation is linked to improving insurance access for SUD treatment. The linkage to the continuity of care is a challenge when SUD patients present to the CSC without any insurance coverage. The full parity provision under the ACA includes working in partnership with insurance companies to improve access for SUD treatment. The Prevention and Public Health Fund created under the ACA offers supportive grants in developing comprehensive SUD assessment, screening, and linkage to referral

resources. Increasing funding for federally qualified health centers (FQHCs) and Medicaid may help with the connection to the continuity of care. The DNP projects will be applicable in the gap of linkage to referral resources as it relates to CSCs.

Role of the DNP Student

I am an advanced practice nurse who specialized in addiction medicine for a nonprofit drug and alcohol treatment center, located in an inner-city of the Northeast US. I have a vested interest to ensure that barriers to the stigma are removed for patients who have SUD, improving positive outcomes with referral resources for continuity care.

My role consisted of performing clinical assessments, implemented intervention for treatment, evaluating the effectiveness of interventions, reassess, and re-evaluating the client's needs with collaboration with the interdisciplinary team. As the DNP student and the leader of the project, I bridged the gap in the continuity of care by identifying patients' needs for substance use disorder with the TAPS assessment screening tool. The TAPS protocol assessed the client's needs through the screening tool process of the client's profile, medical history, social economics, and educational level.

The IT department selected and provided weekly random patients' medical records to the DNP project team, to ensure the completion of TAPS assessment screening tool are completed on admission. The information was utilized in our weekly meeting to ensure compliance in the DNP project.

Motivations for this Doctoral Project

The intended outcomes of the DNP project concerning social change were to ensure SUD patients are linked with continuity of care in maintaining their sobriety. In many instances, SUD patients were not regarded as patients who need continuity of care services. The US Department of Health and Human Services (2016) noted that substance abuse is perceived to be a social and criminal problem. I was determined to advance evidence-based nursing practice by enlightened our knowledge base regarding continuity of care for SUD patients.

Potential Biases and Steps to Address Them

Many healthcare employees have the misconstrued notion that SUD patients should take the blame for their addiction. The negative stigma of SUD patients causes health care professionals to have a lack of empathy, compassion, and trust, causing a break in the continuity of care based on their personal believes.

Such stigma directed at SUD patients translates to low support in treatment access for continuity of care. The misconceptions regarding SUD affect not only the continuum of care for the patients, but also the social perception and the behavior around treatment. Intervention to alleviate addiction should be founded on the scientific evidence base that addiction is a disease that affects the brain. My potential bias was minimized by asking my preceptor and a trusted colleague to review my synthesized evidence-based project to make sure the DNP project is not biased.

Role of the Project Team

The Chief Medical Director was contacted for any guidance and support. The Director of Medical Services, who is also my preceptor, provided support the progress of the DNP project. The information technology team monitored the spreadsheet and implemented tracking of the TAPS assessment tool to ensure ongoing data and to maintain the integrity of the worksheet.

Summary

The cascade care model represents a series of interventions that are performed on patients with SUD when visiting the CSC facility. These interventions include prevention, identification, treatment, and recovery. The cascade care model was the framework for the DNP project, which highlighted gaps along the care continuum and thus aided in the development of solutions for improved quality of care. The practicum site for this project was a nonprofit drug and alcohol treatment center located in an inner-city of the Northeast US that serves approximately 300 patients a day, with ages ranging from 18 to 75 years. The services offered include inpatient detoxification, residential treatment, partial hospitalization, outpatient treatment, medication-assisted treatment, and peer support. Most patients presenting at the site were homeless, Medicaid recipients, or did not have any health insurance.

As an advanced practice nurse specializing in addiction medicine, my role in the DNP project was to collect data that were used to determine if the implementation of the TAPS assessment has improved continuity of care. Weekly, the IT department randomly

selected and provided patients' records to the DNP project team for checking the completion of the TAPS assessment tools. In Section 3, I outline the practice-focused question for the DNP project, identify the sources of evidence, and describe the collection and analysis of evidence-based practices as it relates to continuity of care.

Section 3: Collection and Analysis of Evidence

Introduction

SUD has become one of the most concerning diseases that can result in death amongst the young generation. Opioids are among the most abused drugs across the country and are connected with the number of SUD patients seeking detoxication treatment. The purpose of the DNP project was to determine if the use of the TAPS assessment at time of admission to the CSC increases referral resources. Continuity of care is one of the most critical areas in nursing practices as it ensures that patients receive continuous medical help during their recovery stage. CSCs are highly essential places that require the effective implementation of continuity of care. Section 3 discusses the practice-focused questions, identifies the sources of evidence, and presents how the evidence was obtained and analyzed.

Practice-Focused Question

The absence of systematic guidelines and protocols which govern the various links in the continuum of care is evident to SUD patient. The purpose of the DNP project was to determine if the use of the TAPS assessment at time of admission, increased referral resources. Before the implementation of CSCs, there was a lack of follow up with referral resources connecting patients with continuity of care for inpatient detoxification, and mental health, medical and social services. The clinicians were not providing congruent information on the relevance of TAPS assessments, which created an influx of return relapse patients. SUD patients who engage in continuing care have better outcomes, greater patient relationship with their practitioner, and clinical staff

engagement. To achieve the mentioned purpose, data were collected to determine if the TAPS assessment improved the continuity of care.

The criteria for data collected in the project included the number of TAPS assessments that were completed on admission, how many referral resources were identified, and how many patients received continuity of care based on their TAPS assessment screening tool. The practice-focused question for the project was, will implementation of the TAPS assessment screening tool on admission for patients with substance use disorders increase the number of referral resources for linkage to the continuity of care? The use of the TAPS tool helped in screening and evaluating the need for these individuals to access the appropriate referral resources.

How This Approach Aligns to The Practice-Focused Question

The purpose of the project was to evaluate if the TAPS assessment screening tool, at the time of admission, improved the linkage of continuity of care for issues related to addiction in a crisis rehabilitation center. The approach aligned to the practice focused question as it enabled evaluation of whether implementation of the TAPS screening tool at the CSC increased the number of referral resources for the patients with SUD. By examining the impact of the TAPS assessment screening tool based on the number of referral resources provided, it is possible to attain a significant comparison of evidence regarding the linkage to continuity of care. The TAPS assessment screening tool thus provided the appropriate approach for improving the quality of practice through linkage to continuity of care.

Sources of Evidence

The sources of evidence for the project included completed TAPS assessment forms from the CSC on all new admissions and literature from the databases CINAHL, MEDLINE, PubMed and Google Scholar. These sources were crucial in providing reviews and synopses of single studies, summaries of evidence and recommendations, systematic reviews, guideline summaries, and clinical practice guidelines relevant to the research (Horkoff, 2015).

For a comprehensive and exhaustive search, government publications and websites along with EBP guidelines were utilized. Electronic databases allow scholars to search across millions of published articles found in thousands of academic journals. An undirected search may result in massive irrelevant results to sift through. However, as Grewal et al. (2016) enlightens, search terms are indispensable in acquiring research-relevant results. Similarly, Walliman (2020) informs that before searching, it is crucial to plan. The search terms used were *gaps in continuity of care, referral resources, opioid use disorder, treatment,* and *stabilization crisis centers*. Inclusion criteria for the literature was articles ranging from 2015 to 2020 discussing adults between the ages of 18 and 85 years who are diagnosed with SUD and who accessed resources for continuity of care. The exclusion criteria for the literature consisted of articles older than 2015 presenting patients outside the age ranges of 18 and 85 and who were diagnosed with major health problems other than SUD, such as mental health disorders and cardiovascular diseases.

The TAPS assessment form provided information on substance being used by the patient such as alcohol, tobacco, prescription and illicit drugs and the level of use. The information was useful for assessing the type of treatment needed and subsequently the best referral resources for ensuring continuity of care (Appendix A). The TAPS tool also collected patient data on employment, housing, family support, and medical and psychiatric status that aided in evaluation of treatment. As McNeely et al. (2016) elucidate, the TAPS assessment screening tool is easily integrated into clinical workflows and is essential in providing substance-specific risk information. With patient information on substance use and level of use, clinicians become better equipped to ensure patient safety, guide treatment decisions, and provide relevant information and feedback (Gryczynski et al., 2017). The use of the TAPS assessment tools for assessing the type of treatment needed by specific patients formed the basis of its proper use for ensuring continuity of care among the SUD patients.

The obtained literature was strictly related to the continuity of care and linkage to referral resources among SUD patients. Studies that have examined care given to patients with SUD and their referral programs were useful in the design and evaluation of this project. The TAPS assessment tool provided substance-specific risk information for patients with SUD to ensure they are directed to the appropriate referral-program. The practice-focused question was based on the provision of referral resources to SUD patients when completing the TAPS assessment tool at the CSC. With support from the literature and utilization of the TAPS assessment tool from the practicum site, the project will be better informed on gaps in the clinical practice that need bridging.

Review of Findings

Lee, Horgan, Garnick, Acevedo, Panas, Ritter and Haberlin (2014) established that there is a relationship between continuity of care and patient outcomes after detoxification. The study was conducted across several states whereby the patients were subjected to a 14-day continuity of care process after which the rates of readmission were measured. Continuity of care was provided in various levels of care including detoxification services, residential services, and outpatient services. It was found that the continuity of care rates among all the patients ranged between 13% to 46% with the mean continuity of care rate being 25% (Lee et al., 2014). The re-admission rates of patients who did not have continuity of care was 23.5%, while the readmission rate of patients who received continuity of care was 14% (Lee et al., 2014). Outcomes by the level of care indicated that those with residential services had a lower re-admission than the others.

Patients receiving patient-level continuity care had low rates of re-admission while those receiving facility-level continuity cares had mixed results (Lee et al., 2014). Lee et al. (2014) showed that continuity of care among SUD patients led to significantly lower rates of readmission. Patients receiving care through the residential services reported better outcomes as they received highly customized care that responded to their needs. The availability of sufficient patient data on substance-specific risk information, therefore, increases the likelihood of the patients being linked with the best referral sources for continuity of care.

McLellan, Weinstein, Shen, Kendig and Levine (2005) assessed the impact of expanded continuity of care on detoxification admissions and use of rehabilitation facilities among SUD patients receiving multiple detoxifications only (MDO) treatments annually. It involved clinical case managers from detoxification centers encouraging the MDO patients to receive continued care after detoxification through outpatient, residential and methadone rehabilitation. Over three years, through case-managed care, the detoxification admissions decreased by 55%, and use of the rehabilitation centers increased by 70%, as the average stay in the centers by the patients increased by 20 days (McLellan et al., 2005). The decrease in detoxification admissions show the effectiveness of case-managed care for improving the continuity of care for SUD patients. Use of the TAPS assessment tool for providing the best referral sources for continuity of care is an example of case-managed care which will likely provide similar effectiveness as the clinical case managers. The increase in use of the rehabilitation services by the SUD patients shows their positive attitude towards case-managed care. The positive attitudes towards case-managed care shows the effectiveness of the DNP project in using the TAPS assessment tool to provide better care for a larger population, thus increasing its overall effectiveness.

According to Puntis, Rugkåsa, and Burns (2016), offering proper continuity of care to patients has been perceived to be consistent, connected, and comprehensive, and is considered to be a crucial component of mental health services. Due to limited studies on continuity of care among mentally ill patients, the researchers aimed to determine if a relationship existed between continuity of care and readmission of patients who had been

discharged after receiving treatment on psychosis. Approximately 63.8% (206) individuals were readmitted, and less frequent contacts were linked with a low rate of rehospitalization and fewer days in the institution.

It was concluded that individuals suffering from relapses and severe psychotic illness were seen consistently and frequently in community health services. The increase in the number of readmissions for follow-up treatment among the patients shows their positive attitude towards case-managed care. The findings support the high likelihood of case-managed care appealing to a majority of SUD patients, and its associated low rate of readmissions and shorter hospital stay. Use of patient substance-specific risk information from the TAPS assessment tool for the provision of best referral sources presents case-managed care, ultimately resulting in fewer readmissions and shorter hospital stays.

Kim, Jang, Lee, Lee and Park (2018) examined the association between continuity of care and subsequent rehospitalization and high suicide mortality rate in people with severe mental disorders. The results indicated that compared to the low continuity of care group, the high continuity of care group had significantly reduced odds of rehospitalization. It was concluded that after patients have been diagnosed with severe mental disorders, there is a need for continuity of care to enhance patient outcomes. The findings show the need for and effectiveness of linkage to continuity of care during diagnosis. Low continuity of care was associated with high rehospitalization suicide mortality rates. Similarly, SUD patients require linkage to continuity of care during

diagnosis, such as in the provision of referral sources as assessed by the TAPS assessment tool to enhance their health outcomes.

McCallum, Mikocka-Walus, Gaughwin, Andrews and Turnbull (2016) examined the experiences of patients with treatment of alcohol use disorder. Their aim was to evaluate the effectiveness of the treatments in holistically meeting patient needs. Semi-structured interviews focused on satisfaction with treatment, treatment needed, and continuity of care were used for the 34 participants being treated for alcohol use disorder.

The results showed that patient satisfaction with treatment depended on their perceived effectiveness of the treatment, reception of specialized but holistic treatment, presence of supportive relationships, autonomy and continuity of care (McCallum et al., 2016). The findings support the role of continuity of care in improving the effectiveness of treatment for substance use disorder.

Oni, Buultjens, Davis, Abdel-latif and Islam (2020) determined the barriers and facilitators for the screening and referral of pregnant women with alcohol and substance use disorder. The study was conducted to illuminate the experiences of midwives in dealing with pregnant women who use alcohol and other drugs. The semi-structured interviews focused on determining what aided the midwives (facilitator) and problems they encountered (barriers) when screening women for alcohol and substance use disorder, as well as providing referral resources. The study revealed that the facilitators were experience and training of the midwives, use of woman-centered philosophies of care, provision of evidence on substance use risks to the unborn babies, presence of

multidisciplinary teams among the midwives and provision of continuity of care (Oni et al., 2020). Continuity of care has thus shown to be positively influential in the diagnosis and treatment of alcohol and substance use among pregnant women. It can therefore serve in improving treatment of substance use disorder among all patients with SUD.

Evidence Generated for the Doctoral Project

Participants

Participants for the project included patients who range from age 18 to 85 years and who present themselves at the CSC for treatment of substance use disorder. The participants of this quality improvement initiative include those patients who have a SUD with opiates, cocaine, methamphetamine, benzodiazepines, nicotine, barbiturates, marijuana, suboxone, and methadone use dependency. The de-identified SUD patients were involved in the project by providing their data in the TAPS assessment tool at time of admission. The TAPS assessment tool included information on age, gender, substance use history, housing status, legal concerns, family support, employment status, education level, and medical and psychiatric status. The information from the TAPS assessment helped to identify referral resources for continuity of care. Before the implementation of CSC, there was a lack of follow up with referral resources connecting patients with continuity of care for inpatient detoxification, mental health, medical and social services. The clinicians were not providing congruent information on the relevance of TAPS assessments, which created an influx of return relapse patients. SUD patients who engage in continuing care have better outcomes, greater patient relationship with their practitioner, and clinical staff engagement (Kim et al., 2018). Through implementation of

the TAPS assessment tool during admission of SUD patients, the individual needs of the patients can be better assessed along with their substance use history. The information can then be used by clinical staff at the CSC to provide appropriate referral resources for the patient that would ensure the patients obtain continuity of care.

Procedures

On receiving approval from the Institutional Review Board of Walden University, I began collecting data regarding TAPS assessment. The purpose of the data collected was to determine whether the implementation of TAPS assessment has led to an improvement in the continuity of care. Information from the TAPS tool that was useful in the identification of the patient's needs included substance use history, housing status, legal concerns, family support, employment status, education level, and medical and psychiatric status. This information was collected through a survey questionnaire developed from the TAPS screening tool. The survey questionnaires were structured to capture specific data to address the underlying issue. Data collected were recorded in the survey and others through digital platforms by the interviewer to ensure that it was formatted in a manner that was easy to comprehend.

The de-identified retrospective data used for the DNP project was patient data from the TAPS assessment tool including age, gender, substance use history, housing status, legal concerns, family support, employment status, education level, and medical and psychiatric status. The data was obtained by the intake coordinator from the electronic health records, pharmacy records, and assessment tool for the three months

before the TAPS assessment tool was consistently used upon admission of the patient. Thereafter, the intake coordinator generated a weekly report consisting of the number of TAPS assessments that were completed on admission, how many referral resources were identified, and how many patients received continuity of care based on their TAPS tool. I received the report in a USB from the intake coordinator at the CSC at the beginning of the CSC staff training sessions and stored it at the nurse manager's office in a locked file cabinet. The information collected was used to determine how many patients received referral resources for continuity of care. The prospective data used for the DNP project was patient data from the TAPS assessment tool including age, gender, substance use history, housing status, legal concerns, family support, employment status, education level, and medical and psychiatric status. The prospective data was collected from the electronic health records, pharmacy records, and assessment tool. It was obtained during the three months after the CSC staff began using the TAPS assessment. It was collected by the intake coordinator from the electronic health records, pharmacy records, and assessment tool. Thereafter, the intake coordinator generated a de-identified weekly report consisting of the number of TAPS assessments that were completed on admission, how many referral resources were identified, and how many patients received continuity of care based on their TAPS tool. I received the report in a USB from the intake coordinator at the CSC at the beginning of the CSC TAPS implementation sessions and stored it at a trusted office in a locked file cabinet. The information collected was used to determine how many patients received referral resources for continuity of care.

Protections

The de-identified retrospective and prospective data was prepared in a report compiled by the intake coordinator and stored in an USB that she provided to me. The USB was stored in a locked file cabinet in the nursing administrator office. The de-identified data was uploaded into my personal password protected computer and destroyed immediately after the data analysis has been completed.

Analysis and Synthesis of data

Retrospective and prospective data obtained by the intake coordinator were analyzed to determine the effectiveness of the TAPS Assessment tool used on admission to provide continuity of care to SUD patients. The retrospective and prospective data that was analyzed included substance use history, housing status, legal concerns, family support, employment status, education level, and medical and psychiatric status. The comparisons were examined with the use of statistical and graphical methods. With the use of a double bar chart, I was able to determine differences between the retrospective and prospective datasets for each category of substance use history, housing status, legal concerns, family support, employment status, education level, and medical and psychiatric status. Data analysis will also consist of the use of comparative statistics to determine if there are differences in the number of referrals and continuity of care for patients with SUD.

Summary

The DNP project aimed to assess whether implementation of the TAPS assessment screening tool at the CSC during admission of patients with substance use disorders increases the number of referral resources for their linkage to the continuity of care. A review of the literature revealed research supports case-managed care among SUD patients as it provided linkage to continuity of care by enabling clinicians to assess individual needs of the patients and subsequently provide appropriate referral resources. Once approval was obtained from the Institutional Review Board of Walden University the data collection will be obtained for the three months after implementation of the TAPS assessment screening tool. The intake coordinator generates de-identified weekly reports consisting of the number of TAPS assessments that were completed on admission, how many referral resources were identified, and how many patients received continuity of care based on their TAPS tool. Retrospective and prospective datasets for each category of substance use history, housing status, legal concerns, family support, employment status, education level, and medical and psychiatric status will also be provided in the report. I received the reports in a USB from the intake coordinator and stored them in a locked private office in a locked file cabinet, and then uploaded them into my personal password-protected computer. The retrospective and prospective data was then analyzed using comparative statistics to determine differences in the number of referrals and continuity of care for patients with SUD. Section 4 will discuss the findings and recommendations identified after the implementation of the proposed project.

Section 4: Findings and Recommendations

Introduction

The purpose of this quality improvement initiative was to utilize the TAPS assessment screening tool to increase the referral resources for continuity of care for SUD clients. The project bridged the gap of lack of continuity of care for individuals who suffer from SUDs as it focused on proper ways to link identified SUD clients to specialized health care professionals for continuity care. The objectives of the quality improvement initiative were to use the TAPS assessment tool during patient's admission to acquire patient's referral resources that would provide linkage to continuity of care and to determine if the use of the TAPS assessment tool increased the number of patient referrals. There was a gap in providing referral resources to SUD clients for continuity of care and usage of the TAPS assessment screening during triage. The crisis stabilization staff were ineffective in collecting patient data from the TAPS assessment screening tool. Despite efforts from various government and nongovernmental organizations in addressing drug use for several decades, drug abuse has constantly evolved and gained the upper hand in affecting the lives of millions of Americans and people from all over the world (Godlee & Hurley, 2016).

The quality improvement initiative strived to provide evidence that could be used as a guide by nurses to attend to patients with drug abuse problems in a continuity manner. The practice-focused question was, will implementation of the TAPS assessment screening tool on admission for clients with substance use disorder (SUD) increase the number of referral resources for linkage to the continuity of care? The aim was to

evaluate if the use of the TAPS tool for assessing and examining the client provided the necessary referral resources for the client's continuity of care.

Summary of Findings

The purpose of the quality improvement project was to determine if implementation of the TAPS screening assessment tool enhanced the individual's referral resources needs for continuity of care. Sources of evidence for the project were obtained by literature supporting the quality improvement initiative question were PubMed, CINAHL, Google Scholar, and MEDLINE. Search-generated articles related to causes, gaps in continuity, opioid use disorder, referral resources, substance use disorder, and stabilization crisis centers were located from articles published from 2015 to 2020. Evidence was obtained for assessing referral resources before and after the implementation of the TAP assessment screening tool. Double bar charts were used to examine for differences between the retrospective and prospective datasets for each category of substance use history, housing status, legal concerns, family support, employment status, education level, and medical and psychiatric status.

Objective 1: Implementation of the TAPS Assessment Screening Tool

Before the implementation of the TAPS assessment screening tool, I had conducted weekly PowerPoint presentations introducing the CSC staff to a new development plan and process related to the use of the TAPS assessment screening tool addressing the connection of continuity of care for the SUD patient. I developed a PowerPoint presentation with information I obtained from the literature review, the TAPS

assessment screening tool, and statistical data gathered from SAMHSA (Adam et al., 2019). The PowerPoint presentation presented the elements of the TAPS assessment screening tool which were tobacco use, alcohol use, prescription medication misuse, and illicit substance use in the past year. The PowerPoint presentation also consisted of instruction on how to triage and collect appropriate data as it relates to the client's housing status, legal concerns, family support, employment status, education level, and medical and psychiatric status. The TAP assessment tool identifies resources useful in patients' referrals for continuity of care, based on the triage assessment. The presentation was held during the day shift (7-3 pm) and evening shift (3-11 pm) in a conference room to provide opportunity for all pertinent CSC staff to attend. The PowerPoint presentation lasted 15 minutes, and the questions and answers session lasted 5-10 minutes, which immediately followed the PowerPoint presentation. A practice session on how to use the TAPS assessment screening tool during triage was held after each educational session and lasted for 10 minutes. The educational session in its entirety lasted 1 hour. The TAPS assessment screening tool was implemented the following week after the completion of the CSC staff educational sessions.

Objective 2: Increase Referral Resources for Continuity of Care

The second objective of the DNP project was to increase referral resources for continuity of care for the SUD client after implementation of the TAPS assessment screening tool. Information collected from the TAPS assessment screening tool consisted of the patient's substance use history, housing status, legal concerns, family support, employment status, education level, and medical and psychiatric status. This information

was collected through a survey questionnaire developed from the TAPS assessment screening tool. The survey questionnaires were structured to capture specific data to address the underlying issue. Data collected were recorded in the survey and others through digital platforms by the interviewer to ensure that it was formatted in a manner that was easy to comprehend.

The de-identified retrospective data used for the DNP project were patient data from the TAPS assessment tool that included age, gender, substance use history, housing status, legal concerns, family support, employment status, education level, and medical and psychiatric status. The data was obtained by the intake coordinator from the electronic health records, pharmacy records, and assessment tool for the three months before the TAPS assessment tool was consistently used upon admission of the patient. Thereafter, the intake coordinator generated a weekly report consisting of the number of TAPS assessments that were completed on admission, how many referral resources were identified, and how many patients received continuity of care based on their TAPS assessment screening tool. I received the report in a USB from the intake coordinator at the CSC at the beginning of the CSC staff training sessions and stored it at the nurse manager's office in a locked file cabinet. The information collected was used to determine how many patients received referral resources for continuity of care. The TAPS screening assessment tool (Appendix A) was used during triage and had multiple-choice questions with five possible responses to choose from.

Retrospective data on drug use, legal concerns, and family support were collected from November 2020 - January 2021 (Table 1). The majority of drug and substance users were between the ages of 55 to 65 years and were predominately male. Fifty-six percent of individuals reported reducing the rate of drug consumption and 36% had stopped using drugs altogether. Fifty-eight percent of substance users indicated they had legal issues. Forty-three percent of individuals involved in drug and substance continued to maintain contact with their families. Homeless individuals occupied 34% of the patients questioned, while 16% of individuals presenting with an SUD were housed. Thirty-two percent of the unemployed responded that they are substance abusers. The majority of the drug user population attained both primary and secondary education and 44% of drug users had medical and psychiatric issues.

Table 1

Retrospective Data Summary from the TAPS assessments

Classification	Percentage
Age 18-35	16
Age 55-65	31
Age 65 and greater	3
Males	41
Females	9
Excess use of substance	8
Reduced use of substance	56
Stopped use of substance	36
Occurrence with legal issues	58

Occurrence without legal issues	39
Family support (communication with family)	43
Family support (no communication with family)	7
Homeless	34
With homes	16
Employed	18
Unemployed	32
Education (Primary Level)	38
Education (Secondary-Level)	38
Education (Tertiary Level)	12
Medical and Psychiatric status	44
Non-Medical and Psychiatric status	6

The de-identified prospective data used for the DNP project was patient data from the TAPS assessment tool including age, gender, substance use history, housing status, legal concerns, family support, employment status, education level, and medical and psychiatric status. The prospective data was collected from the electronic health records, pharmacy records, and assessment tool during the three months after the CSC staff began using the TAPS assessment by the intake coordinator. Thereafter, the intake coordinator generated a de-identified weekly report consisting of the number of TAPS assessments that were completed on admission, how many referral resources were identified, and how many patients received continuity of care based on their TAPS screening tool. I received the report in a USB from the intake coordinator at the CSC at the beginning of the CSC TAPS implementation sessions and stored it at a trusted office in a locked file cabinet.

The information collected was used to determine how many patients received referral resources for continuity of care.

Of the known substance abusers, more than a half reported excessive substance use of illicit drugs while less than a half of the respondents either had just reduced use of illicit drugs or had stopped using illicit drugs (Table 2). The majority of drug and substance users are between the ages of 55 to 65 years and are predominately male. 30 percent of individuals reported reducing the rate of drug consumption and 14% have stopped using drugs altogether. Twenty two percent of substance users indicate they have legal issues. 20 percent of individuals involved in drug and substance continue to maintain contact with their families. Homeless individuals occupy 40 percent of drug users, while 10 percent of individuals with homes abuse drugs and substances. However, 84 percent of the unemployed responded that they are substance abusers. Most of the drug user population attained both primary and secondary education and 42 percent of drug users have medical and psychiatric issues.

Table 2

Prospective Data Summary from the TAPS assessments

Classification	Percentage
Age 18-35	17
Age 55-65	20
Age 65 and greater	13
Males	38
Females	12

Excess use of substance	14
Reduced use of substance	30
Stopped use of substance	14
Occurrence with legal issues	22
Occurrence without legal issues	35
Family support (communication with family)	20
Family support (no communication with family)	80
Homeless	40
With homes	10
Employed	16
Unemployed	84
Education (Primary Level)	50
Education (Secondary-Level)	25
Education (Tertiary Level)	10
Medical and Psychiatric status	42
Non-Medical and Psychiatric status	8

In November, December, and January, data was collected after implementation of the TAPS assessment screening tool for the admitted patients. These data were used to compare the patients' status to determine changes in the retrospective and prospective data 3 months after admission. The referral resources provided to the patients by the CSC were according to the data collected in August, September, and October using the TAPs assessment tool. Referarals to facilty centers improved after the implementation of the TAPS assessment tool (Table 3). Post-implementation of the TAPS assessment screening tool increased outpatient referrals by 13% so that now 72% of clients are being referred.

Referral to an intensive outpatient increase to 22% for the post--impleentation referral percentage, and 34% increase in the referrals to the psychiatric rehabilitation program.

Table 3

Referral Resources

Referral Resources	Pre-Implementation Referral Percentage	Post Implementation Referral Percentage
Outpatient	59	72
Intensive outpatient	12	22
Psychiatric Rehabilitation Program	15	34

The relative increases in referral resources after the implementation of TAPS were as follows. Outpatient referrals increased by 22.03%. Intensive outpatient referrals increased by 83.33%. Finally, referrals to psychiatric rehabilitation programs increased by 126.67%.

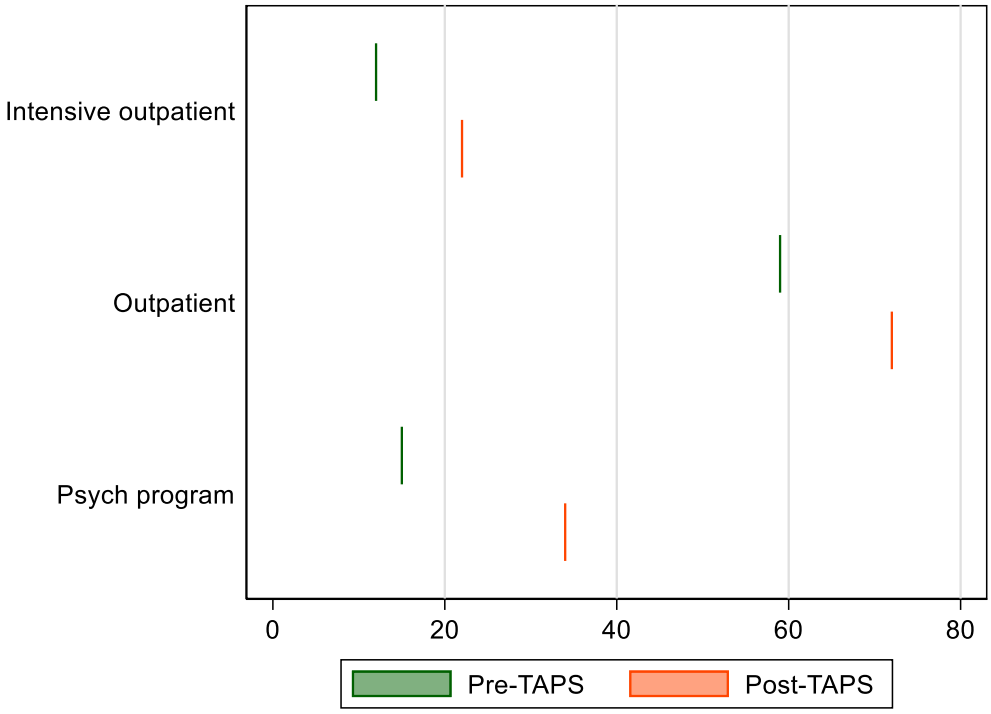

Figure 1. Changes in referrals, pre-TAPS to post-TAPS.

Findings and Implications

The purpose of the quality improvement project was to determine if implementation of the TAPS screening assessment tool enhanced the individual client's referral resources needs for continuity of care. The TAPs assessment screening tool used during the triage assessment in the DNP project provided evidenced based information related to obtaining individualized referral resources for continuity of care for the substance abuse client. The DNP project provided a safer connection of bridging the gap for by obtaining individualized referral resources for continuity of care for the substance use disorder (SUD) clients. Because of the implementation of the TAPs assessment screening tool conducted weekly by the Power Point presentation introducing the CSC

staff the process related to the use of the TAPs assessment screening tool, addressing individualized referral resources target for the substance abuse client. The CSC staff and stakeholders at the clinical practicum site agreed that utilizing the TAPs assessment screening tool during triage, identified individualized referral resources for the SUD client by keeping the connection of continuation of care (Kim et al., 2018)

The second objective of the DNP project was to increase referral resources for continuity of care for the SUD client after implementation of the TAPS assessment screening tool. Data collected from the pre-implementation and post-implementation stages indicated that the knowledge acquired from referral services also reflected the degree of training provided to CSC staff members. Specifically, the comparative statistical data suggested that the amount of and type of referrals resources for continuity of care among patients with SUD increased upon administering the TAPS assessment screening tool during triage. Referrals to outpatient clients increased by 13% at the post-implementation stage. Concurrently, referrals to intensive outpatient services increased by 11%, while referrals to psychiatric rehabilitation programs increased by 19% at post-implementation. The findings demonstrate that knowledge on administering screening tools for SUD in crisis stabilization centers (CSCs) improves care continuity when providers easily monitor and evaluate changes to health outcomes. Accordingly, the data gathered upon admission into a CSC informs which treatment and recovery plans care providers should deliver to clients.

Unanticipated outcomes found in the retrospective data referred to how the housing and family status of clients informed clinical decisions made by CSC staff when performing evaluations, providing care, and making referrals to outpatient services. Here, the potential impacts of these findings reflected how CSC staff is responsible for offering continuous care by increasing SUD awareness in clients admitted for treatment. The education level, employment status, and substance use status of clients provided CSC staff with the information needed to recommend appropriate treatment referrals and support improvements to general well-being. When intake staff observed individual-level differences between clients, they further ensured that any treatment recommendations offered did not contribute to stigmatization at the community level. Hence, administering the TAPS assessment screening tool reduces the burdens associated with recommending treatments and issuing referrals resources to clients presenting SUD symptoms. More relevant is how the findings simplified how CSC staff should perform intake assessments of clients with a history of SUD treatment and relapse.

At the individual level, the findings established how CSC staff may draw from evidence-based clinical practice guidelines to ensure that clients seeking referrals have their needs addressed without fearing stigmatization by community members. By administering the TAPS assessment screening tool to each participant, practitioners may compile data to draw comprehensive insights about the types of communities CSC staff serve. While individual clients are responsible for making observable during treatment, staff members and care providers must offer recommendations for improving long-term health outcomes (Kansagra & Cohen, 2018). The implications for ameliorating the

stigmatizing impacts of SUD are such that institutions and health systems must distribute accurate public health information detailing which strategies are most effective at reducing complications linked to relapse. For example, researchers studying SUD treatment recommend that clinics implement safe syringe strategies to decrease the risk of clients experiencing complications from infectious diseases caused by using shared needles (Hochstatter et al., 2020; Kansagra & Cohen, 2018). As these strategies function as points of connection for clients from underserved communities, they also present social justice implications for advancing the goals of positive social change through continuous care.

Potential Implications for Positive Social Change

Further implications to positive social change illustrate the necessity of care continuity in CSCs and related institutions as a strategy for reducing SUD-associated stigma. When clients and community members receive accurate information, care providers and health systems can improve service quality by implementing cost-effective measures (Kansagra & Cohen, 2017). Similarly, care continuity can foster positive social change by demonstrating how governments may launch public health initiatives incentivizing health systems to decrease the length of stay (LOS), readmission, and mortality rates (Hochstatter et al., 2020). As these implications extend to reducing the stigma associated with not understanding which factors contribute to substance use or misuse, they also strengthen the foundation from which CSC staff can target behaviors and make the appropriate referrals resources. Continuity of care is a primary factor in general health care practice. Continuity of care increases life expectancy through better

outcomes and patient satisfaction when applied. Continuity of care makes available health care cost-effective and affordable for all social classes in the community. It entails relationship-based care that involves collaboration, affiliation, and trust between the caregiver and the service provider to increase positive experiences by the patient, satisfaction, and treatment adherence (Sweeney, 2016). Application of continuity of care eases the government's health financial burden since it reduces hospital stay, fewer admissions, and reduced mortality rates.

Recommendations

Recommended Solutions that Address the Gap in Practice

Addressing that gap in practice will require that CSC staff and related practitioners responsible for delivering substance use treatment, as well as psychiatric care, administer the TAPS screening tool at triage to maintain efficient workflow processes. The TAPS screening tool is brief and includes items from which practitioners may recommend follow-up treatments, further evaluation, and continuity of care programs while reducing workload burdens on staff members (Schwartz et al., 2017). Particularly, the screening tool includes substance-specific information from which practitioners may provide safety recommendations to mitigate the risk of readmission with 30 days of discharge from a clinic or treatment facility.

Since clients may receive prescription medications to treat the physiological and neurological impacts of prolonged substance use, practitioners may use TAPS results to determine which pharmacological or non-pharmacological interventions facilitate the

continuity of care (Schwartz et al., 2017; Smith et al., 2020). However, CSC staff must receive ongoing training to enhance their degree of knowledge commensurate with delivering treatment recommendations in primary care settings. Because of the need for more training, clinicians may consider how pharmacological or non-pharmacological interventions support the use of TAPS as a simplified and efficient screening tool to help clients with a diagnosed SUD act on referrals following the continuity of care strategy (Smith et al., 2020). The recommended solutions also demonstrate the potential to leave strong impacts on how effectively practitioners compile and analyze data reported in the TAPS screening tool. When clients receive accurate information for acting on referrals, practitioners can improve workflow designs and make them more efficient by administering TAPS as a survey instrument for collecting self-reported data (Schwartz et al., 2017; Smith et al., 2020; Wu et al., 2019). Concurrently, administering TAPS can ensure that CSC staff may quickly evaluate clients presenting the highest risk of relapse, poverty, homelessness, suicidal ideation, and involvement in the criminal justice system after discharge.

Recommended Implementation and Evaluation Procedure

Implementation and evaluation procedures performed after proper assessment and planning are necessary for practitioners to act on the continuity of care strategy. Training programs are the appropriate recommendations for ensuring that CSC staff properly administer the TAPS screening tool when admitting patients during triage (Schwartz et al., 2017; Smith et al., 2020). Communication strategies are of further importance to

practitioners responsible for ensuring treatment program effectiveness. Concurrently, the program implementation personnel should obtain resources, such as brochures and posters, to teach staff how they should administer the TAPS screening tool (Lindley et al., 2019). The recommendation procedure offered here provides the basis for improving data collection and data analytics practices considered necessary to adequately evaluate program effectiveness.

Subsequent recommendations include individual-level changes in practitioner behaviors to ensure clients improve short- and long-term health outcomes upon receiving the continuity of care (Smith et al., 2020). As CSC staff function as primary care providers, their organizational and professional responsibilities must reflect the effective integration of the TAPS screening tool into practice. Similarly, the recommendation offered here extends to practice improvements when CSC staff not only impact the organizational culture but also exhibit behaviors that comply with existing policies and clinical best practices (Lindley et al., 2019; Schwartz et al., 2017; Smith et al., 2020). By acting on these recommendations, practitioners may provide clients with stronger health promotion and harm reduction strategies to increase their chances of post-treatment success upon re-entering the community.

Contribution of the Doctoral Project Team

Project Team Responsibility Summary

As the project leader, I am obligated to help remove the stigma associated with SUD among clients. The extant literature demonstrates how stigma has direct and indirect

effects on treatment outcomes when clients have predetermined beliefs about what evidence-based recommendations primary care providers offer (Crapanzano et al., 2019). Considering how stigmatization is a social process whereby individuals attribute negative stereotypes to others struggling with disordered substance use, its impacts on clinical practice and treatment outcomes suggest to researchers that internalized perceptions of discrimination could determine how honestly clients respond to items listed in the TAPS screening tool. Accordingly, perceived stigma can negatively impact treatment outcomes when clients do not accurately account for the severity of disordered substance use (Saunders et al., 2021). When the attitudes and preferences of clients needing treatment impact the quality of professional relationships with CSC staff, they risk contributing to a reinforcement of problems like relapse, poverty, homelessness, suicidal ideation, and involvement in the criminal justice system after discharge (Saunders et al., 2021; Schwartz et al., 2017; Smith et al., 2020). As such, acting on the continuity of care strategy means knowing which types of evidence-based treatment interventions will produce the best possible outcomes for clients with different needs.

As the project leader, I administered the TAPS screening tool among clients with a diagnosed SUD to assess their needs and decrease continuity of care deficits. I also designed treatment plans, recruited CSC staff and other team members, and assigned responsibilities. From there, I employed an appropriate project methodology and provided regular project updates. I also invited members of the information technology (IT) team to provide weekly medical updates on the electronic health records (EHRs) of clients. IT team members also reviewed each administered TAPS screening tool for

completion and oversaw the spreadsheet implementation process. Following the literature, IT staff reviewed EHRs to ensure that self-reported data provided by clients matched information to advance the continuity of care strategy (Wu et al., 2019). The Chief Medical Director (CMD) and my preceptor were available to provide clarification, guidance, and support when needed.

Role of the Project Team in Program Recommendation

The project manager, IT staff, and CMD participated in this project to offer program recommendations. First, the project manager outlined the procedures and guidelines for implementing treatment programs that followed the continuity of care strategy (Schwartz et al., 2017; Smith et al., 2020). While acting as the project manager, I coordinated activities with key stakeholders that included community members, CSC staff, and administrative staff to implement evidence-based recommendations for treating SUD among clients

Secondly, the IT staff mobilized the technological tools and equipment needed to ensure project success. Staff members and I collaborated to discuss the training required for implementing treatment programs when self-reported data on the TAPS screening tool did not match EHR information. Drawing from the literature, collaboration was necessary to assist with monitoring client behaviors and documenting changes in treatment protocols requiring the initiation of specific evidence-based interventions (Wu et al., 2019). Collaboration also provided the basis for closing evidence and practice gaps

when screening results led to CSC staff issuing referrals or transferring clients to a different facility.

Third, the CMD provided meaningful insights regarding which plans would support program extension efforts. More relevant is how the CMD offered recommendations for using the required health facility equipment. Drawing from the literature, CMDs recognize the need for clients with a diagnosed SUD to seek timely treatment whenever medical problems or comorbidities emerge (Marchand et al., 2019). While clients will express concerns about stigmatization following treatment and discharge, CMDs can offer project managers recommendations for implementing patient-centered models aligned with the continuity of care strategy (Crapanzano et al., 2019; Marchand et al., 2019; Saunders et al., 2021; Schwartz et al., 2017; Smith et al., 2020). In such instances, the CMD ensured that any plans for extending treatment programs would include advocacy strategies.

Plans to Extend the Project

While the project extension will not take place immediately, it will reflect the evidence-based treatment recommendations following a continuity of care strategy when CSC staff evaluate self-reported data included in the TAPS screening tool. Plans will also entail the integration of stigma prevention and advocacy models designed to help clients improve well-being after being discharged from a treatment facility (Crapanzano et al., 2019; Saunders et al., 2021; Schwartz et al., 2017; Smith et al., 2020). Such plans will have social justice implications that emerge from concerns over individual, economic,

and cultural perceptions of disordered substance use (Hochstatter et al., 2020; Kansagra & Cohen, 2017).

Strengths and Limitations of the Project

Key strengths of this project referred to how CSC staff wanted to have the TAPS screening tool implemented. The selected instrument provided CSC staff members with opportunities to identify possible interventions that bridges the gap for continuity of care. The second strength of the project was that the input of the IT department was integrated in obtaining the data. The integration of data through the IT department was an added advantage given that it enabled the quality improvement initiative to be undertaken using valid data, which further enhanced the reliability of the findings. Had quality improvement initiative failed to integrate the input of the IT department in the generation of data, the findings of the study could not have been as comprehensive. As the IT staff mobilized technological resources, members provided the means of collaborating with CSC staff to monitor client behaviors and document changes in treatment protocols (Gabbard, 2013).

However, the COVID-19 pandemic created limitations on the organization ability to accept patients as usual. The project was postponed for approximately one to two months due to clients, and CSC staff being diagnosed with COVID-19. In addition, the facility had to stop operations and patients were transferred to a private location to quarantine, while the building was thoroughly disinfected. The COVID-19 pandemic has caused a significant increase in opiate overdose (CED, 2021).

Recommendations for Future Similar Projects

The nature of this quality improvement initiative project involved using an evidence-based screening assessment tool to provide effective referral resources for continuity of care. Similar projects conducted in the future could involve incorporating the opinions of family members, community members, or legal teams to help established individualized patient care focus for referral resources and recommendations. Following the continuity of care strategy will increase retention rates in treatment programs, decrease the opioids epidemic and provide communication of the importance of bridging the gap in practice (Nordeck et al., 2019). In further evaluation and discussion with the project team, they consented to transfer the DNP quality improvement initiative from the CSC to the inpatient units for detoxification and transitional housing.

Section 5: Dissemination Plan

Introduction

The intentional aim for the quality improvement initiative was to bridge the gap for continuity of care of the SUD patient through triage utilizing the TAPs assessment screening tool. I presented the quality improvement initiative results gathered from analyzing and synthesizing the data collected to the CSC to a variety of shareholders. The CSC-staff nursing, case management teams, social workers, as well as peer recovery coaches were informed of the study and its results that the TAPS assessment screening tool can help to improve individualized referral resources for SUD patients for continuity of care. By informing these parties of the value of the TAPS assessment screening tool, they will be more likely to utilize it and increase its value to the patients through improved referral strategies. The project results were explained in the conference room with a visual aid that provided a detailed process of how the project findings were finalized. An Excel spreadsheet and a PowerPoint presentation of the statistical findings consisted of how many referral resources bridged the gap for continuity from the pre-implementation and post-implementation of the TAPs assessment screening tool during triage (Comer et al., 2015).

The broader nursing profession should likewise be made aware of these findings to realize similar improvements. For example, dissemination of the quality improvement initiative results should be shared within the healthcare arena focusing the information toward case management, social workers, peer recovery coaches, nursing and healthcare organizations, and CSCs in linking the gap for health care disparities among SUD

patients (Marchand et al., 2019). The dissemination of the project findings can be accomplished by publishing the quality improvement initiatives project as a poster with American Nurses Association, The American Association of Nurse Practitioners, and the Sigma Theta Tau International Honor Society, so that the profession can read, assess, and apply the insights found. Resources selected, targeting the specific needs of the northeast region, would focus on supporting SUD patients and/or previously reported on the TAPS assessment screening assessment tool.

Analysis of Self

Practitioner

As a practitioner, I believe and understood that the procedures for implementing change must also create and build trust to balance efficiency, safety, and reliability requirements. These procedures should involve healthcare workers implementing decision-making tools and developing a learning culture in the organization (Atherley & Meeuwissen, 2020). A DNP project like this quality improvement initiative project is essential to nursing practice since it advances nursing and provides a bridge for SUD patients with continuity of care. The DNP project improved my critical thinking and skill set and enhanced my development as an advance practice provider. I also maintain that evidence-based management and clinical practitioners encourage the appraisal and application of empirical evidence in practice after completing the quality improvement initiative (see Crapanzano et al., 2019; Wu et al., 2019). With this DNP project, I am more effective than before and have more understanding and confidence to identify,

evaluate, and educate of the importance of implementing individual referral resources for continuity care based on the patients TAPS assessment screening tool.

Scholar

As a scholar, I found that locating peer-reviewed articles from multiple databases was necessary to identify and mitigate the risk of any biases informing project outcomes. While standard electronic databases like Google Scholar can offer thousands of resources, they may not always meet specific inclusion criteria upon including irrelevant data, poorly written statements, and flawed study designs. Using the most fitting search terms and specifying a range of publication dates also keeps nursing projects current when scholars must identify any emerging gaps found in the peer-reviewed literature. Although future projects will aim to close gaps between theory and practice, scholars like me are responsible for defining which inclusion and exclusion criteria will inform decision-making processes in clinical settings. I have seen growth within myself because of this DNP quality improvement initiative as an educator, nurse leader, and a scholar. The knowledge obtained during my duration of my DNP program will be applied throughout my career (see Terry, 2015).

Project Manager

As a project manager, I was able to plan and develop a quality improvement initiative project bridging the SUD client to continuity of care based on their individualized triage assessment of their TAPs assessment screening tool. My responsibility included practice gap analysis, assessment process, planning the

interventions, implementing the step-by-step process, and evaluating the quality improvement initiative effectiveness. I understood the necessity of coordinating activities with key stakeholders. I further understood why interprofessional collaboration provides a strong basis for identifying which referral resources and practice gaps impact treatment outcomes among SUD clients receiving detoxication services. I utilized the project management tools, as the project leader by influencing interdisciplinary professionals to embark on a quality improvement initiative project. Using my leadership abilities to address the gap of bridging the connection to continuity of care for clients with substances use disorders was need for the CSC. I was able to identify when changes were needed to maintain the quality improvement initiatives timelines and to keep the CSC staff motivated and adherence to the quality improvement initiative. The DNP quality improvement initiative has afforded me with experience to identify, plan, implement, and evaluate and reevaluate as needed. I will incorporate the knowledge I gained to lead future nursing practice changes (Terry, 2015).

Completion of the Project

Completing the DNP quality improvement initiative project has been very insightful and rewarding. The DNP quality improvement initiative project has prepared me to apply scholarship to disseminate findings and outcomes within the nursing profession. The insight obtains from the project consisted of data collected from the CSC staff during triage, from TAPs assessment screening tool supports the need to address the referral resources for the SUD clients. Additional insights gained from this quality improvement initiative project furthered a deeper pursuit of my nursing professional

interests that include learning project management skills and other life skills, including time management and professionalism. The DNP quality improvement initiative gave me the opportunity to develop and demonstrate my skills as a DNP student, project manager, scholar, and a leader. Unfortunately, I encountered many challenges where I became very discouraged, depressed and wanted to give up the process of completion of the project. The staff from the organization were faced with a staffing shortage secondary to the COVID-19 pandemic. Admissions for inpatients to the CSC were placed on hold due to the COVID-19 pandemic, which caused barriers to the day-to-day operations. Time was lost in assessing clients because of the COVID-19 outbreak at the organization. The project also exposed me to different online research tools and technological advances in the management of mental health patients and addiction medicine (Comer et al. 2015)

Summary

The aim of the quality improvement initiative project was to evaluate the implementation of the TAPs assessment screening tool during triage to identify referral resources for the SUDs client and bridge the gap for continuity of care. The quality improvement DNP project has made a significant impact in bridging the gap for continuity of care and providing awareness for the SUD patient seeking recovery, The project has decreased the negative stigma by providing individualized referral resources for the SUD client during triage by utilizing the appropriate screening assessment tool.

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