

Background

Problem: Jefferson serves a large population of patients who use drugs (PWUD). As the opioid epidemic has evolved, our practice has adapted. Examples of Jefferson's dynamic response include hospital-wide guidelines for withdrawal management and medications for opioid use disorder, establishment of a bridge clinic, and the JAMS service. However, there is little consensus on how to best support this population in the hospital, particularly if they are using or suspected of using non-prescribed substances during their admission.

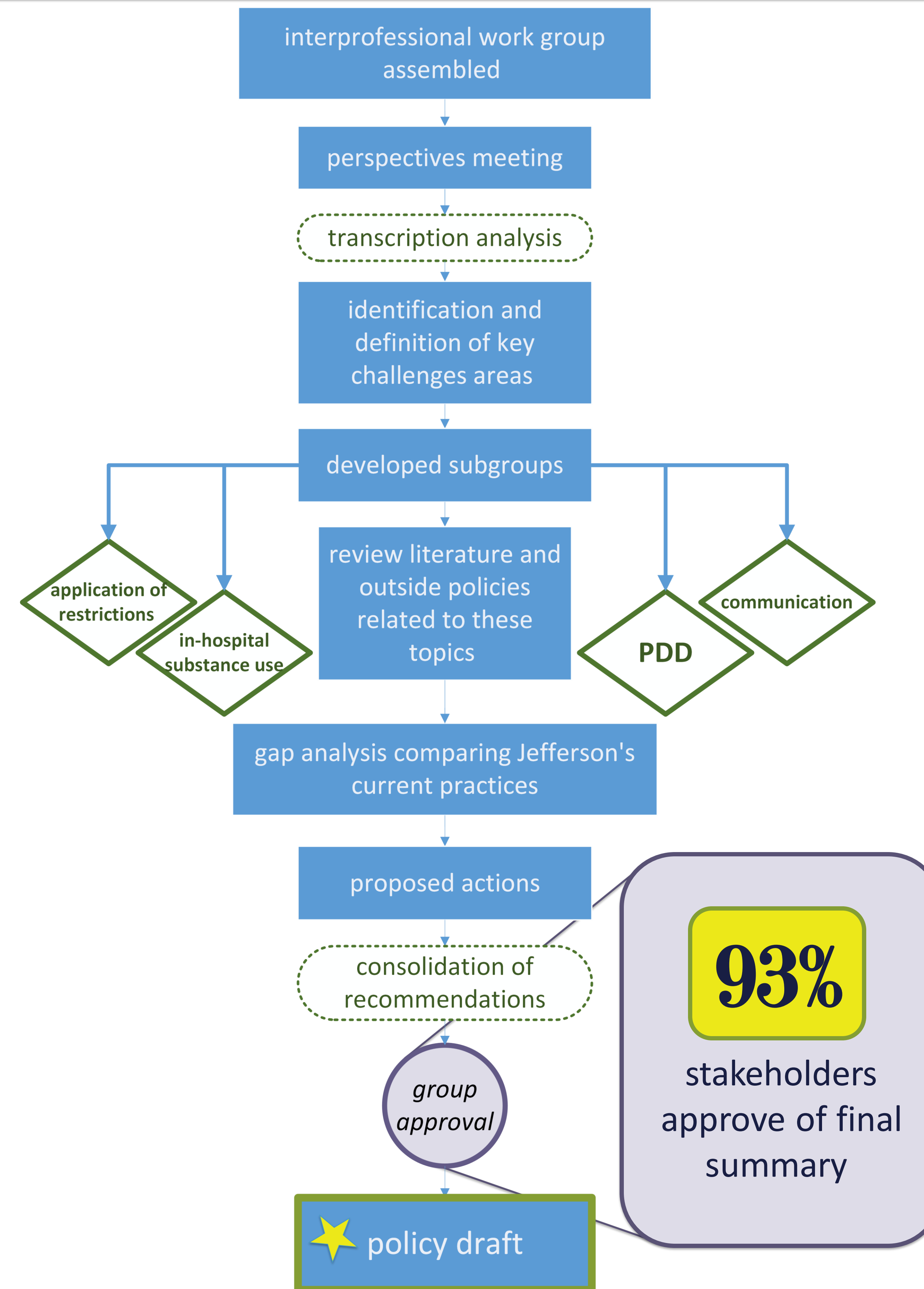
Aim: Development of accessible guidelines to manage and support PWUD in the hospital.

Baseline Metrics

- **1,276***: number of fatal overdoses in Philadelphia
- **1,752****: admissions to Jefferson involving a patient with a substance use disorder
- **23%**: patient directed discharge (PDD) rate
- **17%**: seven-day readmission rate after PDD
- **2%**: in-hospital mortality rate for patients with a substance use disorder
- Patients who have fatally overdosed in hospital: **local experts predict in the single digits yearly**
- Correlation between a punitive action toward a patient and a PDD: **????**
- Top **4** reasons PWUD leave before medically advised: **stigma from staff, prison-like environment, uncontrolled withdrawal and pain**

* In 2021 ** data based on 15-month period from 2023-2024

Interventions and Process Map



Highlights from policy draft:

1. Important definitions (addiction; substance use; illicit, illegal, or prohibited substances)
2. Procedures to...
 - Reduce harm of substance use when it happens
 - Address substance use in hospitalized patients
 - Address substance use in patient visitors



Challenges and Lessons Learned

- **Power of more perspectives via storytelling** – we engaged a large and interprofessional work group with not only experts (JAMS, CRS) but also beneficiaries (nursing unit managers, hospital medicine teams, pastoral care, risk management, security)
- Challenges of balancing desire to include **patient perspective** with knowledge that discussion of HCWs experiencing punitive measures can reintroduce stigma, pain, and distress
- A gap between zero use events to **decreased harm** from events is nuanced – understanding how best to shift this approach among folks with different backgrounds but important perspectives

Future Directions



- Creating patient-facing materials
- Epic orders specific for restrictions (like those used for restraints, including end date)
- Developing process for staff huddles
- Launching an education campaign about new policy for frontline healthcare team members
- Future impact analyses with outcomes relating to staff and patient satisfaction following new policy

Linkage to Healthcare Disparities

- The response of healthcare workers to in-hospital drug use is reminiscent of the War on Drugs, a collection of policies that historically targeted people of color and people of low socioeconomic status.
- We know that patients in this population have higher rates of mortality from any cause of death, not just those considered complications from substance use.
- ZERO tolerance policies for in-hospital drug use are unjust and endanger lives by leading to missed opportunities for care.
- **An improved care environment for this patient population will not only reduce stigma but also save lives.**