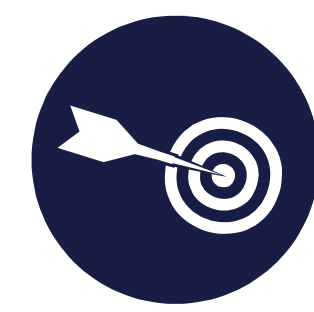


Background of Case

- Patient with active substance use (reported snorting 8-10 bags of fentanyl/day) not initially interested in MOUD admitted to TJUH for severe sepsis due to empyema
- Placed on hydromorphone PCA with scheduled oxycodone for pain control and withdrawal, found to have diverted prescribed opiates and used recreational fentanyl while inpatient

Project Aim:



- 1) Perform root cause analysis of safety event
- 2) Develop solutions to prevent similar instances in future given growing opiate epidemic in Philadelphia

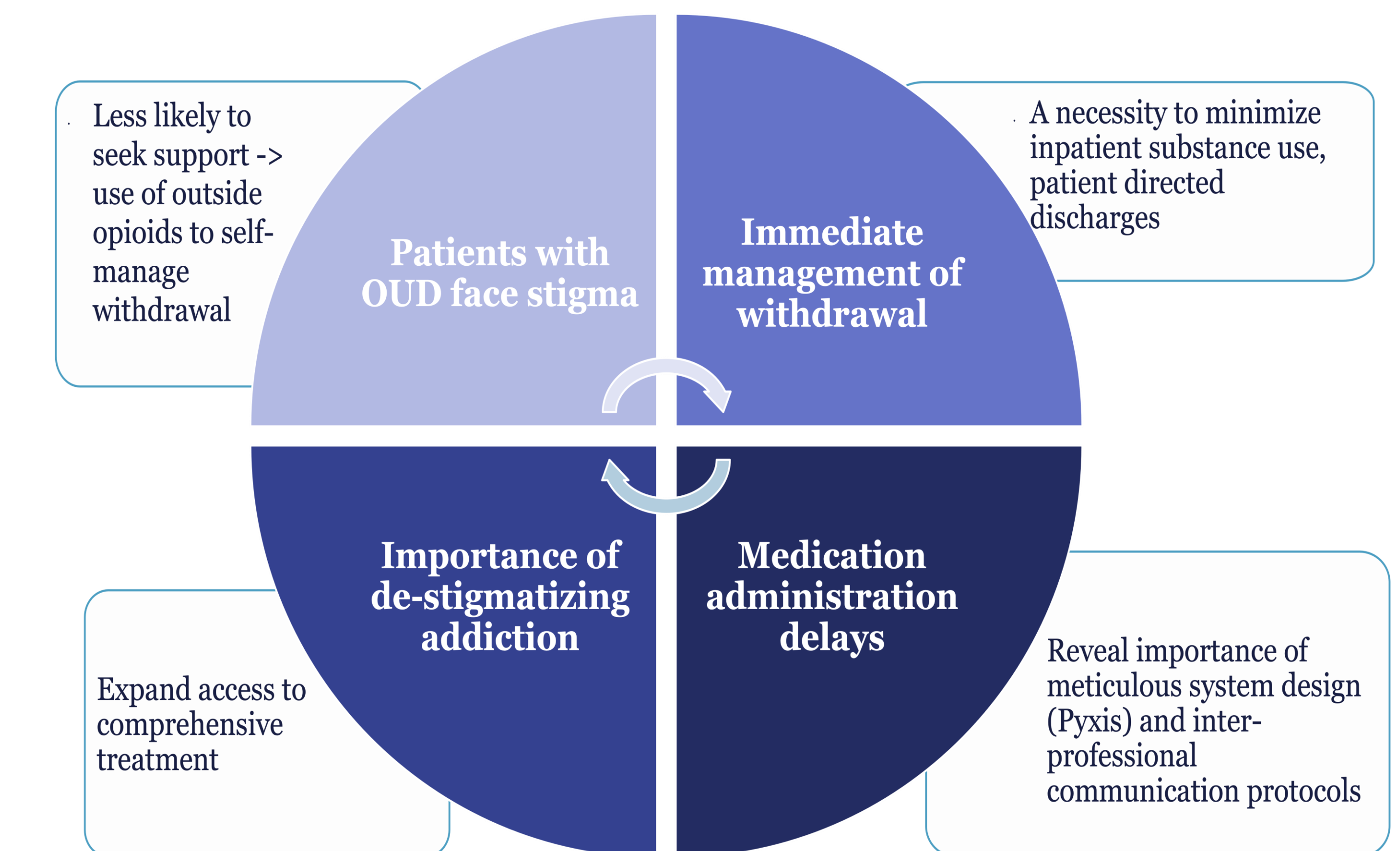
Interventions

Case review with pharmacy leadership, nursing unit, and patient safety office regarding Pyxis error

JAMS leadership – provide educational conference to address inpatient opiate use, OUD protocol, off-protocol management of patients disinterested in methadone or suboxone

Physician leaders – promoting behavioral charters; protocolizing approaches to substance use inpatient including patient searches, 1:1 sitters in a temporary action multidisciplinary group

Challenges and Lessons Learned



Identified Contributing Factors to Substance Use

Key Contributor: Uncontrolled Withdrawal due to...

Uncontrolled Pain	Uncertainty about prior substance use	Underdosing of opiate agonists
<ul style="list-style-type: none"> • Acute pain triggers: chest tube, empyema, lab draws • Chronic hip pain 	<ul style="list-style-type: none"> • Patient reluctance to disclose degree of use • Provider inexperience, lack of proficiency with order set • Time constraints • Conscious and unconscious bias associated with substance use 	<ul style="list-style-type: none"> • Medication administration delay due to inaccurate Pyxis programming and delayed medication restock without pharmacy's knowledge leading to missed doses of scheduled oxycodone • Patient hesitancy to share symptoms and unreliable assessment of withdrawal (COWS)

Linkage to Healthcare Disparities

- Black and Latino populations – less access to MOUD; managing withdrawal, encouraging MOUD inpatient likely key avenue into treatment (Lagisetty, 2019)
- Patients in Philadelphia with SUD 5.5x more likely to self-direct discharge than those without
 - Undertreated acute pain identified as key driver leading to decreased quality of care (Compton, 2021).
- Inpatient management of withdrawal and how inpatient substance use are handled by hospital policy affords opportunity to correct the health care system's role in systemic inequality (Martin, 2023)

Future Directions



Develop interventions to combat stigma: supply and teach motivational interviewing scripting for providers



Strengthen collaboration: Foster interdisciplinary partnerships to provide comprehensive OUD treatment strategies



Enhance withdrawal management: Improve existing withdrawal orderset. Provide training/protocols to care for patients declining MOUD.



Implement system improvements for inpatient management: Conduct thorough review of the Pyxis protocols and invest in staff training and system updates



Role of Searches: Partner with security and nursing to develop room search protocol when inpatient substance use suspected to optimize safety and limit stigmatization