



# Working with Addicted Patients in Acute Care

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# Objectives

1. To share information about the challenges with care management of substance use patient patients in acute care.
2. To offer an overview of recent work that has occurred in an attempt to change practice in SHR.



# What Got Things Started?

Concerns raised by nursing staff about a particularly challenging group of patients; those with a history of substance use issues.

- Potential for needle stick injuries
- Threat of violence: verbal abuse
- Issues with treatment compliance
- Lengthy in-hospital stays
- Discharges Against Medical Advice



# Next Steps

The issue was brought to the General Medicine Quality and Safety committee, a meeting was called with:

- Mental Health & Addictions
- St Paul's Hospital Mission staff
- Client and Family Representatives
- Security Services
- First Nations and Metis Health
- Pharmacy,
- Occupational Health & Safety, etc., etc.



# Background Work

- ✦ The General Medicine Quality and Safety group researched history of care of the addicted patient in the health care system: issues with stereotyping, lack of understanding of the disease, inadequate education among all health care practitioners.
- ✦ Surveys of staff and clients in community re current practice.



# Concerns for SHR Staff

Long stay patients (6 weeks to 3 months)

No outpatient option for community-based long term antibiotic therapy.

Meeting with SHR CEO in 2014 re addictions work and prioritizing an outpatient resource for antibiotic administration. Still under discussion, no progress to date.



# Focusing on the Issues

Withdrawal issue (lack of physician support for adequate pain management; stereotyping as drug seeking)

- ✓ Dr. Peter Butt offered resident physician and Medical Internists an opportunity for education in the management of addicted patients.
- ✓ An Opiate Withdrawal Order in the final stages of approval (2 + years post creation)
- ✓ Alcohol withdrawal order set is in use.



# Ongoing Support

No supportive acute care resources dedicated to support of this patient group (all counseling is community based).

- ❖ Community outreach workers have been contacted by acute care nursing staff to offer support to this patient group while they are in hospital.
- ❖ First Nations and Metis Health also offer support to some patients.





# Developed Some Tools

- ✦ Considerations for General Medicine nursing staff as a guide for use at admission
- ✦ Patient/family info re expectations of care
- ✦ Coping with Addiction Tool (includes a list of community resources)

(all information was developed with the cooperation of the Mental Health and Addictions staff)



# Staff Education

January/February 2014: Series of 20 minute in-services for all General Medicine staff designed to introduce the tools but also assist in changing staff attitudes.

Ongoing discussions with staff as patients are admitted.



# Bumps in the Road

- ✖ Issues with staff uptake of the process.
- ✖ Discussion with one of the nursing instructors resulted in a cover letter being created to frame the conversation for staff.
- ✖ Ongoing challenges with staff feeling comfortable/confident to initiate a discussion.

# Ongoing Actions

- ✦ Met with SHR Regional Quality & Safety committee re an acute care needle exchange project. They as well as the St Paul's Hospital Ethics committee were supportive of this in principle. Subsequent meetings were held with Public Health and 601 Outreach; no action to date.
- ✦ Occupational Health and Safety are supportive of a clean needle exchange process.
- ✦ Met with Mental Health & Addictions (January 2015) senior staff and head of SHR policy development re a for the policy to direct the care of this patient group. Recommendation: develop a care pathway.



# Current State (2 + years later)

- ✱ Modified the forms into a format that could be used in a greater percentage of the SHR population (June 2015)
- ✱ Nursing staff are calling the addictions outreach worker for in house support
- ✱ Fewer patients appear to be leaving AMA
- ✱ Work has been recognized as best practice. The SPH CEO and the Ethics department are trying to promote ongoing change and potential pathway formation.

It's far from Perfect but it's Progress



# Questions

