

Hospital staff experience 'sea change' in addressing substance use disorder

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As the nation's opioid epidemic claims thousands of lives, more and more people are hospitalized with infections, overdoses, and other medical and surgical complications of substance use. This resonates across Oregon, with a recent national report revealing that Oregon had among the highest cumulative increases of opioid-related hospitalizations of any state between 2009 and 2014.

Despite high need, most hospitals lack systems to engage people with substance use disorder, initiate life-saving treatment or connect people to care after hospitalization. This causes tremendous distress among health care providers and patients alike.

A new study published today in the *Journal of Hospital Medicine* provides a glimmer of hope.

"Existing research shows the life-saving benefits of medications for <u>addiction</u> and that most hospitals are not well-prepared to manage complex needs of adults with substance use disorder," said lead author Honora Englander, M.D., an associate professor of medicine in the OHSU School of

Medicine. "Our study shows that not addressing addiction contributes to burnout and frustration among hospital providers. And that by introducing high-quality addiction care, providers feel empowered and relieved. We found that providers' distress was not inevitable; that by treating people's addiction not only do we help patients, but we can fundamentally change how providers understand the disease of addiction and change culture."

The researchers describes a "sea change" after implementation of a hospital-based addiction medicine team, called the Improving Addiction Care Team, or IMPACT. The study lays out hospital staff perceptions before and after IMPACT, which started at OHSU in 2015, and brings together physicians, social workers, peer-recovery mentors and community providers to tackle the root causes of addiction when patients are admitted to the hospital.

Patients struggling with addiction can be disruptive and challenging for hospital providers who have little background in understanding or managing addiction. Some acknowledged their own resistance to engaging with patients due to the stigma they associated with addiction, and many described feelings of "moral distress," including frustration and futility of providing intensive medical and surgical care with resources or expertise to address addiction. In the new study, physicians, nurses and other clinical staff reported that Project IMPACT is making a difference by fundamentally reframing substance use disorder.

"Participants felt the IMPACT 'completely reframes' addiction as a treatable chronic disease," the authors write, "improving patient engagement and communication, and humanizing care."

Providers included in the study described widespread relief. They felt that IMPACT transformed care by treating patients' withdrawal, prescribing medications to treat the underlying



brain disease of addiction, supporting direct communication between patients and providers, and modeling compassionate care. As one nurse participant described, "I think you feel more empowered when you've got the right medication ... the knowledge and you feel like you have the resources. You actually feel like you're making a difference."

The study concludes that hospital-based interventions for substance use disorder can play a crucial role in addressing the nation's opioid epidemic.

"Hospitals need a workforce and systems that can address both the physical and behavioral health needs of this population," the authors write. "By doing so, hospitals can support staff and reduce burnout, better engage <u>patients</u>, improve care, and reduce stigma from this devastating disease."

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