

Creating a New Inpatient Addiction Medicine Service

Category: Symposium Presentation

Abstract Body

Background:

- People who use drugs sometimes don't get their needs met in hospitals.
- Health care systems stigmatize people who use drugs.
- The medical care for the sequelae of substance use is complex and very expensive.
- Standing up an inpatient consultation service where that type of service has never been offered is complicated.
- The need for assistance in the care of people who use drugs who become hospitalized is easy to demonstrate.

Methods:

- We developed an implementation plan with the help of the Policy & Planning Staff
- We employed expert medical consultants to inform the decisions
- We connected with existing services for advice.
- We conducted a literature review, including implementation science research
- We partnered with a service at the facility that launched very recently
- We stood up an advisory council with significant contributions and leadership that includes PLLEAFF.
- From the beginning, we developed an evaluation framework.

Results:

- We are still in the process of implementation but will have updated data by the time of the conference.
- Early engagement has been very positive, with enthusiastic support of the project.
- We've decided to expand the service early
- The project has led to a community of similar services interacting more, and there is an interest in ongoing dialogue among services
- We have had to reflect on how to make the best use of limited resources and how to engage the health system leadership to support expansion of the service.

Conclusions/Discussion:

- Other areas may want to initiate a service and will need support
- Collective data showing the importance of this type of service can serve to promote addiction medicine consult

services in hospitals more broadly across the country.

- Forming a community of practice focused only on inpatient care will help fill gaps in knowledge, drive hospital policy changes, and standardize inpatient care models and pathways across provincial jurisdictions.

Key Words

- Medical Co-Morbidities
- Treatment Models/Programs

Learning Objective # 1

Be able to understand the unique needs of hospitalized patients who use substances and barriers to these needs being met in modern hospitals.

Learning Objective # 2

Develop an approach to implementing an inpatient consultation service in addiction medicine for a system that has never had one.

Reference # 1

Braithwaite V, Ti L, Fairbairn N, Ahamad K, McLean M, Harrison S, Wood E, Nolan S. Building a hospital-based addiction medicine consultation service in Vancouver, Canada: the path taken and lessons learned. *Addiction*. 2021 Jul;116(7):1892-1900. doi: 10.1111/add.15383. Epub 2021 Jan 27. PMID: 33339073; PMCID: PMC8862688.

Reference # 2

Martin M, Snyder HR, Coffa D, et al Time to ACT: launching an Addiction Care Team (ACT) in an urban safety-net health system *BMJ Open Quality* 2021;10:e001111. doi: 10.1136/bmjopen-2020-001111

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