

A photograph of a hospital waiting area with several blue armchairs on wheels. The chairs are arranged in a row, and the background shows a wall with medical equipment and a window. The image is overlaid with a semi-transparent purple gradient.

Implementing Supervised Consumption Services in Acute Care: Hospital Staff Perspectives on an Innovation in Clinical Care

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Background

In 2018, the Royal Alexandra Hospital (RAH) in Edmonton, Alberta **implemented the first in-patient supervised consumption service (SCS).**

Rationale for implementation: Lack of access to harm reduction services in acute care: ^{1,2,3,4}

- Exacerbates the risk of in-hospital substance use.
- Contributes to high rates of premature discharge among people who use drugs, increasing the risk of readmission, overdose, and death.

Knowledge Gap: No research has explored hospital staff perspectives on the delivery of SCS in acute care.

- SCS may be met with resistance among hospital staff due to tensions between harm reduction and the medical model.⁵
- Understanding hospital staff perspectives can help mitigate any potential friction and support the operation of the SCS.

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2. Sharma, M., Lamba, W., Cauderella, A., Guimond, T. H. & Bayoumi, A. M. Harm reduction in hospitals. *Harm Reduct. J.* 14, 1–4 (2017)

3. McNeil, R., Small, W., Wood, E. & Kerr, T. Hospitals as a 'risk environment': An ethno-epidemiological study of voluntary and involuntary discharge from hospital against medical advice among people who inject drugs. *Soc. Sci. Med.* 105, 59–66 (2014).

4. Ti, L. & Ti, L. Leaving the hospital against medical advice among people who use illicit drugs: A systematic review. *Am. J. Public Health* 105, e53–e59 (2015)

5. Heller, D., McCoy, K. & Cunningham, C. An invisible barrier to integrating HIV primary care with harm reduction services: Philosophical clashes between the harm reduction and medical models. *Public Health Rep.* 119, 32–39 (2004)

Research Question & Methods

Research Question

- What are the barriers and facilitators to caring for patients eligible to access the RAH SCS?

Note: This study is part of a mixed-methods patient oriented research project evaluating patient and staff perspectives of the RAH SCS and characterizing eligible patient uptake.

Qualitative Method – Focused Ethnography

- We conducted **20 semi-structured interviews with hospital staff** (nurses, social workers, etc.).
- Interviews lasted between **40 – 119 minutes** and were focused on **staff experiences caring for patients eligible to access the RAH SCS.**
- Data was analyzed thematically using **latent content analysis.**

Results

Differential Treatment:

- Patients who access the RAH SCS may experience differential treatment due to stigmatizing attitudes from some unit staff.
- Viewing the SCS as a medical service, integral to patient care, can help prevent staff from allowing their personal beliefs and values to influence their clinical practice.

Administering Medication:

- A lack of knowledge about substance use can lead to withholding of medication (especially opioids) which creates adverse experiences for patients and can discourage SCS use.
- Increasing confidence to perform clinical assessments prior to administering medications could address this barrier to SCS.

Operational SCS factors:

- Operational limitations of the service include the inability to access with a friend or family member, and a physical location that is far from some units.
- Staff can facilitate access by arranging transport to and from the service and advocating for policy changes regarding SCS eligibility.

Providing referrals:

- Staff may miss opportunities to refer their patients to the service due to misconceptions about harm reduction principles as well as a lack of knowledge regarding referral procedures.
- Staff rely on the existing addiction medicine consult service to facilitate patient referrals.

"And then they come back to their unit and need an as needed pain medication but may not receive it in a timely manner due to this perception that they just used as the SCS so "shouldn't" have pain needs"

"And then just being open with patients, like, "Okay, so what time are you going to go to SCS? So I'll give you your IV med before you go or after you go." Just normalizing it, you know?"

Significance

- Acute care SCS are a key harm reduction strategy to improve health outcomes and acute care experiences for people who use drugs.
- Hospital staff report that post-SCS care, minimizing access barriers, and ensuring all eligible patients are referred to the SCS are key areas for quality improvement.
- Findings from this research will be used to refine the RAH SCS service model, and support the development of new standards of acute care for people who use drugs.

"And I've seen some people walk away at the door because their friend couldn't come. So, then they decide where to go and it's usually the bathroom"

"And some information for the patient, like who ever is admitting... why don't we give more information to the patient, like ask the question. If they want to use the SCS, we can tell them "There is [an SCS] downstairs" "