

Facilitators to Patients with Substance Use Disorders Seeking Care in the Emergency Department

Timothy Kelly, MD¹; Margaret Lowenstein, MD, MPhil¹; Joseph Beaty¹

¹University of Pennsylvania Perelman School of Medicine

Background

- The decision to seek care in the ED is challenging for many patients with SUDs.
- EDs are often the only touch point with the healthcare system for patients with SUDs.
- It is well established that delaying care increases morbidity and mortality
- Prior qualitative studies have been conducted with patients with SUD in the ED about: general experiences, receiving naloxone, post-overdose care
- Little is known about how to improve patients’ willingness to seek care in the ED when the need arises.

Objectives

- Work with patients with SUDs to identify how to facilitate their seeking of general medical care in the ED via identifying actionable changes to:
- a. The services provided to this population in the ED
 - b. The patient experience and flow through the department

Methods

- Presbyterian Hospital, Philadelphia PA: urban, academic hospital with level 1 trauma center
- Semi-structured interviews with hospitalized patients who are being followed by the Addiction Medicine Consult Team
- Domains included general experiences in the ED, how to improve care in the ED, distribution of harm reduction supplies in the ED
- Data analyzed using modified grounded theory and coded in NVivo 11.
- 10% of doubled-coded (mean κ = 0.83).

Results

Table 1: Participant and Library Characteristics (n=18)

Variable	Number (%)
Age	
40 or less	8 (44%)
>40	10 (56%)
Female	15 (83%)
Race/Ethnicity	
Non-Hispanic White	10 (56%)
Black/African American	3 (17%)
Other	5 (28%)
Housing status	
Stable housing	6 (35%)
Unstable/homeless	11 (65%)
Insurance	
Medicare	1 (6%)
Medicaid	14 (88%)
None	1 (6%)
Drug(s) of choice	
Opioids	17 (94%)
Cocaine	10 (56%)
Benzodiazepines	4 (22%)
Methamphetamine	2 (11%)
K2	1 (5%)

Respect and Acceptance

- Patients reported feeling respected and cared for during most recent ED experience

“Since I was admitted they’ve given me nothing but the best treatment. Very respectful. Nothing but the best. They treated me really well.”

“Its far exceeded, very much exceeded my hope”

Stigma and Judgement

- Many endorsed negative prior experiences with stigma and judgement in the ED

“They don’t care. They just leave you there. You could be screaming for hours and they just leave you there. You could be dirty, bloody, they leave you there. You could pass out and they leave you there”

Word of Mouth

- Many had heard through their social networks that Presbyterian Hospital was the one to go to for compassionate and competent care.

“Friends told me to come to this hospital. That they treat you with respect, not judgmental, keep you comfortable which is important while detoxing”

Wait times and Fear of withdrawal

- Long wait times caused many patients to fear experiencing withdrawal before seeing a provider

“I didn't even get out of the waiting room. I waited 4.5 hours and ended up leaving”

“Takes a long time to get treatment, especially when youre in bad withdrawal”

Expedited Care

- Providers can identify patients with SUDs in triage and then ensure they get expedited evaluation or treatment to prevent withdrawal

“It was busy but my doctor got me to cut to the front of the line because he didn't want me getting sick, withdrawing, seizing. They put me on withdrawal medication from the outset and took care of me.”

Privacy

- Xylazine wounds are stigmatizing and can make long wait times in waiting rooms challenging.

“Long time in waiting room. Hallway beds. Crowded. I have wounds and they smell and people in the waiting room ask what's the smell. I didn't feel comfortable sitting so close to people.”

Conclusions

- Presbyterian hospital has made progress towards creating a safe and accepting environment for patients with SUDs.
- Word of mouth and prior experiences are important factor in patients’ decision about seeking care.
- Addressing wait times, risk of withdrawal, and patient privacy can make it more likely that patients will seek care in the ED.
- Additional work needs to be done to consider how use disorders for each substance are associated with their own unique needs and challenges.

Policy Implications

- Hospitals can and should do more to improve ED experiences for patients with SUDs.
- Solutions should come from patients themselves who are experts in their own experiences in order to ensure success and buy-in.
- Hospitals can be an important point of distribution for harm reduction supplies for patients with SUDs.

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