iHOST (Improving Hospital Opioid Substitution Therapy): an NIHR funded intervention study

Magdalena Harris,
on behalf of the iHOST team

London School of Hygiene & Tropical Medicine
magdalena.harris@lshtm.ac.uk

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

iHOST: project impetus

iHOST responds to findings from the Care & Prevent study

- Care & Prevent aimed to understand risks and barriers to care for skin & soft tissue infections (SSTI) among people who inject drugs in London
- Data collection 2017-20 (455 PWID throughout London)

Findings

High reported lifetime prevalence of SSTI: **68%** (310/455)

High proportion hospitalised for SSTI: **44%** (137/310).

SSTI severity & hospitalisation associated with time taken to access care (54% >5 days, 28% >10 days)

Fear & experience of opioid withdrawal in hospital a primary barrier to treatment presentation & completion

Qualitative data (n=37): additional insight

Opioid withdrawal: barrier to treatment access & completion

Medical care avoided: *"It was that that really scared me more than anything, was being sick in hospital … being sick [in withdrawal] is one of the scariest things in the world to be."*

Stockpiling drugs / money: *"As long as I didn't have the money I wasn't going to the hospital"*

Scoring / preparing/ injecting illicit drugs in hospital: *"I was injecting in the PICC line while I was in hospital"*

Self discharge due to withdrawal: *"They give you a dose of methadone in the hospital but you have to wait for the doctor to consent, so I'm waiting days …. So going out, sick as a dog, arm bandaged up, I have to go out and find some money."*

Interrogating context: hospital policies

- Hospital critical medicines lists: informed by the Delayed & Omitted Medicines tool
- We questioned the categorisation of drugs for substance dependence (webinars)

DRUG OR DRUG CLASS BY BNF CLASSIFICATION AND INDICATION (S) CONSIDERED	Potential risks as consequence of delay		
	Dose not given at the time prescribed	Dose not given within 2 hours of time prescribed	Dose omitted (i.e. not administered by the time of next scheduled dose)
4.10. Drugs used in substance dependence *For alcohol or opioid dependence*	Nil or negligible patient impact with nil or minor intervention required; no increase in length of stay	Nil or negligible patient impact with nil or minor intervention required; no increase in length of stay	Significant short-term patient impact with moderate intervention required; increase in length of hospital stay possible

- We requested substance dependence guidelines from 135 acute hospital trusts.
- 86 trusts provided 101 relevant policies. 44/135 Trusts (33%) had no policy in place
- Of the 86: discrepancies in approach, barriers to timely OST, punitive language

"Patients with a history of drug abuse often have unreasonably high expectations. Alleviation of all pain is not a goal."

Working with PWID & policy makers

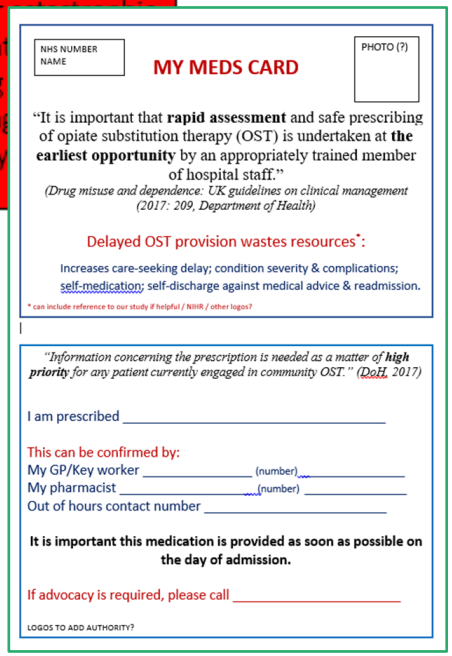
Specialist Pharmacy Service

	Dose not given at the time prescribed	Dose not given within 2 hours of time prescribed	Dose omitted (i.e. not administered by the time of next scheduled dose)
4.10 Drugs used in substance dependence 4.10.1 Alcohol dependence Benzodiazepines prescribed for alcohol dependence and withdrawal	Significant or catastrophic long-term patient impact with ongoing intervention required; long increase in length of stay possible	Significant or catastrophic long-term patient impact with ongoing intervention required; long increase in length of stay possible	Significant or catastrophic long-term patient impact with ongoing intervention required; long increase in length of stay possible
4.10 Drugs used in substance dependence 4.10.3 Opioid dependence Opioids prescribed as substitution treatment in opioid dependence	Nil or negligible patient impact with nil or minor intervention required; no increase in length of stay	Significant short-term patient impact with moderate intervention required; increase in length of hospital stay possible	Significant or catastrophic long-term patient impact with ongoing intervention required; long increase in length of stay possible
4.10 Drugs used in substance dependence (no BNF sub-code) Benzodiazepines prescribed for benzodiazepine dependence	Nil or negligible patient impact with nil or minor intervention required; no increase in length of stay	Significant short-term patient impact with moderate intervention required; increase in length of hospital stay possible	Significant or [illegible] long-term pat[illegible] with ongoing required; long[illegible] length of stay

PWID

- Patient advocacy / info card
- Helpline
- Staff training module
- Policy template
- iHOST 'champion'

iHOST intervention



NHS NUMBER
NAME

PHOTO (?)

MY MEDS CARD

"It is important that **rapid assessment** and safe prescribing of opiate substitution therapy (OST) is undertaken at **the earliest opportunity** by an appropriately trained member of hospital staff."
(Drug misuse and dependence: UK guidelines on clinical management (2017: 209, Department of Health)

Delayed OST provision wastes resources*:

Increases care-seeking delay; condition severity & complications; self-medication; self-discharge against medical advice & readmission.

* can include reference to our study if helpful / NIHR / other logos?

*"Information concerning the prescription is needed as a matter of **high priority** for any patient currently engaged in community OST." (DoH, 2017)*

I am prescribed _____

This can be confirmed by:
My GP/Key worker _____ (number) _____
My pharmacist _____ (number) _____
Out of hours contact number _____

It is important this medication is provided as soon as possible on the day of admission.

If advocacy is required, please call _____

LOGOS TO ADD AUTHORITY?

The IHOST intervention

AIM: To optimise OST management in hospital settings to reduce delayed presentation, self-discharge and emergency readmission among people who use opioids.

1. 'My Meds' advocacy card
2. Advocacy OST helpline
3. Online staff training module
4. 'Best practice' hospital template
5. iHOST 'champion'

Sites: University College London Hospital; St James's University Hospital, Leeds; Royal Stoke University Hospital, and linked drug treatment services

Primary outcome measures:

1. Discharge against medical advice (DAMA)
2. Emergency hospital readmission within 28 days of discharge

iHOST Design: Phases and Participant Flow

Month 6 12 18 24 30 36

Optimisation (8 months)
UCLH and drug treatment services

Optimise iHOST toolkit
- MYMEDS card
  2 workshops (14 PWUO / 6 providers); stakeholder consultation (~7); PPI meeting (6 PWUO)
- Training
  1 workshop (10 providers); stakeholder consultation (~7); PPI meeting (6 PWUO)
- Helpline
  1 workshop (6 PWUO / 4 providers)
- Policy template
  Stakeholder consultation (~7); PPI meeting (6 PWUO)
- Local iHOST champion
  Stakeholder consultation (~7)

Evidence review
- Systematic review
- Hospital policy review

Clinical systems review
- Review UCLH clinical information systems

Feasibility (6 months)
UCLH and DTS

Embed toolkit
- iHOST champion observations *(8)*
- MYMEDS card provision observations *(16)*
- Interviews *(12 PWUO / 8 providers)*
- DTS presentations

Test outcome measures
- Local / HES data
- Training evaluation

Phase 3 preparation
- Refine toolkit
  2 workshops (12 PWUO / 8 providers)
- Explore local contexts
  2 DTS workshops (14 PWUO / 6 providers); 2 hospital workshops (16 providers)
- Review clinical information systems

Evaluation (14 months)
Stafford and Leeds Hospitals and DTS

Quantitative evaluation
- Comparison of local outcome data before and after iHOST intervention
- Controlled analysis of primary outcomes using HES data
- Before and after analysis of staff training surveys *(150 staff)*

Qualitative evaluation
- In-depth interviews
  2 DTS workshops (16 PWUO / 12 providers); 2 hospital workshops (16 PWUO / 12 providers)
- iHOST delivery observations *(30)*
- Integration of PPI meetings with analysis from previous phases to refine cultural safety framework

Cost-consequences analysis
- Cost effectiveness analysis comparing costs and outcomes with and without iHOST intervention

Dissemination (8 months)
Healthcare, policy, academic

Finalise toolkit
- Co-production workshops at each hospital site
  3 workshops (18 PWUO / 12 providers)
- PPI review and meeting *(6 PWUO)*
- Finalise MYMEDS card, policy template and training module
- Develop implementation toolkit
- Develop / deliver webinar training and slide-sets

Dissemination and policy advocacy
- Policy orientated delivery report
- Open access peer-reviewed publications, community publications and presentations
- Targeted presentations with key stakeholders
- Resource designed for PWUO

Cultural safety PPI workshops
Four workshops (6 PWUO at each) over course of study to explore cultural safety and logic model (and participant information forms at outset)

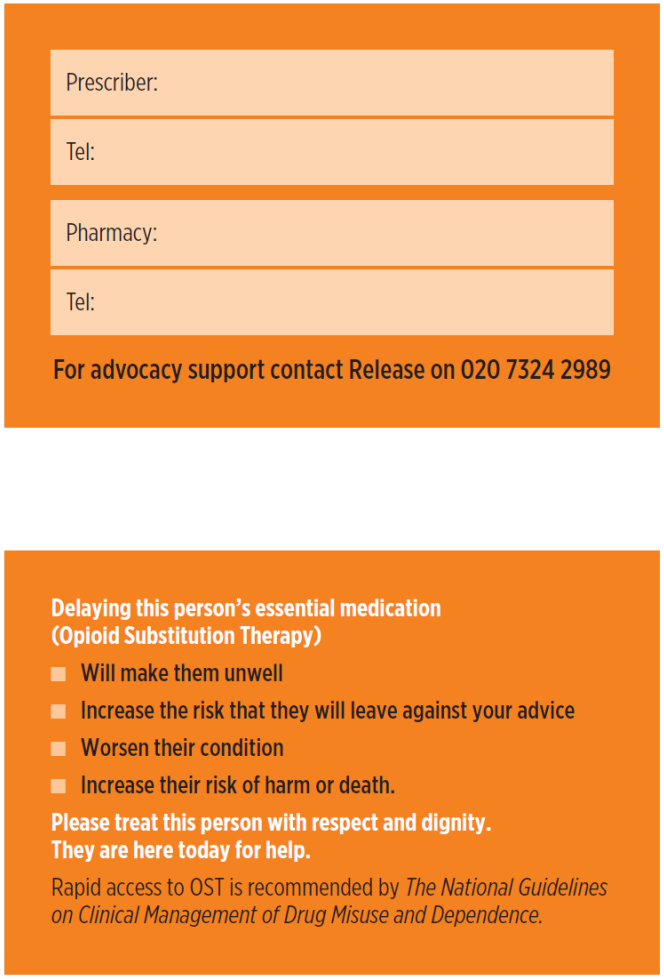
Advocacy Card

"something to take to the hospital to say I've got a right to be treated with dignity"

The MY Meds card is credit card sized, double sided, and generic rather than personalised. **It aims to:**

- Empower people on OST to feel safe to access hospital care and to disclose their medication requirements.
- Enable timely medicines reconciliation: prescriber and pharmacist contacts to be entered by the drug service
- Support patients and staff with specialised OST advocacy and information (Release helpline).

No hospital will prescribe OST on the basis of the card alone. PWUD can choose to take or refuse a card (not mandatory).



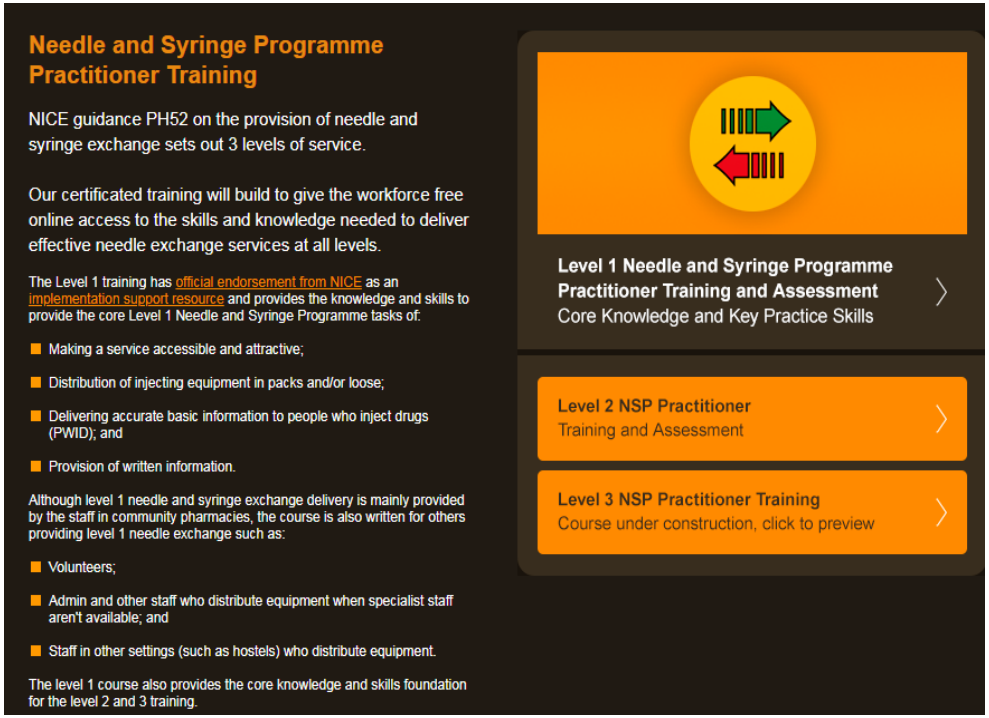
" like a helping hand. Something that speeds up the time you get your Methadone in hospital."

E-learning for hospital staff

- PWUD are often perceived as a challenging population to manage in the hospital setting.
- Limited training or skills in working with substance dependent patients can exacerbate tensions and workplace stress.

Our aim is to:
Produce a dedicated training package to support development patient-centred care and communication, and enhance staff confidence in the specifics of OST dosing and management.

It will cover key points in induction, titration and discharge planning of people in receipt of OST.



The module will follow the NSSCT e-learning format, which includes a mandatory pre- and post-assessment measure of knowledge and attitudes drawing on validated questionnaires.

Advocacy helpline

Aim: to ensure that patients are supported to secure their community OST or be assessed and titrated while an inpatient as quickly as possible, and in line with current clinical guidance

Release staff would contact the relevant medical team and hospital pharmacist involved in the patients care, as well as liaising with the community drug services responsible for the patient's prescription. A specific, established contact at each of the participating hospitals will be contacted in the first instance when an issue about OST access arises.

Release has been providing advocacy and legal support to people who use drugs for over 50 years. The organisation set up a specialised helpline in the early 2000s to support people with their opioid use, to help them access OST if that is what they wanted, and to ensure that the treatment they received met clinical standards.

The helpline is operated by a specialist nurse advocate and is supported by volunteers - many of whom have lived experience. **At the core of the service is ensuring that those who access support are treated with respect and dignity, that they are listened to, and that their rights are realised.**

Policy template

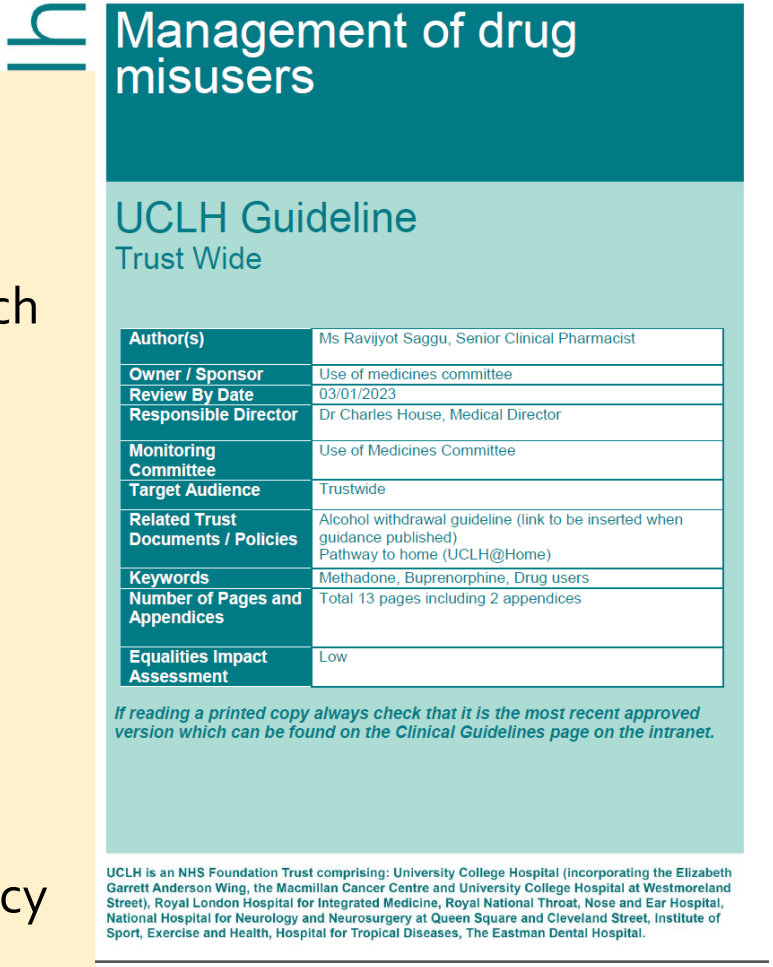
NHS
University College London Hospitals
NHS Foundation Trust

Our review of 101 substance dependence management policies from 86 NHS Trusts highlights procedural barriers to timely and effective OST provision, discrepancies in approach & divergence from national clinical guidelines.

Need for standardised 'best practice' template

To be informed by evidence review & expert stakeholder input.

People with lived experience of opioid dependency will be actively involved throughout.



Management of drug misusers

UCLH Guideline
Trust Wide

Author(s)	Ms Ravijyot Saggu, Senior Clinical Pharmacist
Owner / Sponsor	Use of medicines committee
Review By Date	03/01/2023
Responsible Director	Dr Charles House, Medical Director
Monitoring Committee	Use of Medicines Committee
Target Audience	Trustwide
Related Trust Documents / Policies	Alcohol withdrawal guideline (link to be inserted when guidance published) Pathway to home (UCLH@Home)
Keywords	Methadone, Buprenorphine, Drug users
Number of Pages and Appendices	Total 13 pages including 2 appendices
Equalities Impact Assessment	Low

If reading a printed copy always check that it is the most recent approved version which can be found on the Clinical Guidelines page on the intranet.

UCLH is an NHS Foundation Trust comprising: University College Hospital (incorporating the Elizabeth Garrett Anderson Wing, the Macmillan Cancer Centre and University College Hospital at Westmoreland Street), Royal London Hospital for Integrated Medicine, Royal National Throat, Nose and Ear Hospital, National Hospital for Neurology and Neurosurgery at Queen Square and Cleveland Street, Institute of Sport, Exercise and Health, Hospital for Tropical Diseases, The Eastman Dental Hospital.

'iHOST champion' role

To be developed with our dedicated UCLH nurse ☺ (role, responsibilities, line of accountability)

Aim: to help ensure iHOST is transferable to and sustainable in other settings.

How might we help promote a culture change in hospital settings in regard to care for people who use illicit drugs?

What might this look like?

Champions have been defined as: "individual(s) who dedicate themselves to supporting, marketing, and driving through an implementation, overcoming indifference or resistance that the intervention may provoke in an organization."

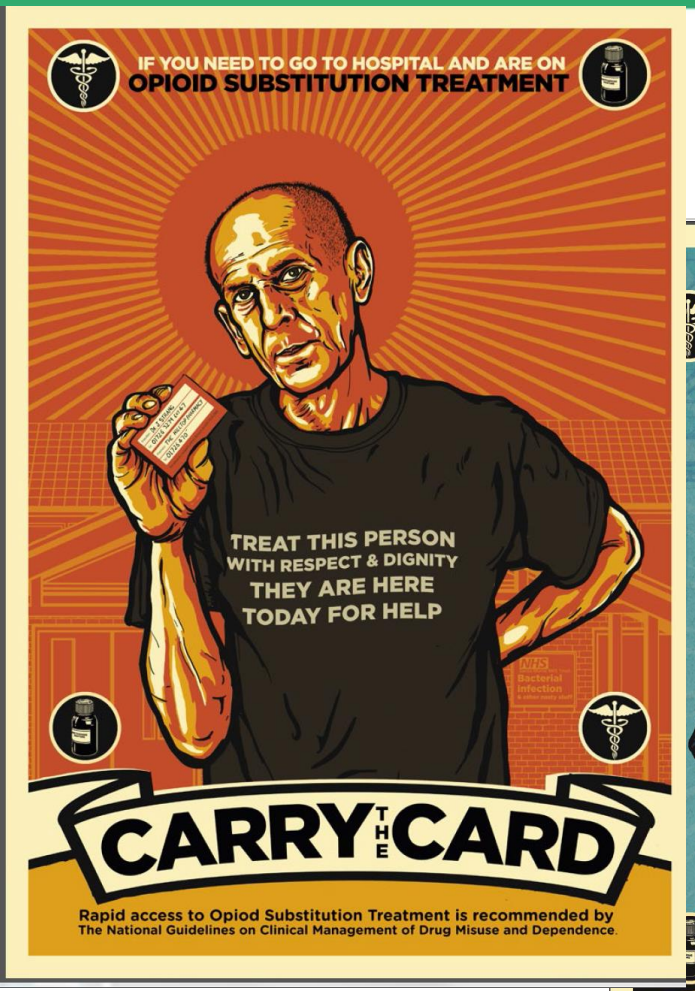
iHOST champion/s will take on the role of encouraging the adoption of iHOST, supporting new and existing colleagues to incorporate the intervention into their practice and be a practical source of local information e.g. signpost to community drug teams and local pharmacies.

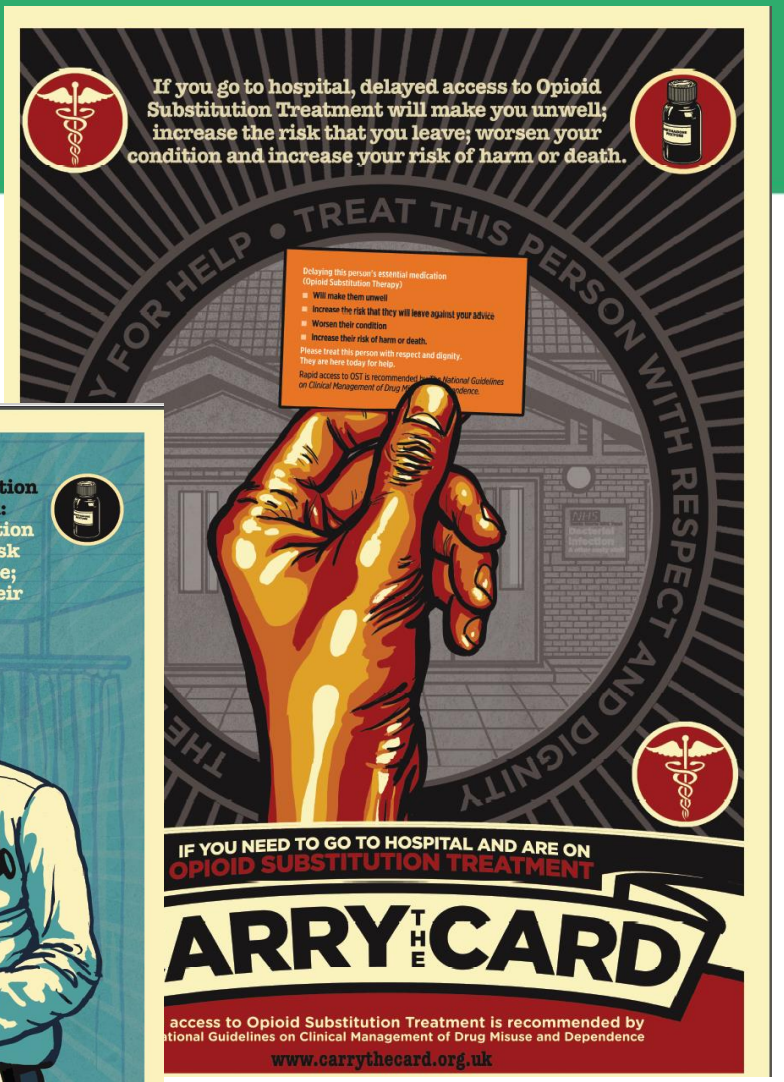
Working with people who use drugs …

To feedback findings and iteratively develop a 'cultural safety' framework as well as other outputs and resources.

- Originating from NZ nursing practice, cultural safety aims to reduce health care practices that cause patients to feel unsafe and powerless.
- Requires providers to reflect on their own power & positioning, and how structural disadvantage and marginalisation can be reproduced in health care.
- It is the responsibility of the dominant health care culture to undertake process of change/ transformation to promote equitable health care access & outcomes.
- What constitutes cultural safety is defined from the perspective of those seeking or receiving care.
- Interactions with health care providers may be experienced by patients as unsafe despite the intentions of providers.

A first step: promotion posters





How we would like you to be involved (!)

Phase 1: March – Oct 2022 (preparing iHOST)

- Staff input into the best way to distribute iHOST advocacy cards
- Workshop with 6-8 service users to introduce & get feedback on iHOST

Phase 2: November 2022 – April 2033 (testing iHOST - UCLH)

- Provide advocacy cards & promotion posters to your service
- For staff to provide cards to service users on OST
- Interviews with 4-5 service users and 2-3 staff about perceptions of iHOST acceptability, barriers and facilitators to uptake/use etc.
- Possibly some observations of card provision (?)
- Follow up workshop (6-8 service users) to explore experiences

Phase 4: August 2024 – Feb 2025 (dissemination)

- Dissemination workshop, input into resource development etc (any who are interested :☺)

Feedback / questions ....

In summary –

- We want to improve the experience of people who use drugs at hospitals
- So that they present earlier and complete their treatment

- We want the burden of the intervention to be low for drug treatment providers: the main ask is for you to provide the card to service users, and if possible, that we collect some qualitative data on peoples perceptions.

- Please let us know if you have any questions

- And – what institutional approvals are required for your involvement

Thank you!!