

## Introduction

The **Lemuel Shattuck Hospital (LSH)** is one of four publicly operated hospitals committed to serving patients who are economically and socially disadvantaged and generally underserved by mainstream providers. Regardless of a patient's history, financial status or demographics, the hospital strives to provide each patient with access to high quality care from a staff that respects their dignity.

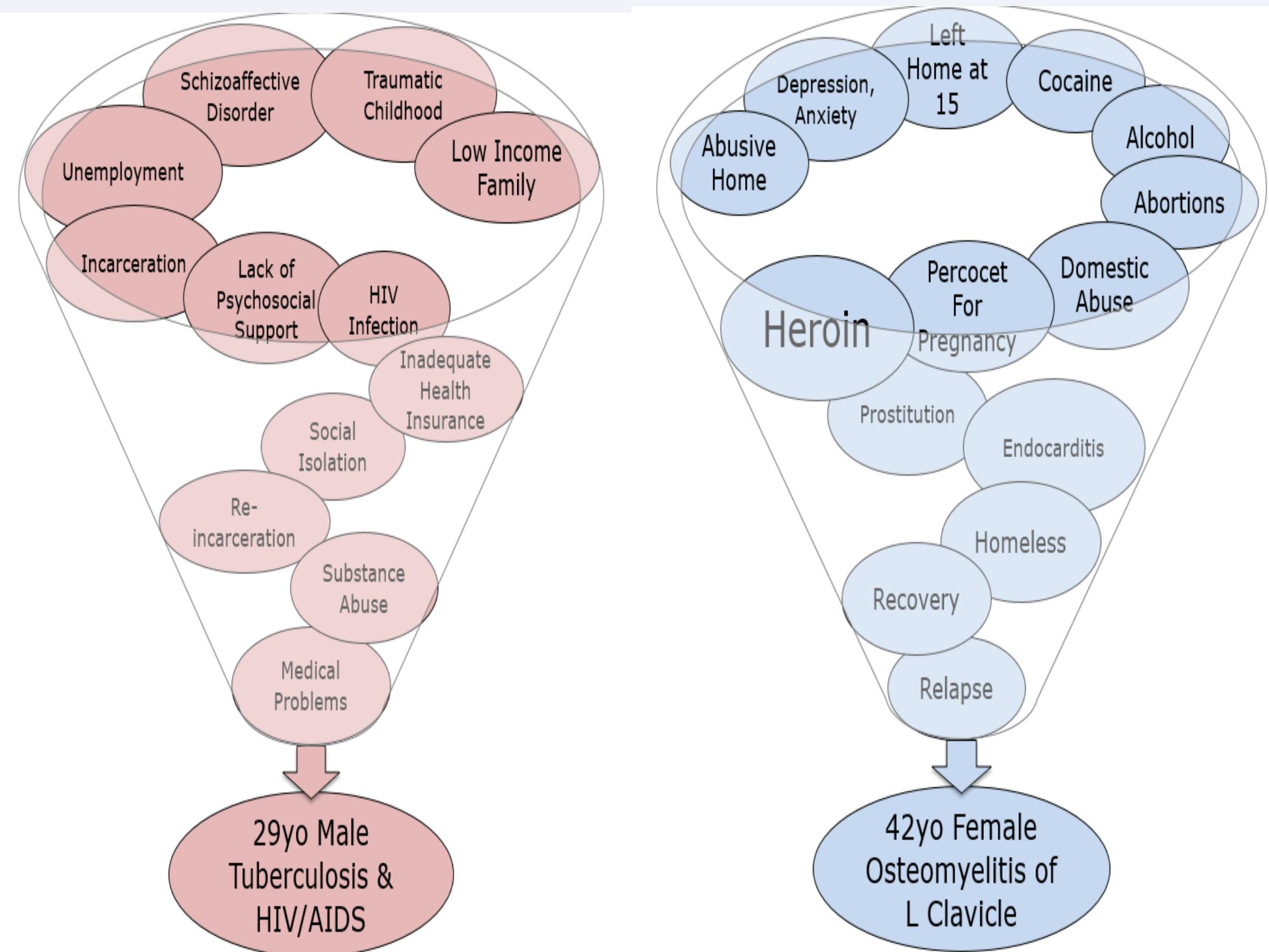
## Project Goals

1. Enhance understanding of the treatment of substance use disorders in patients
  - Risks and associated illnesses linked to substance use disorders
  - Basics of Suboxone and Methadone
  - Reduce provider prejudice and bias in pain management
2. Educate students about the value of LSH as a "safety-net hospital"
  - Recognize social determinants of health effecting this population
  - Unique treatment units: DOC unit, TB unit, long term care for low income persons, psychiatric support
  - Need for increased state resources and funding
3. Provide information about the treatment of incarcerated individuals, both in the prisons and more acutely in the DOC unit at LSH
  - Recognize common medical issues associated with this population
  - Understand the reality of care in the setting of the DOC

## Hospital Demographics

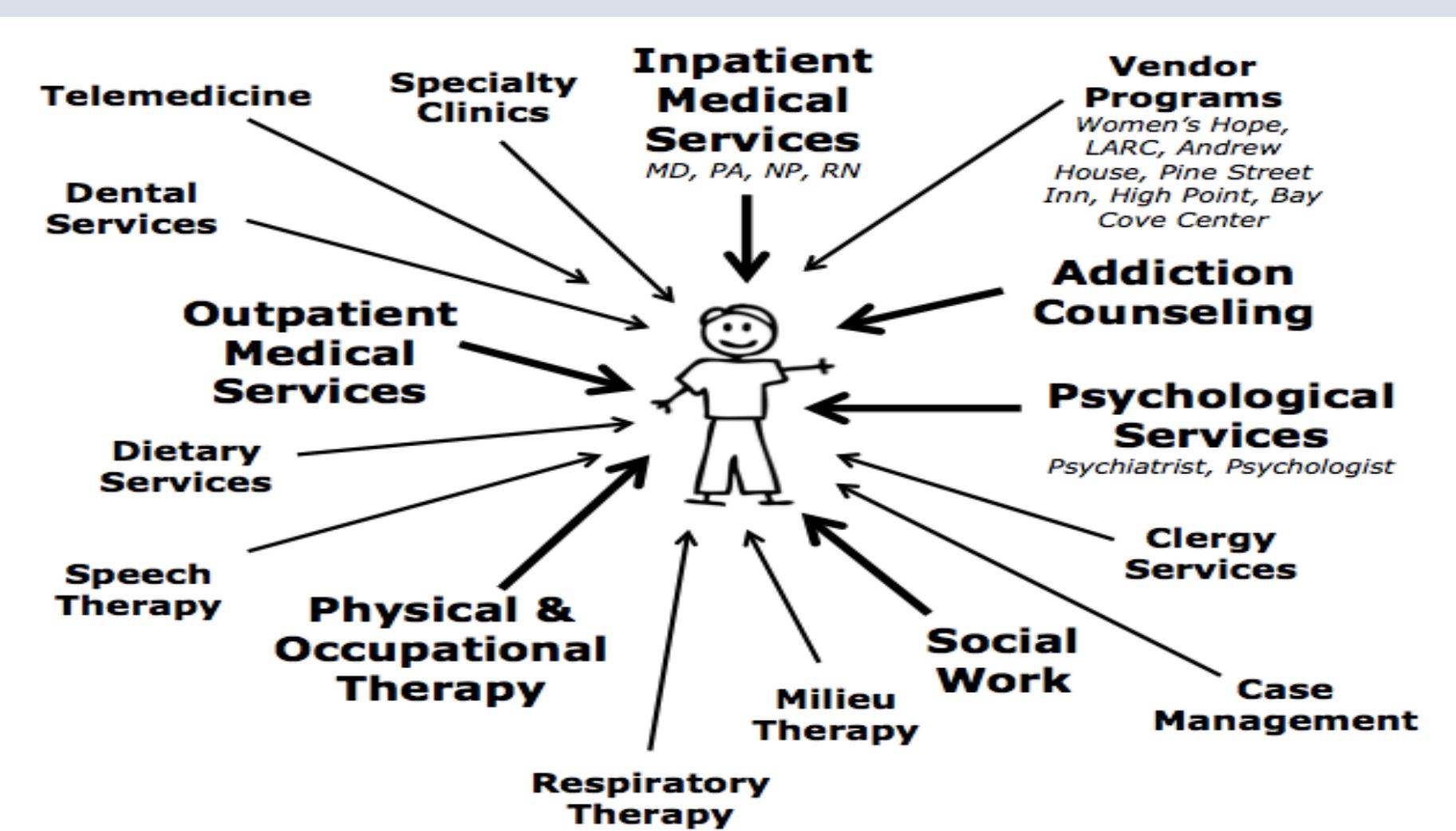
2014 Patient Demographics (N=54)	
Average Age	46
Gender (% Male: % Female)	65%: 35%
Homeless	28%
Substance Abuse	58%
Hepatitis C Infection	44%
Undocumented	6%
Minority	45%
Average Length of Stay	52.7 days
Staffing Constraints at the Shattuck	
Ratio of Patients: Psychiatrists	125:1
Ratio of Patients: Social Workers	51:1

## Multifactorial Patient Population



Patients present with numerous interwoven conditions and personal histories that challenge providers at the Shattuck Hospital with far more complexity than a single complaint.

## Interprofessional Care



**Lemuel Shattuck Hospital Care Team:** The Shattuck Hospital practices a multidisciplinary method of care. The schematic above is meant to represent weekly team rounds, during which all members of the patient's care team have the opportunity to advocate for the patient.

## Department of Corrections Unit

- 28 beds
- State-owned locked unit
- Correctional officers monitor each room
- Available telemedicine services
- Higher rates of HCV, HIV, MRSA, substance use disorders, mental health, trauma

## Key Takeaway Points

1. There is a strong value in healthcare integration within vulnerable demographics: targeting social and lifestyle factors that brought patients into the hospital in the first place
2. A team of exceptionally committed individuals can overcome many of the limitations imposed by a lack of financial resources
3. Healthcare providers can only support patients through their substance use recovery, a patient must first and foremost commit themselves to sobriety

## Needs Assessment

- There is a paucity of public recovery programs and resources available to those with substance use disorders. Increased public funding is necessary to provide adequate care to this underserved population
- Needle Exchange Programs: US CDC estimates lifetime cost of care for an HIV+ patient is \$380,000. Needle exchange programs have been shown to cost-effectively reduce the incidence of HIV<sup>1, 2</sup>
- Additional harm reduction programs should be implemented

## References

1. Center for Disease Control (CDC). "HIV Cost Effectiveness." *HIV/AIDS*. N.p., 23 Sept. 2015. Web. 30 Oct. 2015.
2. World Health Organization (WHO). "Effectiveness of Sterile Needle and Syringe Programming in Reducing HIV/AIDS Among Injecting Drug Users." *World Health Organization (WHO)*, 2004. Web. 30 Oct. 2016.
3. "Lemuel Shattuck Hospital." *Mass.Gov. Health and Human Services, Public Health Hospitals*. Web. 25 October 2016.

## Acknowledgements

The 2016 PHC Team would like to thank:

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