

“I feel like they’re actually listening to me”: A Pilot Study of Hospital Discharge-Decision Making for Patients with Injection Drug Use-Associated Infections.

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Introduction

- Injection drug use (IDU)-associated infections often require intravenous antimicrobial treatment; many health care professionals (HCPs) recommend patients remain hospitalized for prolonged periods because of the concern that they will inject drugs into indwelling central venous catheters
- Prolonged hospitalizations can be stigmatizing for patients and may result in self-directed discharges/poor outcomes¹
- Experts in palliative care have developed conversation guides to increase rates of challenging goals of care conversations between patients and HCPs²
- Study Objectives:

- 1) Develop and pilot a structured conversation guide for hospital discharge decision making in patients with IDU-associated infections
- 2) Investigate the guide’s feasibility & acceptability
- 3) Examine patient & HCP experiences, patient outcomes, & lessons learned

Methods

- Conducted semi-structured interviews with HCPs, community partners, & patients at a tertiary care center to inform development of conversation guide
- Interviewed infectious disease (ID) physicians after each piloted guide with two patients. Interviewed patients <1 week after conversation & after 4-6 weeks
- Two analysts indexed transcriptions, used the framework method to identify & organize relevant information
- Conducted retrospective chart review to corroborate and contextualize qualitative data

Results

- Eight patients & four ID physicians piloted the conversation guide
- 100% of patients (N=8) completed antimicrobial treatment and 88% were discharged on medication for opioid use disorder (**Table 1**)
- All providers and most patients felt the conversation guide was important for incorporating patient preferences and antimicrobial treatment options (**Table 2**)

Table 1. Select Characteristics and Outcomes of Study Population

	N=8 N (%) ^a
Demographics	
Age (median)	40
Female gender ^a	4 (50%)
Unhoused	5 (63%)
Medicaid insurance	8 (100%)
RUCA ^b	
Metro	7 (88%)
Small town	1 (12%)
Health Characteristics	
Substance use diagnosis	
Severe opioid use disorder/opioid use, severity NOS	100%
Stimulant use (severity NOS)	4 (50%)
Alcohol use (severity NOS)	3 (38%)
Outcomes	
Median length of stay (days)	37
Decision after conversation guide	
Inpatient	5 (62%)
Intravenous to oral antibiotics if clinical progress	3 (38%)
Antimicrobial treatment results	
Remained inpatient	4 (50%)
Intravenous to oral antibiotics transition upon discharge	3 (38%)
Weekly long-acting antibiotic infusion	1 (13%)
Completed antimicrobial treatment ^c	100%
Discharged on Medication for Opioid Use Disorder	7 (88%)
Discharged with naloxone	7 (88%)
30 day re-admission ^d	14%

^a No patients identified as transgender; ^b(Rural-Urban Commuting Code); ^c n=7; missing follow up documentation on n=1; ^d n=7 (reason for re-admission unrelated to infectious disease or substance use)

A novel conversation guide for hospitalized patients with injection drug use-associated infections improved patient autonomy and care.

Shared decision making has the potential to transform care by incorporating patient preferences and values into treatment decisions.



Abstract and Poster



Supplemental information

Table 2. Summary of Patient and Physician Perspectives on Structured Conversation Guide

	Themes
Value of conversation	Patients better informed
	Patient autonomy
	Safer discharge
	Patients feel heard
	Physicians learning from patients
	Physicians recognize relevance of patient values/goals
Areas for improvement	Length of guide
	How pain management is discussed
	Addressing post-discharge needs
	Continuity of care

Representative Quotes of Patient and Physician Perspectives on Value of Structured Conversation Guide

- “It makes me feel safer going home and have a better control of my health...when you get to be...part of the decision,...it’s control. I have a say in my life, because a lot of times in situations like this, you don’t.” (Patient)
- “...it’s still important to have open discussions with people, understand their goals, worries, strengths and weaknesses. And I think the guide helps do that.” (Physician)
- “When there are options, it’s nice that those are presented to you and presented in a way that is unbiased.” (Patient)
- “[the infectious disease physician] was actually listening, and not only listening, but wanted to know my opinion on my care...I felt like [the infectious disease physician] was truly listening.” (Patient)

Discussion

- All ID physicians and most patients stated that the conversation guide was important for incorporating patient preferences and antimicrobial treatment options
- Notably, all patients completed antimicrobial treatment, and there were no 30- day re-admissions for infectious or substance use issues
- Study limitations include: single site study, small sample size, homogenous population, social desirability bias
- Areas for improvement included length of guide and particularly the issue of continuity of care; training other health care professionals in the guide could improve continuity

Conclusions

- Use of a conversation guide to inform hospital discharge decision making for patients with IDU-associated infections incorporates patient preferences and values into treatment decisions
- While we identified areas for improvement, overall patients and ID physicians believed that this novel conversation guide helped to improve patient care and autonomy

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