

Caring for Patients Hospitalized with Injection-related Severe Bacterial Infections



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INTRODUCTION

- Injection-related severe bacterial infections (SBIs) on the rise due to injection drug use epidemic.
- PWID with SBIs face negative health outcomes due to inequitable care, stigma, and mutual mistrust.
- High healthcare costs associated with SBIs among PWID, driven by long lengths of stay.

METHODS

- Conducted semi-structured interviews with 16 healthcare providers at a single health system in New York City.
- Interviews focused on barriers to care for PWID with SBI and possible strategies to overcome them.
- Data was analyzed using mixed deductive and inductive thematic analysis.

RESULTS

Empowering Clinical Teams

- Education on OUD and MAT
- Advocating for earlier addiction consults
- Training in MI and CBT techniques



Patient Care Interventions

- Effective withdrawal management
- Telemedicine for post-discharge care
- Peer support
- Transportation services
- Echo screening programs
- Harm reduction

Patient Barriers

- Insurance constraints
- Difficulty discharging PWID with PICC lines
- Limited providers for comorbid substance use and mental illness
- Scheduling follow-up appointments
- Complex discharge arrangements for methadone patients

Provider Barriers

- Substance use disorder and socioeconomic circumstances
- High rate of leaving against medical advice
- Housing insecurity and care expenses
- Lack of resources (phone, insurance)
- Poor social support and environmental triggers post-discharge

Improving Clinical Workflows

- Enhanced communication through interdisciplinary meetings
- Standardized protocols for patients leaving against medical advice
- Increased availability of consultation-liaison psychiatry
- Coordinating outpatient substance use treatment

DISCUSSION

- Providers expressed their interest in strengthening knowledge and education about managing these patient populations, highlighting the need for additional educational programming and guideline development.
- importance of transitional care including follow-up appointments and addressing social needs, such as housing, emphasized the need to develop integrated programs that are capable of rapid follow-up with co-management of complex medical, behavioral, and social needs.
- Limitations: single-institution nature and by the common limitations of qualitative work: not all perspectives are represented, and our results may not reflect the average response

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