Improved Continuation of Care for the Underserved Population

**Patients with Endocarditis Related to IV Opioid Drug Disorder**

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**Background**

- At HUP, patients with Opioid Use Disorder presenting with endocarditis required protracted length of stay (LOS) due to requirement of a minimum of 42 days of intravenous antibiotics following cardiac surgery.
- In 2017, only 88% of these patients were successfully discharged by Day 42. This resulted in a $600,000 loss of revenue, overutilization of surgical beds for medical management, and significant patient and provider frustration.
- Our cardiovascular surgery team found that we lacked appropriate interdisciplinary coordination of care and process to optimize their care.

**Pre-Intervention**

High variability and absence of coordination among multiple disciplines.

**Weekly Huddles**

- Patient Identification
- Care Planning, Coordination, & Documentation

**Results**

**Factors Discussed in Huddles**

- Identification of assets and obstacles
- Patient support system
- Insurance coverage
- Existing outside providers
- Prescription Drug Monitoring Program; Review of PDMP
- Course of medical of surgical treatment
- Patient Opioid Treatment Determination
- Medication regimens: early plan for pain, withdrawal, mental health, sleep
- Patient Behavioral Contracts
- Collaboration with outside facilities
- Center for Excellence in Certified Peer Recover Specialist Utilization

**Project Data**

- **Re-Admission Rates**
  - **Initial: 3.8%**
  - **End: 0.0%**

**Quality Improvement Benefits**

- **Hospital Staff**
  - Decrease in implicit bias
  - Decrease moral distress
  - Confidence in communicating Care Plan
  - Ability to reinforce Behavior Contracts

- **Family**
  - Providing small comfort care items or experiences specific to patients interests
  - Taking more time to engage in conversation with patients

**Recommendations and Next Steps**

- **Recommendations**
  - Dual diagnosis treatment unit
  - Specialized addiction services subspecialty within psychiatry
  - Expand to other OUD patient populations

- **Next Steps**
  - Continuous improvement (care plans, behavior contracts, patient/family inclusion, nurse scripting)

**Conclusion**

Although the initial purpose of these meetings and coordination of care was to decrease length of stay, we have experienced invaluable secondary benefits as well. Specifically, we have noted a marked decrease of Against Medical Advice (AMA) discharges. Patients are dramatically more satisfied with their care and feel empowered to become healthy and part of their own care. There has also been a decrease in implicit bias from our health care team. We now see humanization of the addiction process with our team, improving not only these patients’ likelihood for survival but also positively impacting society as a whole. Finally, because of our efforts, we have had multiple requests from other interdisciplinary teams within the hospital to provide them with guidance on how to create comparable interdisciplinary communication and teams. We are excited about our progress and are more excited about how this initiative will continue to positively impact many lives.