

THE SECOND HEART PROGRAM: A PEER-FOCUSED, MULTIDISCIPLINARY HARM REDUCTION INTERVENTION TO IMPROVE OUTCOMES FOR PEOPLE WHO INJECT DRUGS AFTER ADMISSION FOR INFECTIVE ENDOCARDITIS

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Background:

Infective endocarditis (IE) is an infection of the heart valves; a severe and highly prevalent infection among people who inject drugs (PWID). IE is estimated to account for 5-10% of deaths among PWID. The long-term outcomes among PWID with infective endocarditis are poor, with 5-year mortality rates over 50%. Most long-term complications are related to ongoing drug use (re-infection). However, most PWID with IE are not offered treatment for their underlying substance use disorder while in hospital.

Description of model of care/intervention/program:

The Second Heart (SH) Program is the first interdisciplinary team in Canada designed specifically to meet the unique needs of PWID with IE and which transitions with patients from the hospital into the community. The six components of the Second Heart Team are: peer support worker, systems navigator, addiction medicine physician, infectious disease physician, cardiologist/cardiac surgeon, and family physician. Participants are met by the research coordinator in hospital and matched with relevant members of the team to collaboratively make their in-hospital and out-patient care plans. Participants are compensated for each research data collection point and provided with phones or gift cards, depending on their needs. Participants choose how much to connect with the team and can withdraw or re-engage anytime.

Effectiveness:

Participants felt that their involvement in the Second Heart program supported their physical, mental, and social recovery from IE, improved their trust in the healthcare system, and increased their engagement with their care. Out of 20 enrolled participants, 9/20 completed their 1-month follow-up survey, one participant died within 12 months of enrolment, 12/19 completed their 12-month follow-up survey.

Conclusion and next steps:

The early success in this pilot project has led to the successful application of funding for an expanded version of the multidisciplinary intervention for people who have any injection-related infection, including Hepatitis and HIV.

Disclosure of Interest Statement:

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