

Research Based Abstract Template

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Inpatient care of people who inject drugs admitted with invasive infections: A retrospective review to help inform a model of care

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Introduction:

Management of invasive infections involves prolonged courses of intravenous antimicrobials and extended hospital stays. We sought to analyse inpatient care received at our institution by people who inject drugs with invasive infections to help inform a future model of care.

Method:

We conducted a single network, retrospective study at a large, tertiary health service in Melbourne. Patients admitted with invasive infections with a history of injecting drug use in the past 12 months were identified between September 2019 and December 2021. Patient characteristics, management plans and outcomes measures were reviewed.

Key Findings:

Of 74 patients, 49 (66.2%) were male, with a median age of 42 years (IQR 36-48). Methamphetamine was the primary injecting substance in 44 patients (59.5%) and 59 patients (79.7%) were smokers. Of the 50 patients who reported injecting opioids, 40 (80.0%) were on pre-existing opioid agonist therapy (OAT). Infective endocarditis was the primary diagnosis in 24 patients (32.4%). The median length of stay was 19 days (IQR 9-42). Addiction medicine review occurred in 60 patients (81.1%), however 30 (40.5%) occurred after 72 hours. Hepatitis C screening was completed in 50 (67.6%) patients, with 19 (38.0%) of those screened diagnosed with active infection. There were 26 episodes of patient directed discharge (35.1%). Antibiotic completion was documented in 32 (43.2%) patients. No patients were discharged with take home naloxone.

Discussions and Conclusions:

There was a high rate of incomplete therapy and early discharge amongst patients who inject drugs admitted for invasive infections. Support from addiction medicine was often delayed despite high rates of pre-existing OAT in this cohort.

Implications for Practice or Policy (optional):

Improved engagement of addiction medicine services and emphasis on harm minimisation may improve patient retention in care for injecting drug use related invasive infections. Monitoring these process indicators could drive quality improvement. Future research could explore patient and healthcare provider perspectives on models of care that focus on patient-centred flexible treatment models.

There are multiple points during an admission where care can be improved with a focus on patient symptoms and flexible treatment models. Involvement of inpatient services that emphasise harm minimisation and community engagement is essential to improve long-term health outcomes for people who inject drugs.

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