

Optimising Care for People Who Inject Drugs: A mixed methods analysis of discharge against advice (DAMA) and incomplete treatment for people who inject drugs

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Introduction

- People who inject drugs (PWID) are at increased risk of:
 - Leaving hospital early
 - Discharge against medical advice (DAMA)
- PWID are at higher risk of *Staphylococcus aureus* bacteraemia (SAB)
- Reasons for DAMA in PWID with SAB remain unclear
- **Aims:**
 - Establish rates of ≥ 2 weeks of IV antibiotic therapy for PWID diagnosed with SAB
 - Establish key reasons PWID leave hospital early or DAMA, from both patient and clinician perspectives

Methods

- Retrospective medical record review of all patients admitted with a blood culture positive for *S. Aureus*, confirmed by query to the microbiology database between June 2015 and September 2018
- Qualitative, one-on-one semi structured interviews with
 - Current inpatients who identify as PWID, admitted to a ward with a serious infection
 - Current clinical staff members who regularly work with PWID, but are not engaged with the Alcohol and Drug service

Results: Participant characteristics

Retrospective review

- 172 individual records were extracted, 23% (39) of whom were identified as PWID
- PWID were on average 22 years younger than non-PWID and more likely to be unemployed, homeless and have higher rates of viral and psychosocial comorbidities

Qualitative interviews

- 13 participants were recruited, 5 patients and 8 staff
- Patients were on average 51 years old (SD=6), four males and one female
 - Clinicians were senior and junior medical and nursing staff from a variety of disciplines (Pharmacology, Emergency, Infectious Diseases, Pain etc.)

Acknowledgements

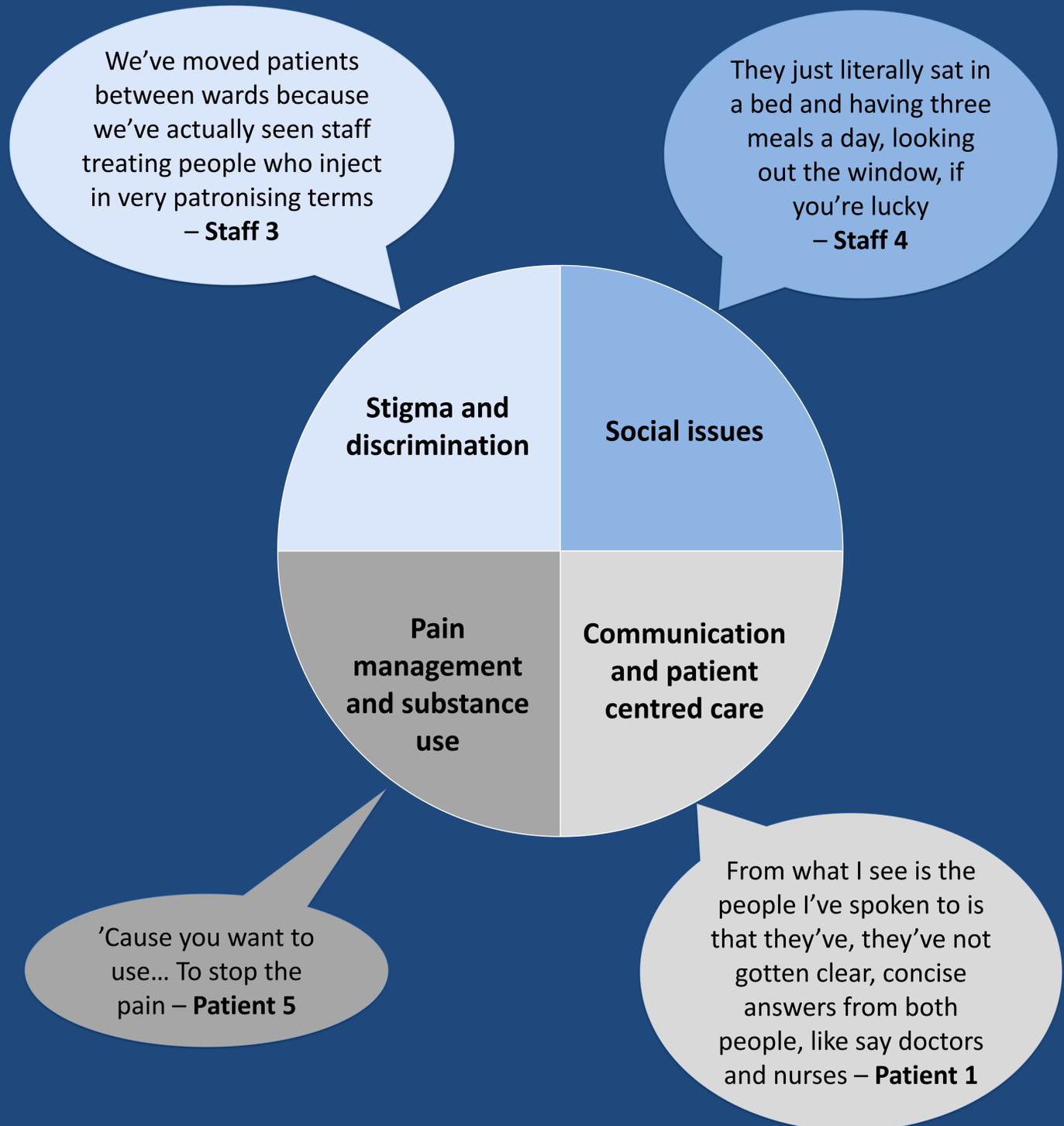
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Key findings

- **PWID were more likely to discharge early or against medical advice** than their non-PWID counterparts:
 - 39% of PWID versus 17% of non-PWID had a length of stay (LOS) <14 days (odds ratio [OR] 3.2, 95% CI 1.1-9.4, p=0.034)
 - **41% of PWID discharged against medical advice (DAMA)**, versus 0% of non-PWID (p<0.001)
- Clinical staff and PWID inpatients identified **four key themes which can influence a person who injects drug's decision to self-discharge**

Thematic analysis



Conclusions

- PWID were significantly more likely to DAMA or receive incomplete treatment
- Patients may place social and psychological needs above physical treatment needs, precipitating decision to DAMA
- Non-judgmental and supportive care assisted patients to stay in hospital for sometimes lengthy treatment periods
 - More should be done to protect vulnerable patients and facilitate treatment completion