Appendix 8

Outpatient parenteral antibiotic therapy

Process for discharge planning OPAT patients with substance use disorder

IMPACT/OPAT Collaboration

1. Infectious Disease (ID) team identifies patient who requires long term IV antibiotics and has a history of substance use (active or past with ongoing concerns re risk).

2. IMPACT consults and helps identify current substance use modality/frequency, potential safe places for discharge (if IMPACT not already involved, ID recommends that primary team place a consult)

3. ID notifies OPAT RN of need for care conference. OPAT RN reaches out to Care Manager (CM) who coordinates. Alternatively, any member of the patient's treatment team can request a care conference by asking Care Manager to coordinate.

4. CM schedules care conference with: IMPACT social worker and /or MD/NP, IMPACT Peer, ID attending +/- fellow, OPAT RN, primary team, CM, +/- OPAT Pharmacist, floor nurse. CM sends initial page to all team members for best date/time. Once date/time finalized, CM sends outlook appointment.

5. Care conference held using care conference tool with OPAT RN meeting leader. CM helps determine discharge options/coverage for discharge – SNF, home, infusion center, hospital.

6. Options presented to the patient by team members identified in the care conference

7. OPAT RN documents care conference discussion using template below (OPAT RN does not document medical recommendations). ID attending addends and signs note including medical decision and/or options

Meeting Guide and Note Template - OPAT Care Conference Summary:

Team members involved:

Primary team:

IMPACT team:

Case Manager:

ID/OPAT Team:

Introduction to Care Conference (OPAT RN – meeting leader – reads after introductions): "Thank you for taking time to attend this care conference. This is a structured multidisciplinary care conference with a goal to review all aspects of OPAT and discuss the best and safest options for this patient to receive treatment for their infection. I will ask each discipline present to weigh in on specific questions/concerns. It is vital that patients are included in the decision making process for discharge planning. As we proceed, I ask that everyone approach this discussion with the following ethical principles in mind:

- **How much is paternalism playing a role in this decision making process?**
- **What is beneficent in this patient's situation?**
- **What is non-maleficent in this patient's situation?**
- **What autonomy does this pt have in the current situation?"**

ID synopsis/recs with duration, abx, dosing	
Illicit drug use history: frequency, last use, delivery method	
What is the **issue?** Reason for care conference/ problem identified?	
Patient's goal/perspective	
PICC safety assessment recommendations	
Is patient **medically stable** for discharge? Does patient have skilled needs?	
Insurance options per CM	
PT/OT/ADL needs	
Does the patient have a working, personal cell **phone**? How do we know it is working?	

Updated **emergency contacts** and addresses	
Is **home environment safe?** (running water, refrigeration, heat in winter, non-abusive/safe environment).	
Transportation AND **funds** for transportation AND **willingness** to travel. (Applies to all potential dc settings)	
Previous OPAT course history (if applicable)	
Receiving treatment for **mental health** condition post dc if applicable? Medications (expense?), counseling, etc.	
Receiving **addiction treatment** post dc? Medications (expense?), counseling, peer support, etc.	
Does pt have a **PCP**? Appt made?	
Transparency from all teams regarding the **seriousness of the infection and disease progression** if infection is not treated/not treated optimally. Transparency about potential health risks with PICC line and especially with misused PICC line (injecting into PICC line, injecting into other veins while having PICC line in, getting dressing wet, lack of dressing change q7 days or prn, line pulled out/line pushed in, DVT, rash/irritation)	
Options discussed for treating infection from ID standpoint: 1. Most ideal option: 2. Sub-optimal option: 3. Alternate sub-optimal option Likelihood of success with each option? If suboptimal option is being recommended, why?	

Per Infectious Diseases Society of America:

"The primary goal of an OPAT program is to allow patients to complete treatment safely and effectively in the comfort of their home or another outpatient site. Secondary goals include reducing inconvenience, avoiding potential exposure to nosocomial pathogens, and decreasing the expense of hospitalization to complete a prescribed intravenous (IV) antibiotic course."
http://www.idsociety.org/uploadedFiles/IDSA/News_and_Publications/OPAT_eHandbook/Chapter_01.pdf

Definitions:

Paternalism: A philosophy that certain health decisions are best left in the hands of those providing healthcare.

Beneficence: is action that is done for the benefit of others. Beneficent actions can be taken to help prevent or remove harms or to simply improve the situation of others.

Non-maleficence: to "do no harm." A principle of bioethics that asserts an obligation not to inflict harm intentionally.

Autonomy: the right of competent adults to make informed decisions about their own medical care.