Responsible Compassionate Care: Meeting the needs of patients with a history of IDU

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Disclosure

I have no financial relationships to disclose. All opinions and guidance discussed in this presentation are based upon my own professional experiences and observations and are not intended in any way to constitute medical advice and/or guidance regarding appropriate protocols for IV access and related issues.
Objectives

➢ Scope of the Injectable Drug Use issue
➢ Define risks associated with IV access in this population.
➢ Discuss the Substance Use Risk Assessment (SURA).
➢ Identify components of the SURR-Program
➢ Discuss case studies in which TET was utilized
Non-Objectives

➢ Discuss the temporary issue of IDU.
➢ Identify a single algorithm that will be applied to every patient.
➢ Describe tamper proof options.
➢ Define process to eliminate all risk associated with IDU.
Jasper, Indiana
A 143-bed hospital in rural Southern Indiana. Vascular Access Department established 2011. Currently with 1-Fulltime, 4-PRN employee. Covering Monday through Saturday 8am-4:30pm. On-Call Sundays
Mission Statement

Christ’s healing mission of compassion empowers us to be for others through quality and excellence.

Vision Statement

We are committed to being the preferred health and wellness provider; transforming lives through faith based, compassionate care.
Injectable Drug Use

• Healthy People 2020
  • Leading Health Indicators
    • Substance Abuse

• National Institute on Drug Abuse
  • 8.76 million prescription medicine abusers in 2010.
    • 5.1 million Pain Killers
    • 2.2 million Tranquilizers
    • 1.1 million Stimulants
    • 460,000 other prescriptions


73% of Opioid users will switch to Heroin as a cheaper and readily available option.

Patient health risks related to IDU

- Overdose
- HIV/Hep C, blood-borne infections
- Cellulitis, abscesses and other integumentary infections.
- Infections left untreated may lead to abscesses affecting internal organs, septicemia and bacterial endocarditis.
- Fire in the Vein…


Hospital risks related to IDU

- Overdose
- BSIs related to use of the Vascular Access Device
- Cost of in-patient vs out-patient
- Limited homecare options: Patients should not self-administer in a homecare setting.

Homecare

- The observation of the intact TET devices is a key component of the program.
- Self-Administration of Home IV meds does not allow this frequent accountability.
- A sober patient may be triggered by flushing and administering meds through their VAD.
- Family members may not be willing to be responsible for TET or administering meds.
- Home situations may not be safe for homecare personnel to enter.
Case Study #1

51 year old male arrived at the MHHCC outpatient center (OPC) with orders for 42 doses of Rocephin 2 grams per day to be administered through a peripheral intravenous (PIV) device placed and removed daily secondary to a history of IV drug abuse. The patient was transferred to this facility from a larger hospital and is being treated for an abscess in the lumbar area.
Case Study #1

**S:** Pt needs 42 doses of Rocephin, One dose/day.

**B:** Pt has a long history of IDU, but has been sober for 11 months with good support to stay clean.

**A:** Secondary to IDU history the patient has minimal availability of viable veins. Eight failed attempts were made prior to call to Vascular Access Services (VAS). Ultrasound (US) assessment of upper extremity veins reveal minimal flow on Color Power Doppler (CPD). Adequate flow on Basilic and Brachial veins, 8cm above elbows bilaterally.
Case Study #1

R: Place a PICC

- Utilize limited vasculature
- Minimize further peripheral venous damage from multiple PIVs and multiple attempts.
- Protect the PICC from tampering.
- Support patient with additional services to stay sober.

“Infusion therapy is provided with attention to patient safety and quality. Care is individualized, collaborative culturally sensitive and age appropriate.”

Case Study #1

Tamper Evident Technology (TET) was born at MHHCC, November 2015. Based on a presentation by Rosales and Schroeder at an AVA convention in Dallas, TX, 2 months earlier.

Collaboration

Case Study #1
- Arrived Friday…the weekend before Thanksgiving.
- Patient given Intramuscular Injections Friday, Saturday, Sunday and Monday.
- PICC placed Tuesday for remaining doses.

Directors and departments involved in first TET patient.
- Risk Management
- Patient Safety Officer
- Out-Patient Director
- Post-Surgical Director
- Vascular Access Director
- Primary Physician
- House Supervisors
- Security
- Behavior Health/Social Work
- Out-Patient Nurses
- Post-Surgical Nurses
- Vascular Access Specialists
- Emergency Department
- Chief Nursing Officer/VP
Collaboration

- Outcome:
  - Patient completed all doses, plus a week extra, without incident.
  - Celebrated a year of being sober!!!
Collaboration
Treating the Whole Patient to Improve Outcomes

Key Stakeholders
Automatic Notification based on SURA Level of Moderate or High

Levels
Center = The patient with a history of IDU and MHHCC’s mission symbol.
Blue = Dynamic Nursing in patient care
Red = Interprofessional collaboration of patient care
Black = Professionals with a significant role in the SURRP.

Key
IP = Interprofessional
LIP = Licensed Independent Practitioner (MD, DO, NP, PA)
MHHCC = Memorial Hospital & Health Care Center
Pt = Patient
RN = Registered Nurse
Risk of Overdose

- Possible at anytime with IDU, with or without a hospital placed PVAD/CVAD.
  - First Case at MHHCC November 2015
  - Risk management reply to placing a PICC for this specific patient.
    "Don’t place a PICC, switch to oral medication only!"

- Okay… that’s not going to work… now what?

- Avoid an Overdose through MHHCC’s device!!!

Risk of Blood Stream Infection

- Possible at anytime in patients with a history of IDU with, or without, a hospital placed PVAD/CVAD.
- Avoid a BSI through MHHCC’s device!!!
- Reporting of CLABSI
  - The Centers for Disease Control and Prevention (CDC), National Health Safety Network e-News
Risk of Blood Stream Infection

National Health Safety Network e-News

“A positive blood specimen meeting LCBI* criteria, that is accompanied by documentation of observed or suspected patient injection into vascular access lines, within the BSI infection window period, will be considered an LCBI, **BUT NOT** a CLABSI for NHSN reporting purposes.”

*Laboratory Confirmed Bloodstream Infection

Risk of Blood Stream Infection

Specific documentation must include the statement:

- Patient “was observed injecting…”
- Patient “is suspected of injecting…”
Why SpongeBob?

- A reminder of all there is to learn.
- I’m addicted to emojis.
- Humor helps when dealing with a very scary subject.


MHHCC SURR Program

Goal of the SURR Program…To serve every patient with a history of IDU with responsible compassionate care.

- Must be adaptable to unique patient situations
  - Every situation offers the opportunity to learn, create and modify the program.
- Communication between disciplines is not optional, it is key to working with all patient populations.
SURR Program Components

- Substance Use Risk Assessment
- IV Therapy Contract
- TET Tools and Application
- TET Patient Specific Plan
- TET Assessment
- Interprofessional Comm. Model
Substance Use Risk Assessment

- Points acquired according to answers
- Risk is either Zero, Low, Moderate or High
- The nurse can apply TET if they believe there is a risk despite the patient’s answers.
<table>
<thead>
<tr>
<th>Substance Use Risk Level</th>
<th>Action</th>
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<tbody>
<tr>
<td>0</td>
<td>No action needed.</td>
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</table>
| 1                       | Low risk to misuse IV device  
                             - Nurse discretion to apply TET device  
                             - Consider resources for patient from BHU  
                             - Inform provider of drug history |
| 2                       | Moderate risk to misuse IV device  
                             - Apply TET device  
                             - Move pt closer to nursing station if possible  
                             - Offer resources for patient from BHU  
                             - Consider Behavioral Health Consult  
                             - TET contract within 72 hours  
                             - Inform provider of drug history, request baseline drug screen (unless already obtained) |
| 3                       | High risk to misuse IV device and medical supplies  
                             - Apply TET device  
                             - Exception: 1:1 patients do not need TET applied, once released from 1:1 reassess need to TET  
                             - Move pt closer to nursing station if possible  
                             - Offer resources for patient from BHU  
                             - Order Behavioral Health Consult  
                             - TET contract within 72 hours  
                             - Door remains open with visitors  
                             - Inform provider of drug history, request baseline drug screen (unless already obtained)  
                             - Do not leave unlocked medical supplies in pt room  
                             - Replace sharps container with new empty container  
                             - Consider having Security search personal belongings or send belongings home with significant other/family |

Apply TET per Nursing Discretion DESPITE Score of 0
- Yes
- No

If Yes, specify reason in comment below. If Yes, follow moderate risk level actions.

Substance Use Risk Assessment Comments
The nurse and provider have discretion to employ a higher or lower level of TET.

The TET Contract does not need to be signed for in-patients if the patient is unable to comprehend.

The TET tools can be applied at anytime.

Getting the contract in place is the goal to get the patient involved in their care and aware of the consequences.
Substance Use Risk Assessment (SURA)

The SURA has been live for 2 weeks, your feedback to refine this scale is very important. Here are some situations so far...

Patients who may have smoked a Marijuana 30 years ago in high school, rank as “low risk” on the current scale. To lower the sensitivity of the scale the time frame is reduced from “ever” to “two years”.

Patients who smoked weed within the past week, or everyday, will rank as a “moderate risk”. Do they need TET applied? Maybe? If you have no other signs of drug use...Send a UDS, hold on TET, confirm THC only, Chill...

A patient answered “yes” to illegal drug use and then answered “None of your dang business!” to the specific drug question. Simply type those exact words in the space and move on.

What if the patient qualifies for TET but refuses to have it applied? Remember applying TET is for safety NOT punishment. What if the patient refuses for you to lock their PCA? What if they refuse the chair alarm, but won’t call for help? Safety is not a patient choice while under our care. They can choose to not receive care or receive care safely.

Send suggestions, questions or concerns to: mhowes@mhhcc.org, testrid@mhhcc.org, bnord@mhhcc.org or sschaefer@mhhcc.org, Mickey, Toni, Brandy & Sara
TET Contract

- The contract is intended to be a positive discussion of patient responsibilities and minimizing hospital risk.
TET Contract – Key Elements

The patient...

- agrees to not tamper with any elements of the IV therapy.
- agrees to not inject or ingest medications not prescribed to them while on the hospital’s campus.
- agrees to allow well checks if they miss an outpatient appointment.
The patient...

- ... is advised of the consequences of tampering with the vascular access devices.
  - Removal of the device and loss of the benefits of the infusate.
  - In-patient scrutiny with limited visitation and frequent monitoring.
- ... is made aware of the penalty for using illegal drugs on the hospital’s campus.
TET Contract – Key Elements

The patient...

- ... is given the opportunity to write, in their own words, their history of drug use.
- ... and the nurse both sign the contract.
- ... is offered a copy of the contract.
Case Study #2

**S:** Pt needs chemo every 3 weeks x 6 rounds.

**B:** Pt has a long history of substance abuse, but has not used injectable drugs because of a needle phobia.

**A:** Pt admits to using “almost every kind of drug, but not IV because I hate needles”. Pt admits that he drank a few beers before coming in for the PICC placement at 0900.

**R:** Place PICC, complete Infusion Therapy Contract and place TET Lock Box on PICC instead of TET Sticker.

SBAR – Situation, Background, Assessment, Recommendation
Tools and Application

TET Lock Box

TET Lock

TET Key
Tools and Application

Disinfecting Caps

Cap the End-Cap

Position Lock

Press

Locked Box
Tools and Application

Locked Box with Fluids Infusing
Tools and Application

Before unlocking check that the lock is still intact. If loose, suspect tampering.

To unlock the box, use key to break off the green lock. The barbed ends will be left behind in the box. **BE AWARE** that the lock may fly off as you pop the lid open.
Tools and Application

Protect unused Y-Sites with Cap and Break-Away Stickers.

Break-Away Sticker


T.E.T. Sticker
3.5” x 5”
Tools and Application, Out-Patient Options
Case Study #3

S: Pt needs IV Vancomycin x 6 weeks at an area SNF.
Dx: Osteomyelitis of thoracic spine.
B: Pt is an LPN at an area SNF. Drug testimony in her own words “Only tried drugs 2x smoked meth socially and never used any IV drugs and never will use any illegal drugs in the future.”
A: Pt requires long term IV access and TET plan to lower risk.

SBAR – Situation, Background, Assessment, Recommendation
Case Study #3

**R:** Placed PICC 3/26.
Moderate TET precautions.
TET Contract.
Involve social work for SNF placement.
Make available TET with education to SNF.

**Outcome:** Pt continued to change drug history and become increasingly verbally abusive to the staff.
Attempted to leave down back stairs of unit.
Security involved. Brought back to her room. PICC removed. Pt left AMA even with risks explained by NP.

SBAR – Situation, Background, Assessment, Recommendation
TET Patient Specific Plan

An assist to our nurses both in-patient and out-patient to know the unique plan for the patient.
Why not have a standardized plan?

- We have yet to have a standardized patient.
- We utilize different versions of TET in order to meet patient needs.
- We make every effort to have TET as discrete as possible.
- We do not want to have a false-positive if at all possible.
- New TET is being developed.
<table>
<thead>
<tr>
<th>TET Assessment</th>
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<tbody>
<tr>
<td>All TET Remains Intact</td>
<td></td>
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<tr>
<td>Yes</td>
<td>No</td>
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<tr>
<td>If Yes, assessment complete.</td>
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<tr>
<td>If No, have a second nurse confirm disruption of TET. A notification will be sent to Vascular Access Services and the Patient Safety Officer.</td>
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<td></td>
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<tr>
<td>As shown by disruption of TET, Pt suspected of injecting via</td>
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<tr>
<td>PIV</td>
<td>Midline</td>
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<td></td>
<td></td>
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<tr>
<td>Second Nurse Confirms Disruption</td>
<td></td>
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<tr>
<td>Yes</td>
<td>No</td>
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<tr>
<td></td>
<td></td>
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<tr>
<td>Name of Nurse Confirming Disruption</td>
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<tr>
<td>Security Notified</td>
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<tr>
<td>Yes</td>
<td>No</td>
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<td></td>
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<tr>
<td>Repeat Urine Drug Screen per Policy</td>
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<tr>
<td>Yes</td>
<td>No</td>
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<tr>
<td>If Yes, order Urine Drug Screen.</td>
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<td></td>
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<tr>
<td>Patient Chose to Leave AMA</td>
<td></td>
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<tr>
<td>Yes</td>
<td>No</td>
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<tr>
<td>If Yes, remove all vascular access and complete AMA form.</td>
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<tr>
<td></td>
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<tr>
<td>Actions Taken</td>
<td></td>
</tr>
<tr>
<td>Increase Risk Level</td>
<td>Supervise Visits</td>
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### Provider Notification

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<th>Provider</th>
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<tr>
<td>Time of Provider Notification</td>
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<tr>
<td>Contact Method</td>
<td></td>
</tr>
<tr>
<td>Paged</td>
<td>Spoke with Office Nurse</td>
</tr>
<tr>
<td>MD Visit</td>
<td>Call Placed to Cell Phone</td>
</tr>
<tr>
<td>Left Voice Mail at Office</td>
<td>HIPAA Compliant Text</td>
</tr>
<tr>
<td>Other</td>
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<tr>
<td>Time Provider Returned Page</td>
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<tr>
<td>Provider Notification Comment</td>
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Case Study #4

S: 45 yr old Pt needs IV ATB for unknown period of time.  
Dx: Bacteremia.

B: Pt has track marks on arms, legs and feet. Drug testimony in her own words “I will not tamper with these IV lines.” Would not write when she last used because it might be found out by her pain MD and violate her pain contract.

A: Pt will need multiple reminders of TET, why it is there and consequences of tampering. NP reports the Pt had probably taken something brought in by a visitor.
Case Study #4

R: Placed PIV 9/5 waiting for BCs and potential AMA
High Level TET precautions.
TET Contract, reinforce based on pt’s ability to focus.
Behavior Health Screening Assessment

Outcome:
Pt dc’d with PICC for 4 weeks of Nafcillin every 4 hours.
Final dx: Endocarditis
Training and supplies given to accepting SNF.
Pt. finished ATB course with no major incidence.

SBAR – Situation, Background, Assessment, Recommendation
Inpatient vs Moving to a SNF

- Saved the hospital an estimated $40,000 in costs that would not have been reimbursed.
- The Endocarditis DRG would cover approximately $3500.
Highlights

- These are **Patients** with a history of injectable drug use.
- Lead with compassion.
- Be responsible and realistic.
- Meet the patient where they are in their current physical and mental health situation.
- Keep them as safe as possible.
- If they leave AMA because their brain is screaming for drugs and end up in front of you again in two days. Breathe... and start at the top of this slide.
Be careful judging that drug addict so harshly. They may just recover and be the one who can show your very own child a way out..tracey michele
Contact information:

Mickey Hawes

mhawes@mhhcc.org

Cell: 812-345-6882, leave message the first time.

Office: 812-996-4298