

GRANTEE HIGHLIGHT

Henry Ford Health

Addressing patient social determinant of health barriers to improve equity in antimicrobial stewardship in Detroit



People experiencing homelessness (PEH) and people who inject drugs (PWID) are hospitalized frequently and experience health disparities and worse outcomes relating to appropriate antimicrobial use due to social determinant of health (SDOH) barriers, including lack of stable housing, limited financial resources, lack of transportation for follow-up care, substance use and addiction, and other social barriers.

This quality improvement (QI) project aimed to improve health equity, adherence, and antimicrobial stewardship outcomes by addressing SDOH barriers among PEH and/or PWID hospitalized for complicated infections at Henry Ford Health in Detroit, Michigan, USA, as well as to document barriers and provide recommendations.

This project brought together an interdisciplinary team comprising of infectious diseases, pharmacy, addiction medicine, case management, and population health. Our QI interventions included: tailoring antibiotic education to the specific needs of PEH and/or PWID for both providers and patients (i.e., storage considerations); addiction medicine, street medicine, and pharmacy discharge medication cost inquiry consults when indicated; a Meds-to-Beds program to ensure

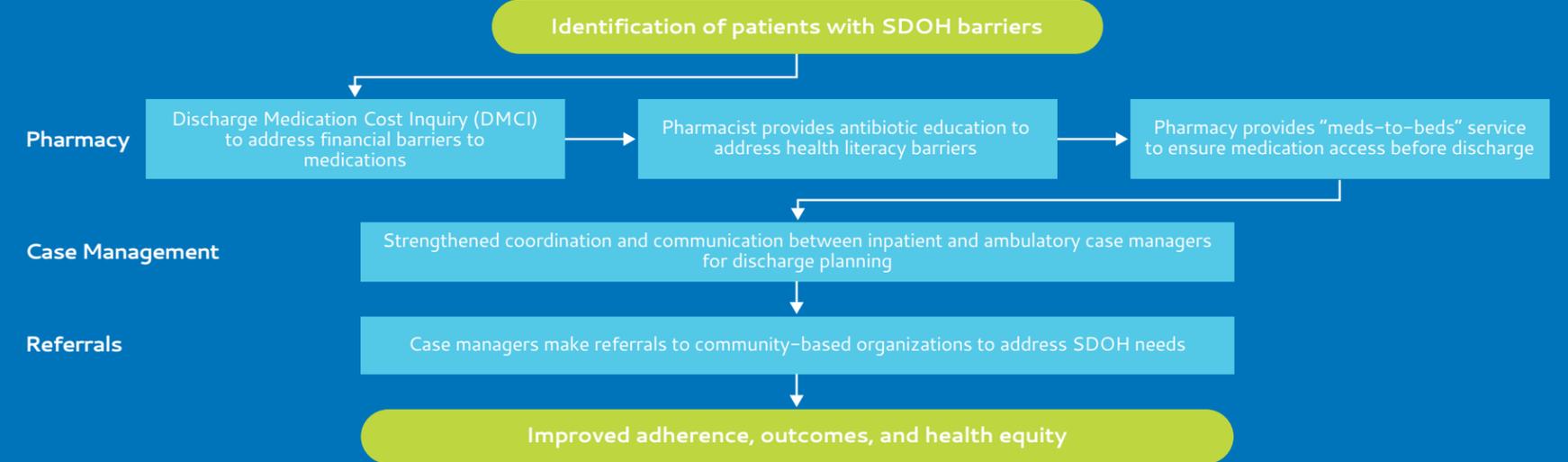
oral antibiotics were in hand at discharge; strengthening discharge planning communication between inpatient and ambulatory case managers; and referrals to community-based organizations to address SDOH needs.

Forty-two patients were identified from June 2022–May 2023. Among those treated, less than half achieved clinical cure, almost a third had disease progression, and 36% were readmitted within 30 days. The QI interventions contributed to addressing SDOH barriers, including improving health literacy, reducing financial burden, ensuring access to medications, and mitigating transportation barriers. However, our project identified multiple barriers and challenges to improving adherence and outcomes, including patient loss to follow-up and non-adherence, high healthcare utilization, high behavioral health and addiction medicine needs, limited staff capacity and placement options after discharge, lack of affordable housing and transportation access, and limited behavioral health resources.

This subsequently led to the development of recommendations based on our findings, including: provide cultural competency training for staff on the needs of PEH and PWID and patient-centered terminology; increase staffing capacity; expand utilization of the Street Medicine Consult Order to improve follow-up with PEH after discharge; strengthen internal processes to place consults and referrals quickly; conduct qualitative research to better understand patients’ perspective of barriers and reasons for self-discharging; and build additional community-based partnerships to meet SDOH needs.

Having an interdisciplinary team is critical to holistically address SDOH barriers for PEH and PWID to improve health outcomes.

PROJECT FLOWCHART



“Our project identified multiple barriers and challenges to improving adherence and outcomes, leading to the development of recommendations for future work to improve health equity.”

