



The Hope Floor

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During the 2019 Annual Convention

Summary: Carilion's service area has a high rate of intravenous drug behavior, leading to high rates of infective endocarditis and IV drug abuse-related osteomyelitis in patients under the age of 40. Often, due to the need for long term IV antibiotic therapy, they are "trapped" in the hospital. These patients have complex psychosocial comorbidities, and their treatment plan should involve a multidisciplinary team approach to address the medical and behavioral needs of this population. Until now, our staff has been just "taking the punches," trying to manage as best they could with what little behavioral health training they received in school. We identified four different areas of interest with a multidisciplinary approach using patient choice as the guiding principle – with choice, a patient can better engage in his treatment plan. These four areas are 1) acute infection (medical services and consultants), 2) mental health (psychiatry), 3) challenging behaviors (behavioral intervention team), and 4) drug use and treatment (addiction psychiatry).

Nursing Implications:

- Nurse burnout can lead to frustration, anger, feelings of helplessness, and staff turnover.
- Brainstorming for possible solutions with the care team is key.
- Focus efforts on a few things rather than many things at one time.
- Constantly re-evaluate and re-think new ways to implement your ideas.

Key Takeaways:

- Staff experience moral distress and burnout as a result of feeling like we were not addressing the underlying issue of addiction.
- Identification of stakeholders that should be included in treatment plans.
- Never be afraid to try something different if what you are doing isn't working.
- Celebrate successes.

Link: <https://library.amsn.org/amsn/sessions/5233/view>

References:

Goodnough, A. (2018) *Doctors Ask When a Heart Is Not Worth Fixing*. New York Times, Section A, Page 1.

Macy, B. (2018). *Dopesick: Dealers, Doctors and the Drug Company that Addicted America*. Little, Brown and Company.

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