Dilemmas facing services that deliver IV therapy in the community

East and South East of England Specialist Pharmacy Services
Medicine Use and Safety Division

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• Risks inherent with IV administration
• Standards exist:
  – NPSA Patient Safety Alert 2007
  – Outpatient Parenteral Antimicrobial Therapy (OPAT)
• Prescribing, supply, administration & monitoring
• Training & competence, policies, information, advice & expertise, availability of the right equipment and regular audit
• Clinician responsibility
Community settings

- Anecdotal reports of variable standards of delivery

- Audit of community IV therapy. Full report available on our website:

- Recommendations and further work
Objectives

to audit the quality of information and directions that are provided to administer intravenous therapy to adults in the community setting

to explore issues with respect to the supply of medicines/equipment and advice and support available
Method

• Over 4 week period (November 2011)

• Only audited adult IV therapy

• Data collection completed once for every patient referred to the community service
Treatment Initiation

- Hospital Doctor, 201
- GP, 16
- Not Known or No Response, 3
- Other, 3
- Nurse, 1
Range of Therapy

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Drug: 166
Flush: 58

Teicoplanin, 67
Ceftriaxone, 34
Ertapenem, 20
Tazocin, 9
Meropenem, 8
Benzylpenicillin, 7
Flucloxacillin, 7
Other, 14

Others:
- Aciclovir
- Cefuroxime
- Ceftazidime
- Co-amoxiclav
- Daptomycin
- Furosemide
- Gentamicin
- Metronidaole
- Vancomycin
Source of medicines administered

- Hospital Pharmacy, 160
- Community Pharmacy, 34
- Community Unit, 9
- IV Team, 2
- Home Healthcare, 7
- Not Known or No Response, 12
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The number of referrals where a lack of supplies caused a delay to administration

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Figure 11: The number of referrals where a lack of supplies caused a delay in the administration of the 1st dose.
Other results

• 20% did not have a review date
• 86% reported having contact for advice ‘in hours’ and 67% ‘out of hours’
• Referrals received from between 2 and 8 acute centres
• Facilitation of early discharge from hospital (60%) and admission avoidance (28%)
Recommendations

- Priority given to ensuring referral information includes allergy status
- Monitor and review of communication systems on referral for community IV therapy
- Identify appropriate mechanisms of supply of medicines and equipment
- Multidisciplinary approach to care, equivalent to that received in hospital, including regular reviews
Conclusion

- Wide variation in the models of delivery and in activity levels
- Multidisciplinary collaboration required to address the potential risk to patients
- Lots of potential to improve quality and productivity of community IV therapy
Further work

- The data collection form reviewed
- A CQUIN framework to support the development of an OPAT service
- Development of a ‘how to’ guide for acute Trusts to assess the transfer of care for community IV patients
- This masterclass!