

Developing and delivering an innovative OPAT service

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What is OPAT?

- **O**utpatient
 - **P**arenteral
 - **A**ntimicrobial
 - **T**herapy
-
- Essentially IV antibiotics without an overnight stay in hospital



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What is OPAT?

- Shares care of patients on intravenous antimicrobials in the community
 - Provides a governance structure (in line with national guidelines)
 - Improves supervision of patients
 - Ensures good antimicrobial stewardship
 - Reduces adverse events
 - Monitors outcomes



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Benefits of OPAT

- Reduce length of stay
- Improved flow
- Improved patient choice and satisfaction
- Reduction in emergency admissions
- Care in patient's own home



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Good Practice Recommendations

Produced by BSAC (British Society of Antimicrobial Chemotherapy) in 2012

- OPAT team
- Patient selection
- Antimicrobial plan and delivery
- Patient monitoring
- Outcome monitoring



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Key Recommendation

OPAT should provide treatment
at least equivalent to inpatient
treatment



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So what's that got to do with medicines safety?

- Patients on IVs at home are a risky group
- High level of ADRs
- Risk of worsening of infection and readmission
- Need good antimicrobial stewardship
- Have vascular access devices in situ at home



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South Warwickshire NHS FT



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SWFT

- Acute services to South Warwickshire
- Community service to most of Warwickshire
- Serves 270,000 people in Warwickshire
- 441 acute inpatient beds, 50 community hospital beds
- Large rural area
- Elderly population



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History of OPAT at SWFT

- Patients have been discharged on IV antibiotics for 10 years
 - under care of discharging consultant
 - under governance structures of community nursing teams

- No input from specialist infection team



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Risks Identified

- DNs started refusing patients
 - increase in workload
 - lack of acute supervision
 - lack of readmission protocols
 - lack of training and support



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Working Group

- Trust management led
- Aim to improve emergency flow
- Address the issue of DNs refusing patients
 - Microbiology input
 - Pharmacy input
 - Referring consultants
 - Representatives from nursing teams
 - Business managers



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Team Structure

Consultant
(Infectious
Diseases)

Antimicrobial
Pharmacist

OPAT specialist
nurse



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Clinical Input

- 1PA consultant time (for MDT)
- No further consultant hours available
- Small trust = no consultant backfill for holidays
- Prescribing pharmacist
- Additional skills needed



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Advanced Clinical Practitioners (ACPs)

- Masters level programme
- Available to nurses, pharmacists, physios etc.
- Includes clinical modules of health assessment, clinical management and prescribing
- Elements of management, leadership, research and education



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ACP roles in OPAT at SWFT

- Pharmacist trained as ACP
 - clinical management under consultant governance
 - Additional skills of health assessment and clinical management to prescribing pharmacist
 - consultant support by phone when needed
- OPAT specialist nurse now undergoing ACP training
- Weekly consultant led MDT



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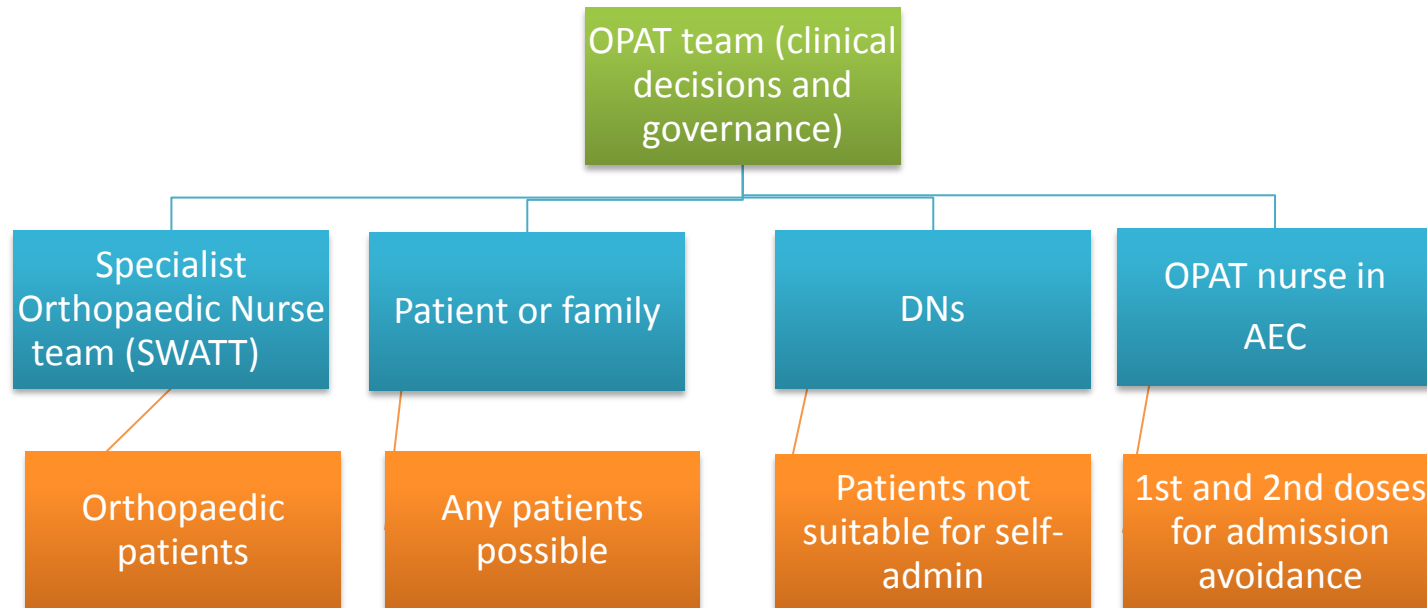
OPAT at SWFT

- Weekly MDT – consultant led
- Regular patient reviews – ACP or consultant led
- Regular monitoring of bloods
- Changes in antimicrobial therapy or duration according to response
- Follow up arranged
- Liaises with other teams
 - e.g. DNs, ambulatory care
- OPAT phone – for patients and HCPs
- Advice re vascular access devices (lines)



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OPAT Delivery at SWFT



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Patient or family administration

- Covered by OPAT Good Practice Recommendations
- Appropriate patients/relatives trained by OPAT team
- Competency sign off
- Careful patient choice
- Good clinical outcomes
 - At least equivalent to nurse administration



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What do the patients say?

62 year old male, self employed as management consultant with complicated UTI

“Teaching us to administer the antibiotics has given us the freedom to maintain a degree of normal life including going back to work and maintaining income. The training we received was simple and clear and we always had the team at the end of the phone if we needed it.”



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What do the patients say?

19 year old male with endocarditis, mum administering

“Allowing me to administer his antibiotics meant he didn’t need to stay in hospital – somewhere not ideal for a usually active 19 year old. We even managed to go away for the weekend within the UK allowing us to get some much needed R&R.”



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Outcomes

	Sept 15- Aug 16 (year 1)	Sept 16 – Aug 17 (year 2)
% of patients meeting intended clinical outcome	84.30%	94.41%
Readmission rate	13.48%	7.26%
Admissions for OPAT related issues	11.23%	4.52%
% of patients with the right line	81.50%	97.77%



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Adverse Drug Reactions

- Year 1 – 5 out of 89 patients (5.62%)
 - 4 teicoplanin reactions (out of 40 patients – 10%)
 - 2 readmitted
- Year 2 – 12 out of 179 patients (6.7%)
 - 10 teicoplanin reactions (out of 89 – 11.24%)
 - 4 readmitted



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Ensuring Safe Transitions of Care

- Handheld record
- Clinical management plan agreed prior to acceptance on to OPAT
- Early OPAT input as inpatient
- OPAT phone
 - improving communication between nursing teams and OPAT team
 - Allowing patients to call if problems
- Readmission protocols
- Admission and discharge contact with GPs



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References

- BSAC, 2012. Good practice recommendations for outpatient parenteral antimicrobial therapy (OPAT) in adults in the UK: a consensus statement J Antimicrob Chemother 2012; 67: 1053–1062



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