



The British Society for
Antimicrobial Chemotherapy



OPAT
Outpatient Parenteral
Antimicrobial Therapy

OPAT in the Teaching Hospital / Tertiary Centre

Dr Ann Chapman

OPAT in the teaching hospital/ tertiary centre

Ann Chapman

Consultant in Infectious
Diseases
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Sheffield Teaching Hospitals NHS Foundation Trust

- One of largest FTs in UK
- ‘Excellent’ rating:
 - service quality
 - financial management
- 250,000 IP episodes/year
- 15,000 staff
- 5 hospitals
- Specialist services
- Academic links



The Sheffield Infectious Diseases Unit

- Large regional unit
- 33 beds (17 negative pressure)
- 2500 emergency admissions/yr
- Large outpatient service: TB, HIV, hepatitis, travel
- Inpatient consult service across the trust
- Large OPAT service



The Sheffield OPAT service

Multidisciplinary team:

- 4 nurse specialists
- 2 staff nurses
- Support worker
- Clerical officer
- Junior doctor
- Pharmacist
- ID consultant
- Microbiologist



The Sheffield OPAT service



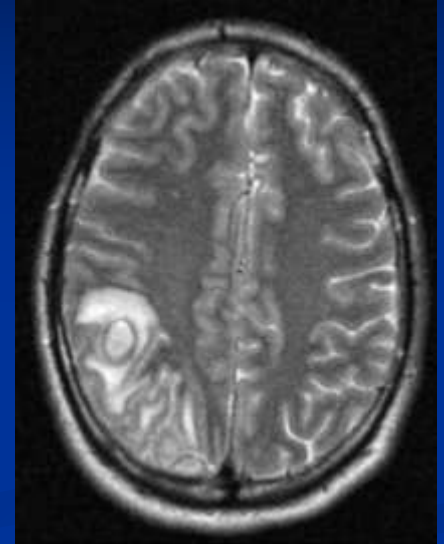
Patient groups: cellulitis

- Most now referred from GPs
- Also from A+E, MAU and inpatient wards
- Nurse-led model, moving towards PGD
- Infusion centre
- District nurses
- Average OPAT duration 4/7

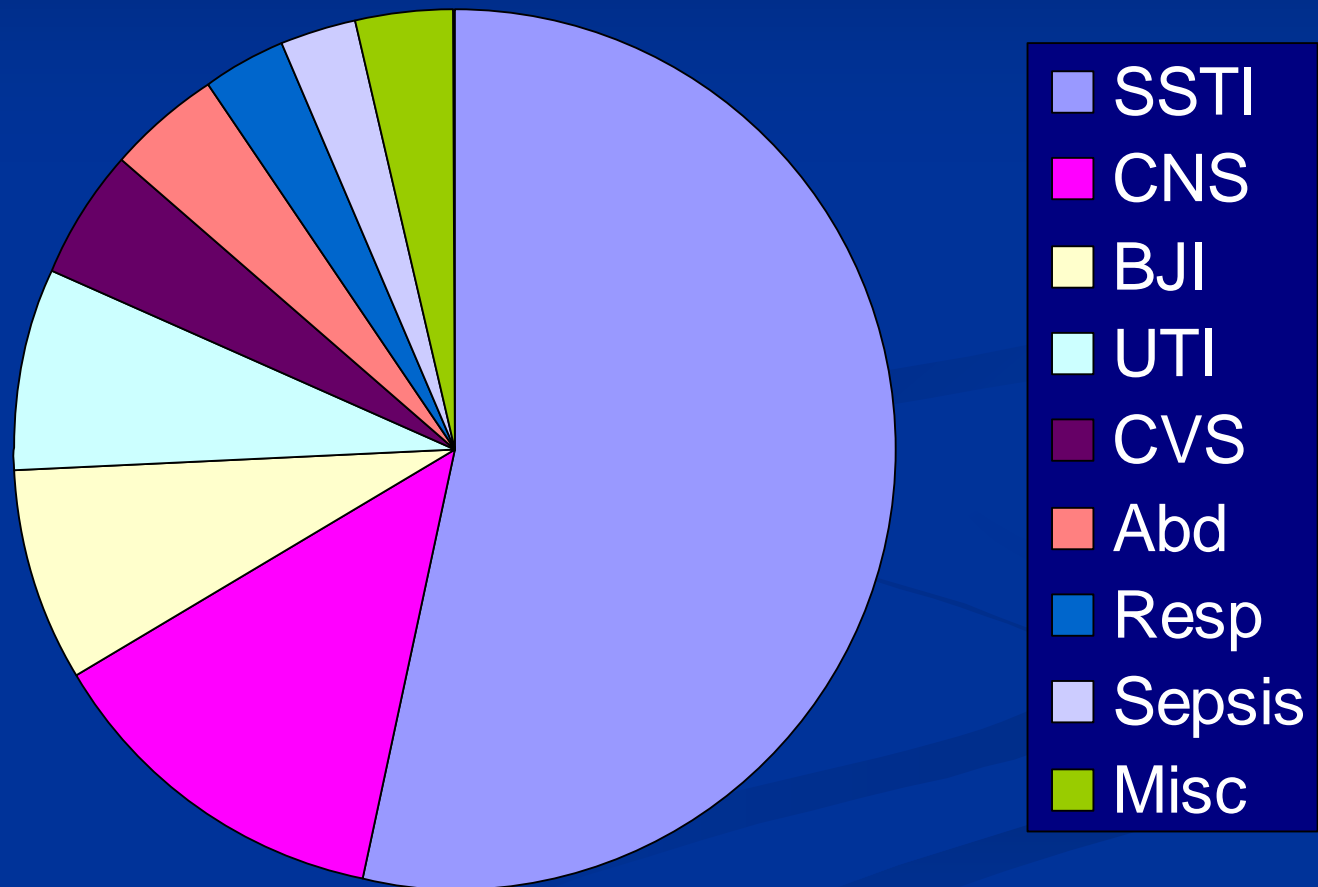


Patient groups: other

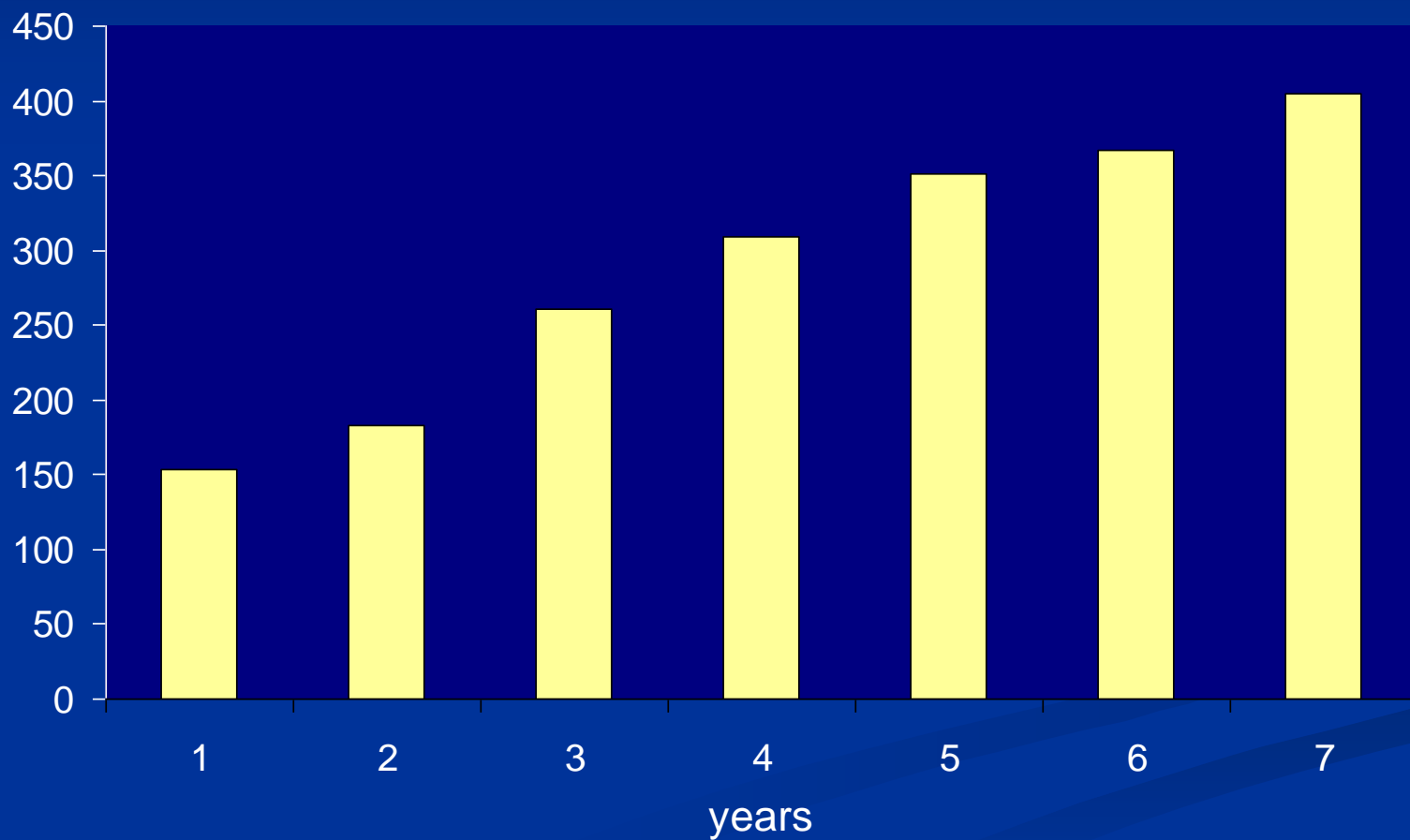
- Wide range
- Often complex
- Main referrers:
 - neurosurgery
 - ENT
 - orthopaedics
 - diabetes
 - cardiology
- Self-administration
- District nurse



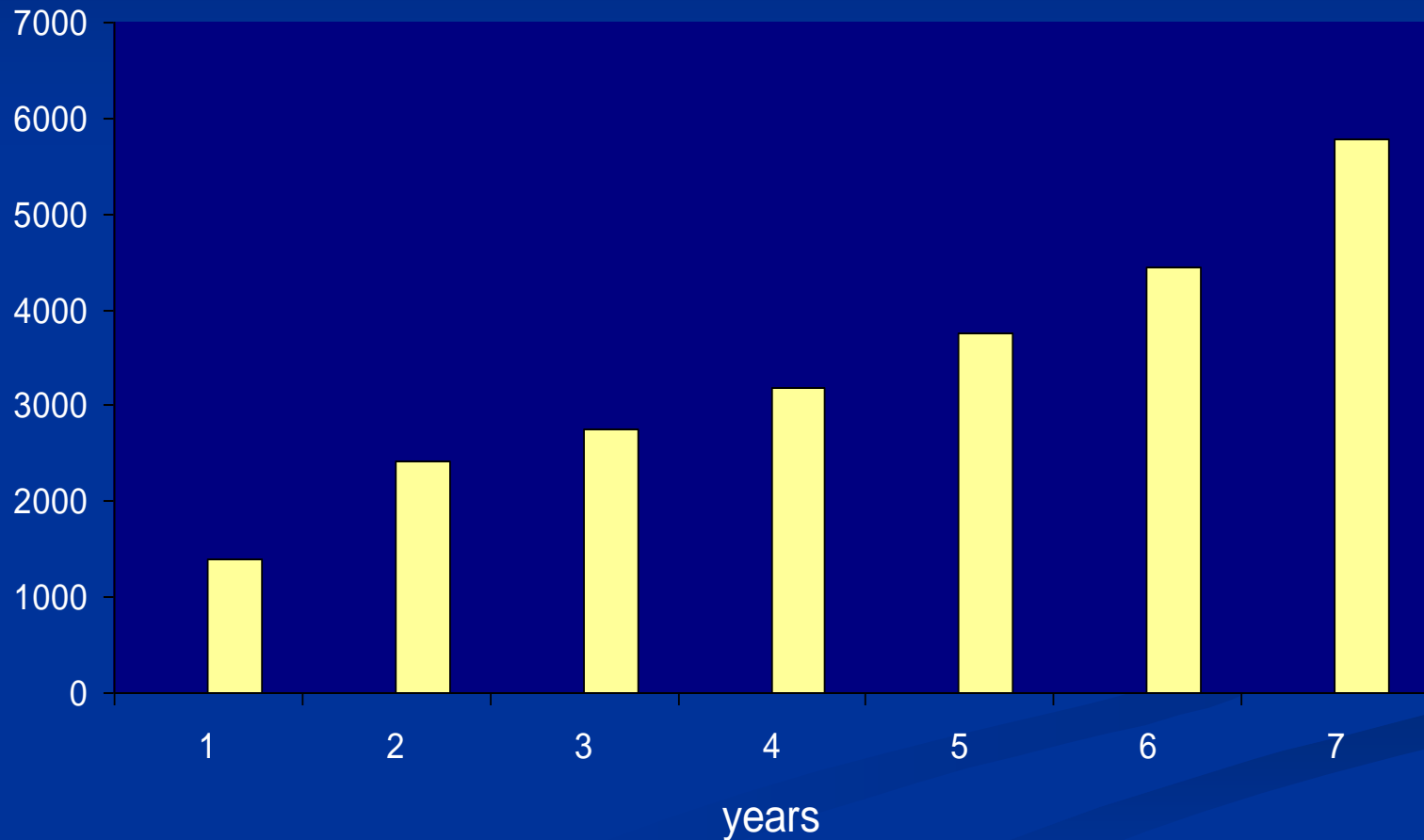
Range of diagnoses (n=2030)



Annual number of episodes



Annual bed days saved



Outcomes

- Clinically effective
- Patient-centred
- Safe
- Cost-effective:



ID Unit costs	National average costs	‘Hotel’ costs
41%	47%	61%

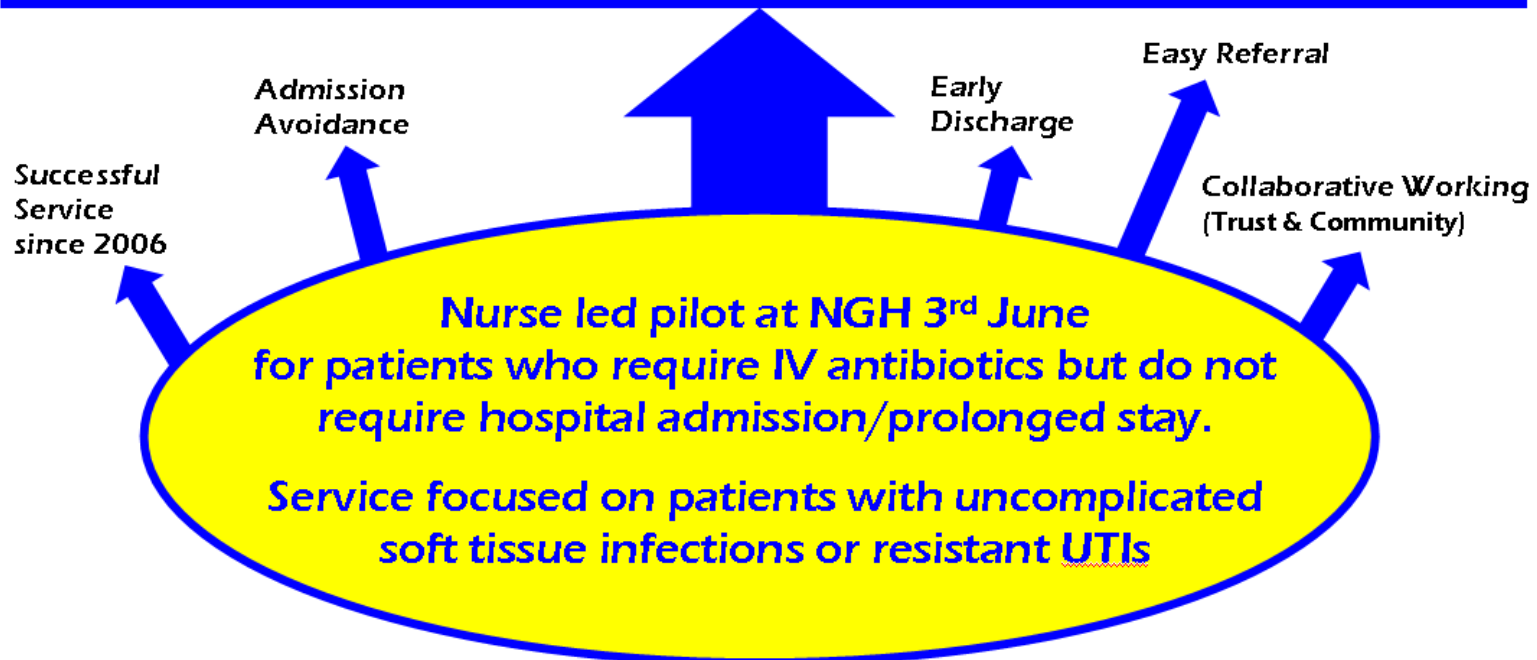
Future developments

- Collaboration with community services to increase home therapy
- Ongoing promotion of OPAT to facilitate early discharge ('start smart then focus')
- Expansion of admission avoidance activity:
 - OPAT 'in-reach' within the trust
 - 'front door' team
 - 'patient flow champions'
 - 'Right First Time Project'
 - Integrated service with primary care

OPAT 'in-reach'

OPAT

Providing a Positive Patient Experience



Contact details:

OPAT Nurse Specialist NGH (Mon - Sun 8am - 4pm)

Out of hours (Mon - Sun 4pm - 8am)

OPAT Department RHH (Mon - Sun 8am - 4pm)

OPAT Fax

Pagers **07623869969 / 07623863934**

ID Registrar on call bleep RHH **2079**

0114 271 2605

0114 226 1144

Integrated care for OPAT

Community team:
high capacity

Hospital team:
high complexity



Shared protocols, documentation, monitoring, etc

Uncomplicated infections,
supervision by GP and
community nurses

Complex infections,
supervision by specialist
teams

Strengths

- Opportunities for reduced LOS and admission avoidance
- Infection specialist on site
- Clinical links
- Links with other OP IV therapies
- Infrastructure
- Escalation opportunities

Weaknesses

- Community links
- Internal marketing
- Limitations on some patient groups depending on model
- Out of area patients
- Funding structures may be detrimental to community

Opportunities

- Expansion of OPAT
- Amalgamation of OP IV services within the tertiary centre
- Integrated care across sectors

Threats

- Financial pressures
- 'Any willing provider'

Conclusions

- OPAT will continue to expand in the UK
 - Financial pressures
 - Care closer to home
 - 'Start smart then focus'
- All models and service bases valid (n.b. GPRs)
- Tertiary care model offers opportunity to focus particularly on complex patients requiring long courses of antibiotics
- Important to maintain good community links