



The British Society for
Antimicrobial Chemotherapy



OPAT
Outpatient Parenteral
Antimicrobial Therapy

The District General Hospital Experience

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Developing OPAT Service

Blackburn Experience

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Background

- East Lancashire Hospitals Trust
 - Blackburn and Burnley
- Service population of half a million
- > 600,000 patients per year
- Two CCG' s



Setting up OPAT

- Discussion/Presentation to stake holders
- OPAT working group – including GP' s/PCT
- Pilot in cellulitis patients
- Policy and pathway' s
- Future aspirations

Feasibility Study

- Modified Preston Audit Tool
- Collecting data
- Analysing
- Presenting

Parameters

- **Heart Rate = 51->100bp/min**
- **Patients with highest temp** (in previous 24 hours) = 36 – 38 degrees
- **Respiratory Rate = 8-20 bth/min**
- **Lowest Systolic BP = 90 – 199 mmHg**
- **Lowest O2 Saturations = 94-100%**
- **Currently receiving Home Oxygen**

L.O.S. (n=12)

Division	LOS	No of Days where patient was suitable for Discharge
MEDICINE	400	235
SURGERY	203	54
Grand Total	603	289

Indications for Patients Suitable for Discharge (n=12)

SPECIALTY	CURRENT INFECTION
MEDICINE	ENDOCARDITIS
MEDICINE	ENDOCARDITIS
MEDICINE	ENDOCARDITIS & ASCITES
MEDICINE	SOFT TISSUE INFECTION DUE TO INJECTING ANABOLIC STEROIDS
MEDICINE	OSTEOMYELITIS
MEDICINE	CELLULITIS
MEDICINE	DIABETIC ULCER
MEDICINE	ENDOCARDITIS
SURGICAL	EXACERBATION ASTHMA
SURGICAL	POST OP INFECTION
SURGICAL	LRTI
SURGICAL	DOG BITE

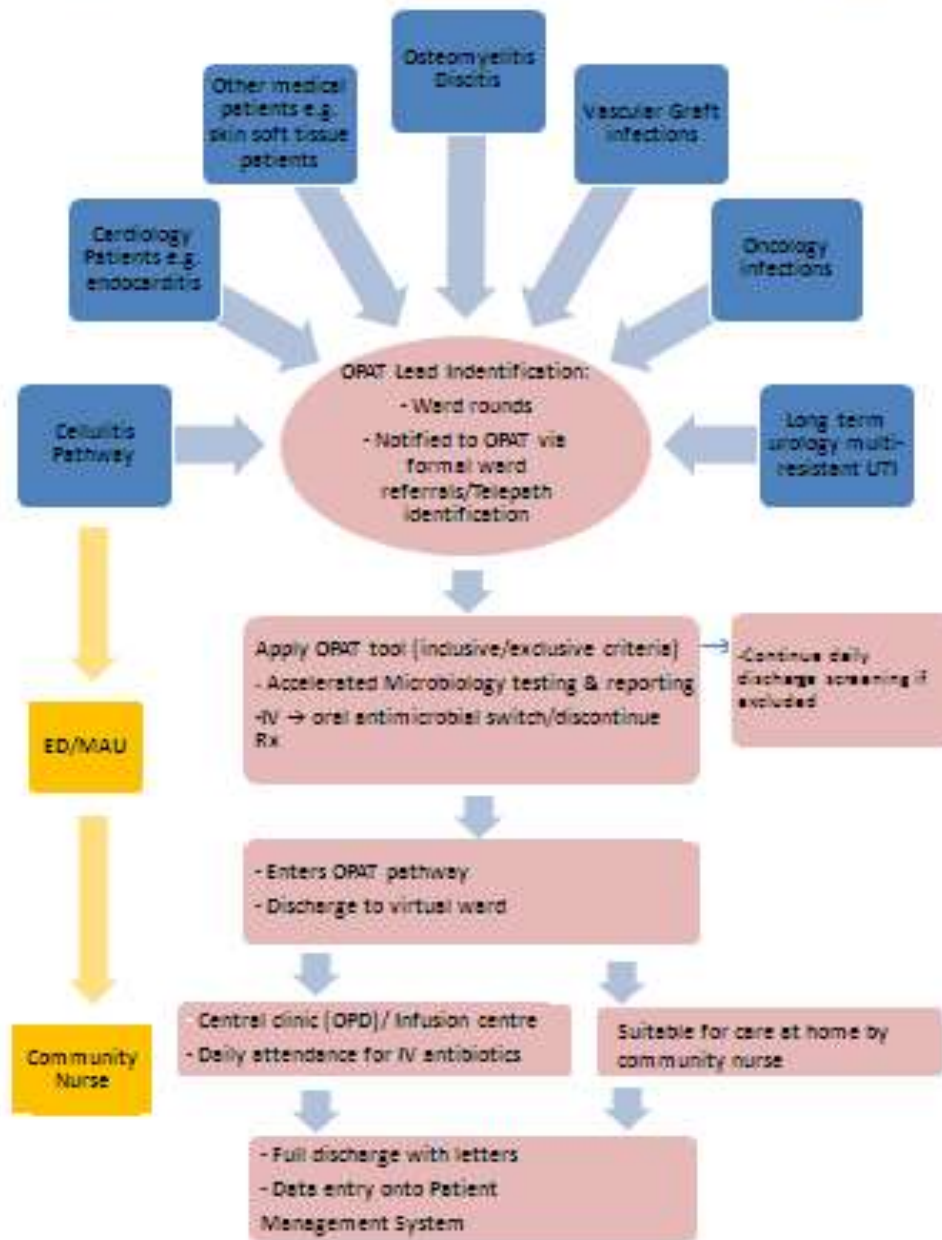
Audit Summary

- Audit demonstrate a significant cohort of patients on antibiotics who could be discharged, but is delayed
- Implementation discharge screening tool, & escalation to a microbiologist (Infection Specialist) - significant reductions in length of stay and bed occupancy
 - Assistance iv to oral switch (Savings)
 - Accelerated testing and reporting of tests (Appropriate testing)
 - Outpatient parenteral antibiotic therapy (OPAT) (Better patient experience)
 - A clinical prompt for discharge
- Supports Quality Standards Lowering HSMR

OPAT Affects

- Different pots of money/beds/Where to start?
 - A&E
 - Orthopaedics
 - Medicine
 - Cardiology
 - Vascular
 - Respiratory
 - Community





Identifying patients for OPAT

- Daily or 3x weekly microbiology ward rounds focusing on patients on I/V
 - Use pharmacy ward orders
- Telephone liaison
- Formal ward referrals

OPAT service delivery

- 3 additional Band 3 nurses to insert PICC/midlines to improve vascular access for all patients (not just OPAT patients)
- Staff in Clinical investigation units(MAU) administer antibiotics (no additional funding)
- Patients expected to attend daily for their iv antibiotics (hospital transport utilized if required)

Microbiologist input

- Reviewed by microbiologist on unit weekly. Bloods reviewed by microbiologist twice a week.
- Microbiologist prescribes oral follow-on therapy
- Microbiologist alerts referring team to review if necessary
 - Remains under the care of referring team
- Microbiologist writes OPAT update/discharge letters

Difficulties

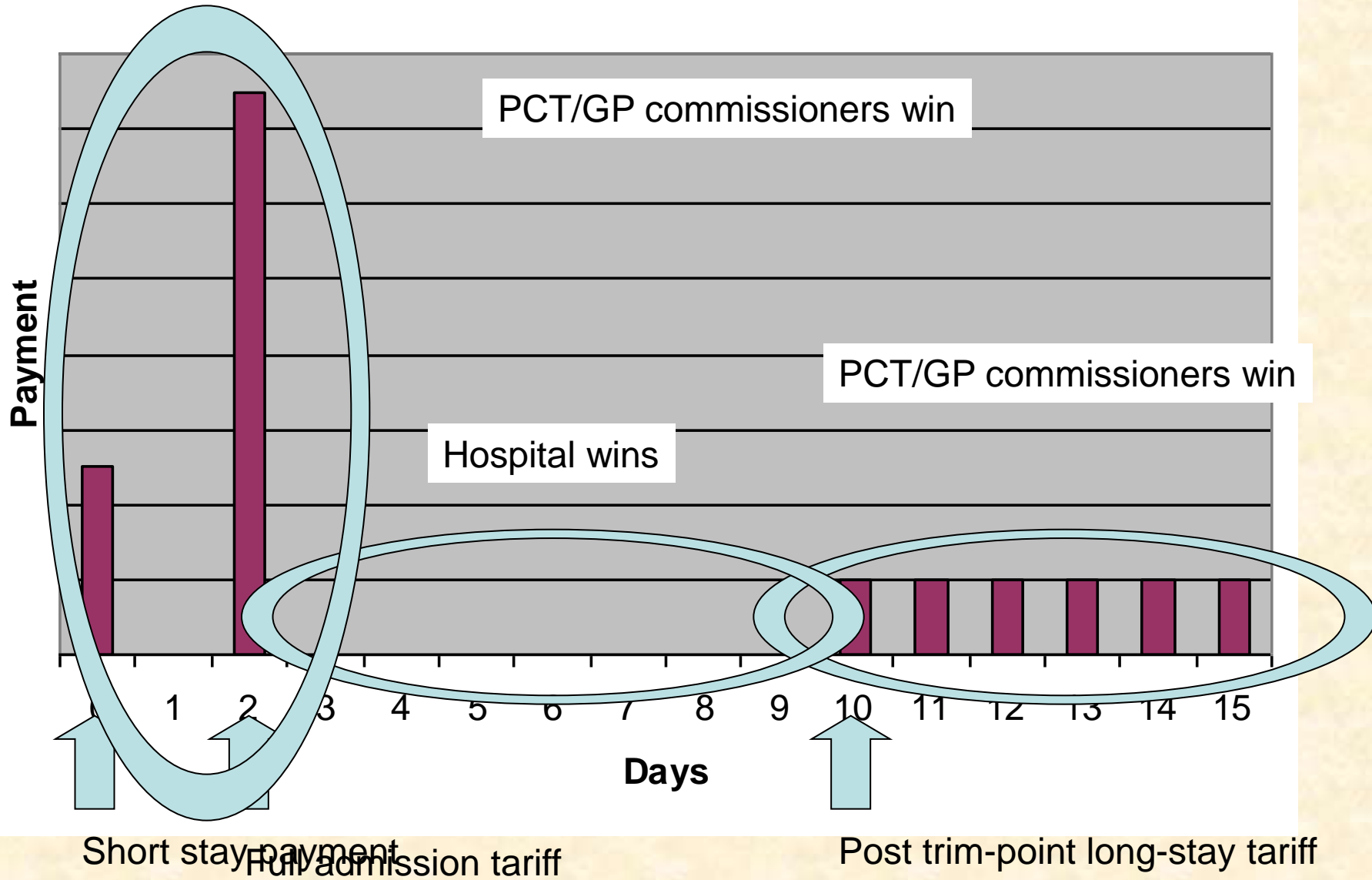
- Repeated Meeting
 - ✓ Identifying key-stakeholders(changing)
 - ✓ Investing key-stakeholders
 - ✓ Misconceptions
- Presentations at various forums
- Funding

Two CCG' s

- Judging interest
- Differing skills within community nursing teams in each
- Model in Future?



Payment for emergency admissions to hospital



What has Worked

- OPAT working group
- Interest in service
- Involvement of Community Division
- District nurses involvement
- OPAT started in cellulitis
 - Patient
 - Pathways agreed
- Patient feedback survey started
- Audit Performa agreed

Monitoring of Patients

- ❖ **Patients soft tissue infections – reviewed daily by OPAT team to speed switch**
- ❖ **Weekly MDT / virtual ward rounds to discuss progress**
- ❖ **Mechanism for urgent discussion / review if required/ Still some debate?**

Problem

- Overlap Trust boundaries
 - Patient cross over
 - Different antibiotic regimens across patches
- Training of nurses in the community
- Capacity issues
- ? Future structure of CCG' s
- Tariff' s
- Funding

ELHT Position

- Audit carried out
- Vision of Service to EMB
- Discussion on finances & structure
 - Tariff rates
 - CCG' s
 - Governance structure
 - CIP savings
 - Quality Improvement
- Funding & start

The Future

- Business case to support provision of OPAT across the trust
- ? Further microbiologist support +/- OPAT nurse
- Development of a trust OPAT policy
- Development of a generic OPAT pathway to ensure accurate documentation for both clinician and patient
- Setting up OPAT Patient Management software
- ? Utilise a virtual ward for OPAT patients

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