

Challenges of working with a private provider within an established OPAT service

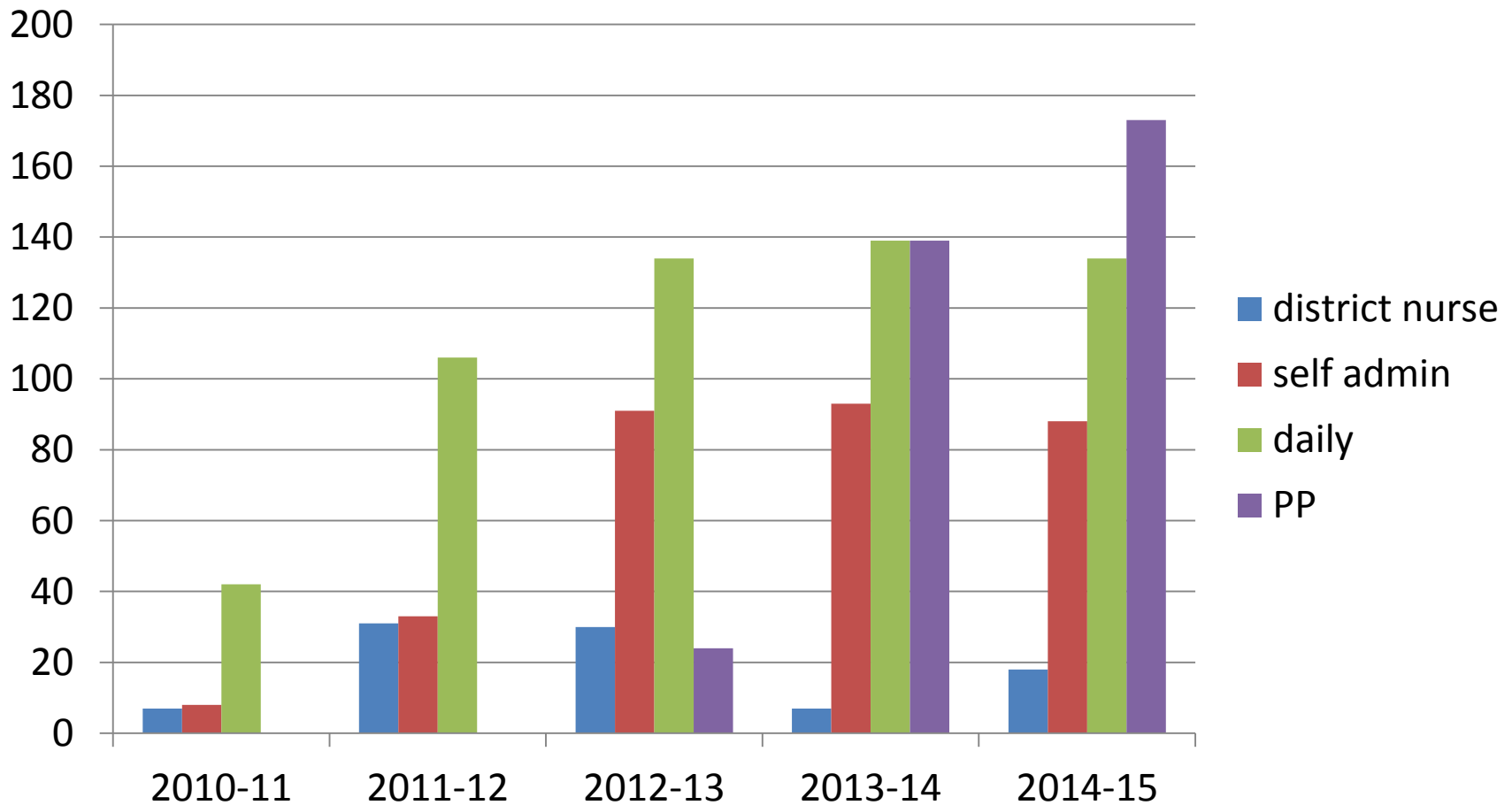
Dr Elinor Moore

OPAT at Addenbrookes Hospital

- Started October 2010;
 - Medical care from Infectious Diseases Team
 - Nursing care from nurses in an established ‘infusion bay’ in the hospital.
- Initially 3 modes of delivery of iv antibiotics;
 - Daily attendance to ‘infusion bay’
 - District nurse administration
 - Patient self administration of antibiotics
- In October 2012 CUH agreed a contract with a private provider (PP) to supply a range of services to patients at home to aid early discharge from hospital;
 - Physiotherapy and OT
 - Nursing care including iv infusions

OPAT at Addenbrookes Hospital

Patient episodes



Year (April 1st – March 31st)

Safety and quality issues after PP started;

1. Safe prescribing of antibiotics within CUH Trust systems and PP systems (missed or duplicated doses)
2. Quality of nursing care provided at home by the PP
3. Poor governance of patients using the PP but not using OPAT team.
4. Poor antimicrobial stewardship

Example 1 – 67 year old lady with candidaemia + E.faecium bacteraemia secondary to aortic-enteric fistula and infected aortic stent.

- Plan for Po fluconazole and iv Teicoplanin on discharge from hospital
- Ward doctor wrote these antimicrobials on PP drug chart.
- Another ward doctor was then approached to write the fluconazole prescription (because PP had original drug chart in patients home) - wrote different stop date.
- Patient therefore had 2 days Fluconazole from drug chart 2 (at wrong dose) and then stopped.
- Mistake only noticed at first OPAT review after a gap of 6 days with no antimicrobial.

Example 2- 53 year old man withourniers gangrene and pseudomonas bacteraemia

- Discharged from a surgical team with PP giving iv Tazosin TDS. No OPAT involvement.
- Patient developed probable side effects/ allergy to tazosin so stopped tazosin under his own initiative at home.
- PP unsure what to do with PICC line – looked red and infected – left in for 5 days whilst PP decided what to do.
- At next admission to hospital with the same problem, the patient was given iv Tazosin in ED and developed immediate Type 1 hypersensitivity reaction.

Other examples...

- Surgical teams sending home patients on iv Coamoxyclav with no stop date.
- PICC line dressings incorrectly placed (upside down).
- Standard (rather than hypoallergenic) PICC line dressing placed in patient with known allergy.
- Taking INR but not informing a medical team.
- Documenting a new 'allergic type' skin rash in a patient but not informing team for 5 days – clear florid antibiotic associated drug rash noted at OPAT review.
- Not keeping Daptomycin in the fridge.
- Multiple drug charts with different antibiotic doses on them.
- Taking no action if PICC line blocked

Action taken by CUH trust;

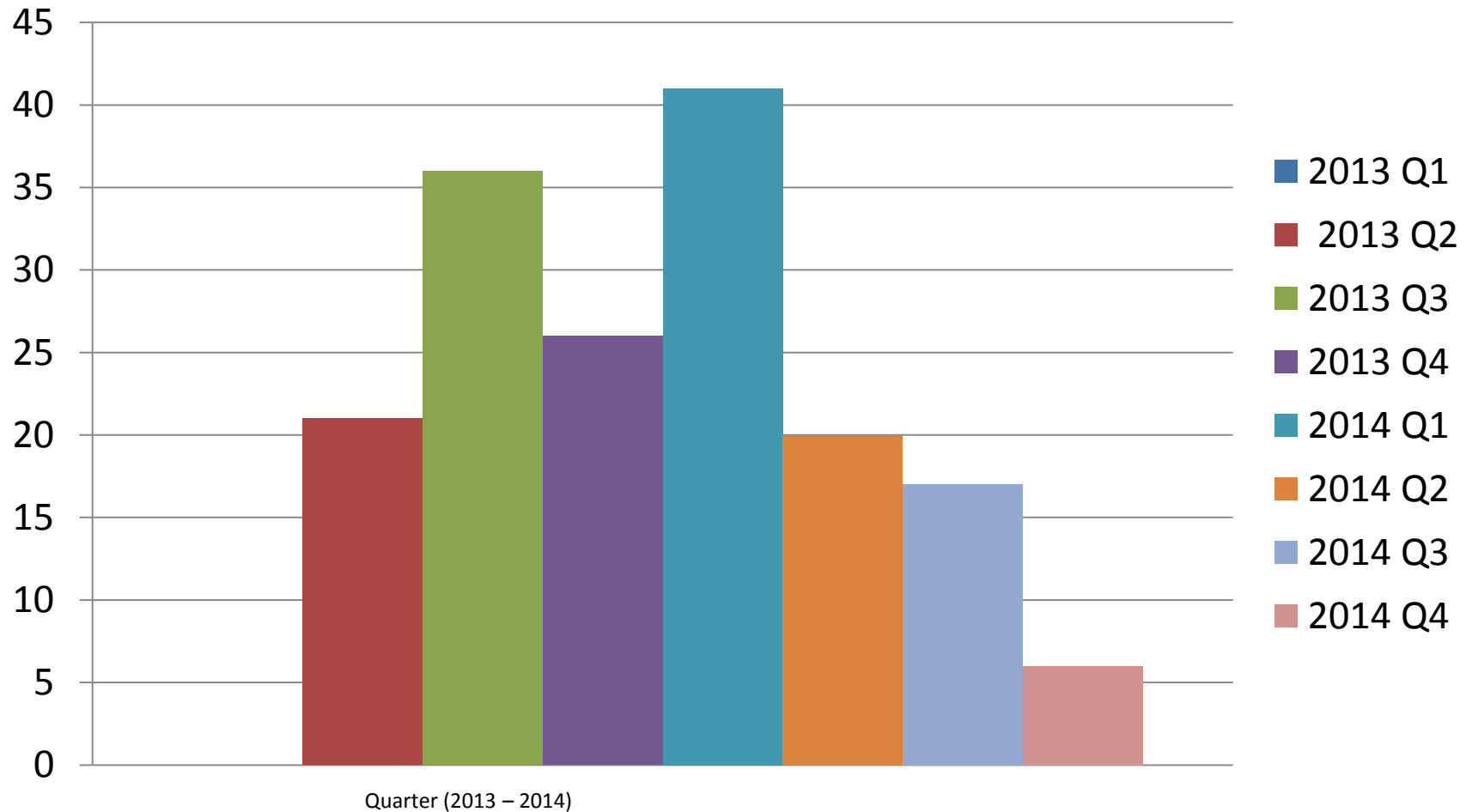
- Document events via incident forms
- Monitor readmission rates
- CUH appointed a nominated pharmacist for the PP
 - Develop safe protocols for prescribing
 - Scrutinise TTO's/ prescriptions associated with PP
- CUH appointed a clinical lead for PP
 - Regular clinical governance meetings
- PP nurses attended training with the OPAT nurses
 - PICC line care
 - OPAT protocols
- Efforts to improve communication with PP team
 - Attendance at OPAT weekly MDT
 - Present with patient at weekly OPAT appointments
- CUH Antimicrobial stewardship group
 - No patients to go home on iv antibiotics unless under the governance of the OPAT team

Results

- Reported clinical incidents in OPAT patients using PP
 - Most incidents related to drug administration (45%)
 - 2013: 25%
 - 2014: 19%

Reported clinical incidents in OPAT patients using PP

Proportion of patients (%)



Results

Readmission rate;

- PP: 16%
- Other OPAT patients: 6.5%

On-going challenges

- Governance of patients
- Nursing standards
- An awareness that patients who use the PP on discharge from hospital are likely to be sicker with more associated general medical problems, compared to OPAT patients

Thanks to;

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- Addenbrookes Infectious Diseases team
- All the staff working for the PP