



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



OPAT/
HOME IV

The Evolution of a National OPAT Program in Ireland 2013-2015

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in conjunction with the National OPAT
Working Group



The British Society for
Antimicrobial Chemotherapy

National OPAT Conference London April 2015

Ireland and OPAT

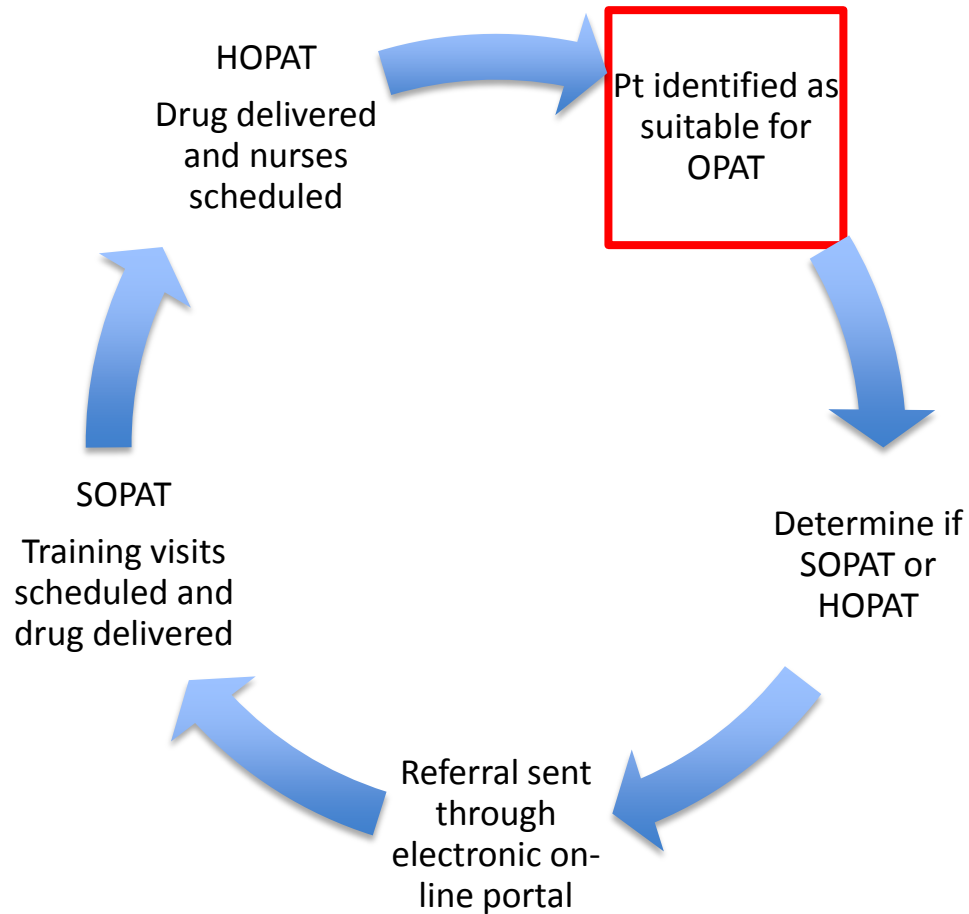
- Prior to 2013 OPAT was predominantly used by Cystic fibrosis centers and dedicated Infectious Diseases centers (N=3)
- Several studies demonstrated a strong potential for further use of OPAT in other hospitals nationally
 - National bed utilization review demonstrated that 12% patients admitted to hospital required antibiotics
 - Further showed a point prevalence rate of 5% of pts in hospital were receiving iv antibiotics
- OPAT was included as part of the clinical programs from the Health Service Executive (HSE) – a dedicated resource to establish and develop national standards for specific health care needs.

Ireland and OPAT

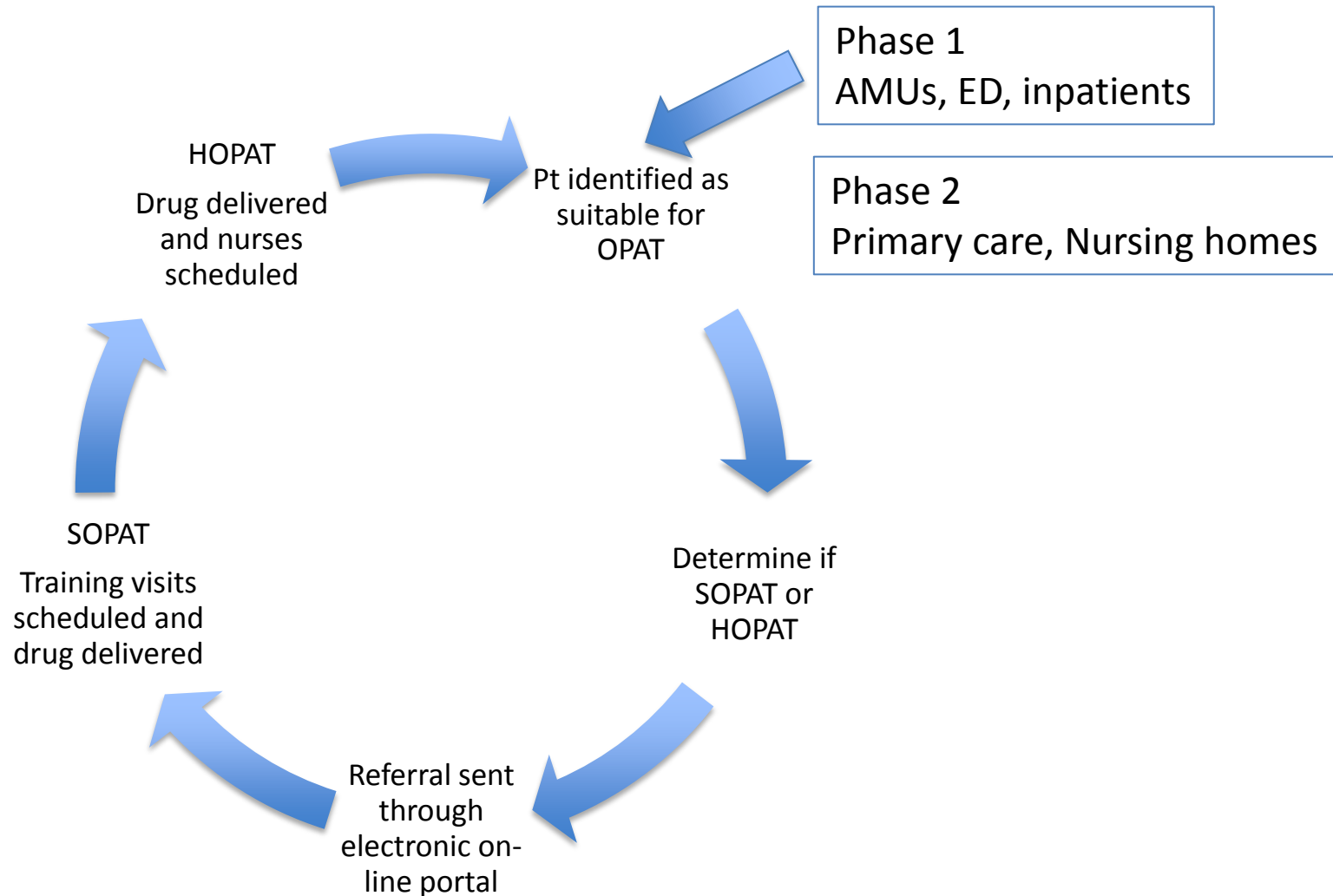
- Funding was secured to develop a national OPAT program
 - Tender awarded to Fannin Healthcare to provide S-OPAT
 - Tender awarded to TCP Homecare, who in conjunction with Community Intervention teams delivered both drug and nursing support for H-OPAT



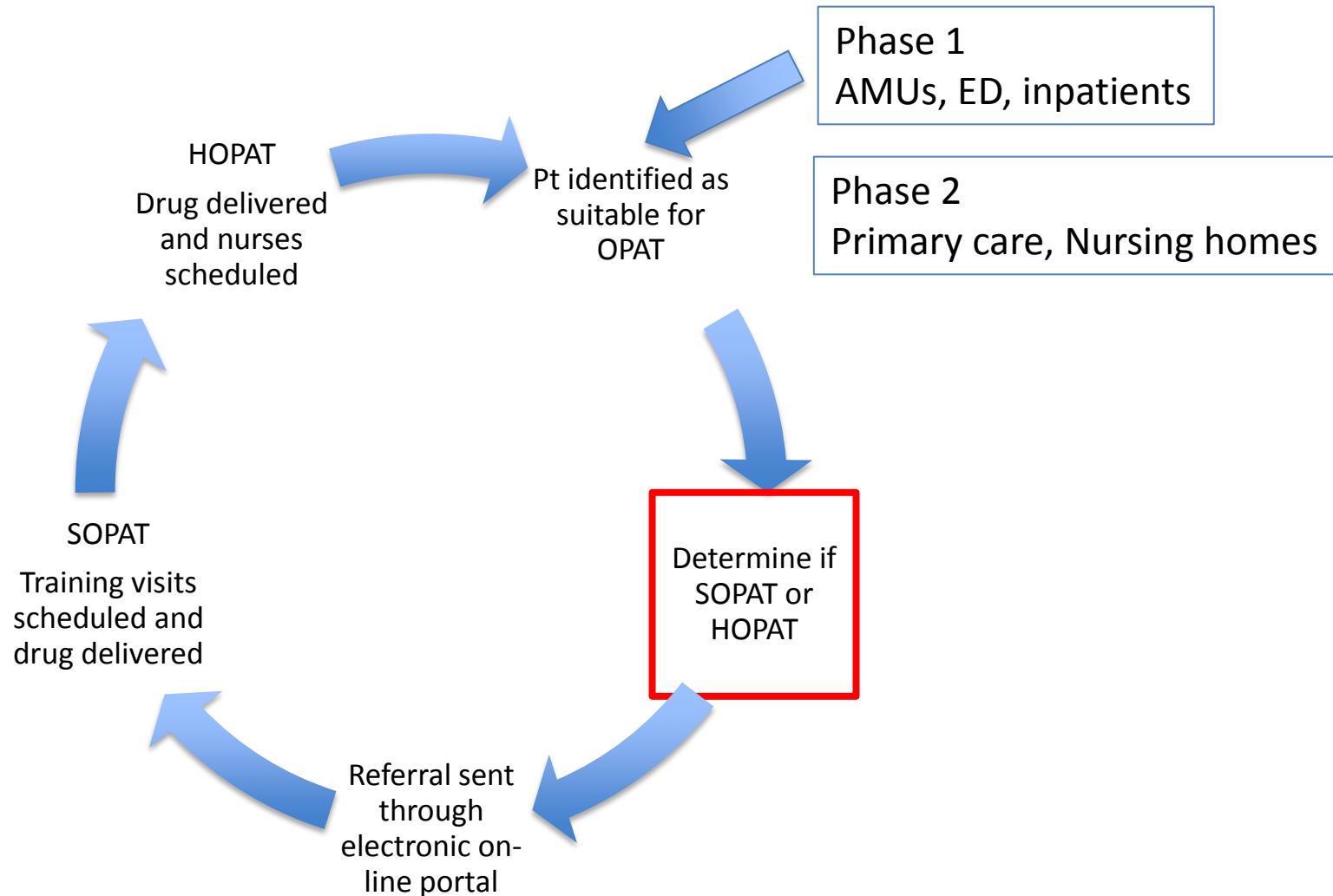
How does the system operate?



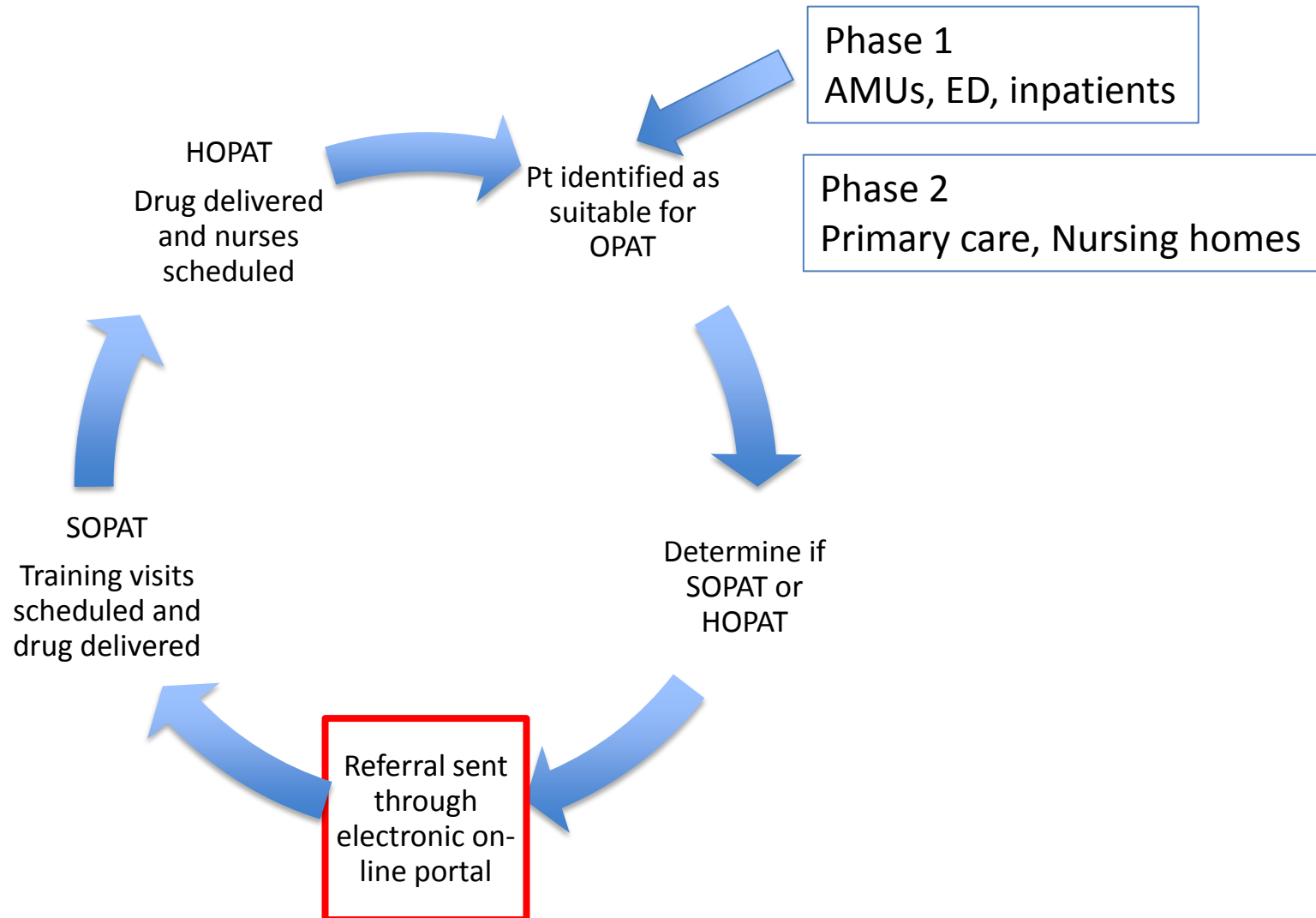
How does the system operate?



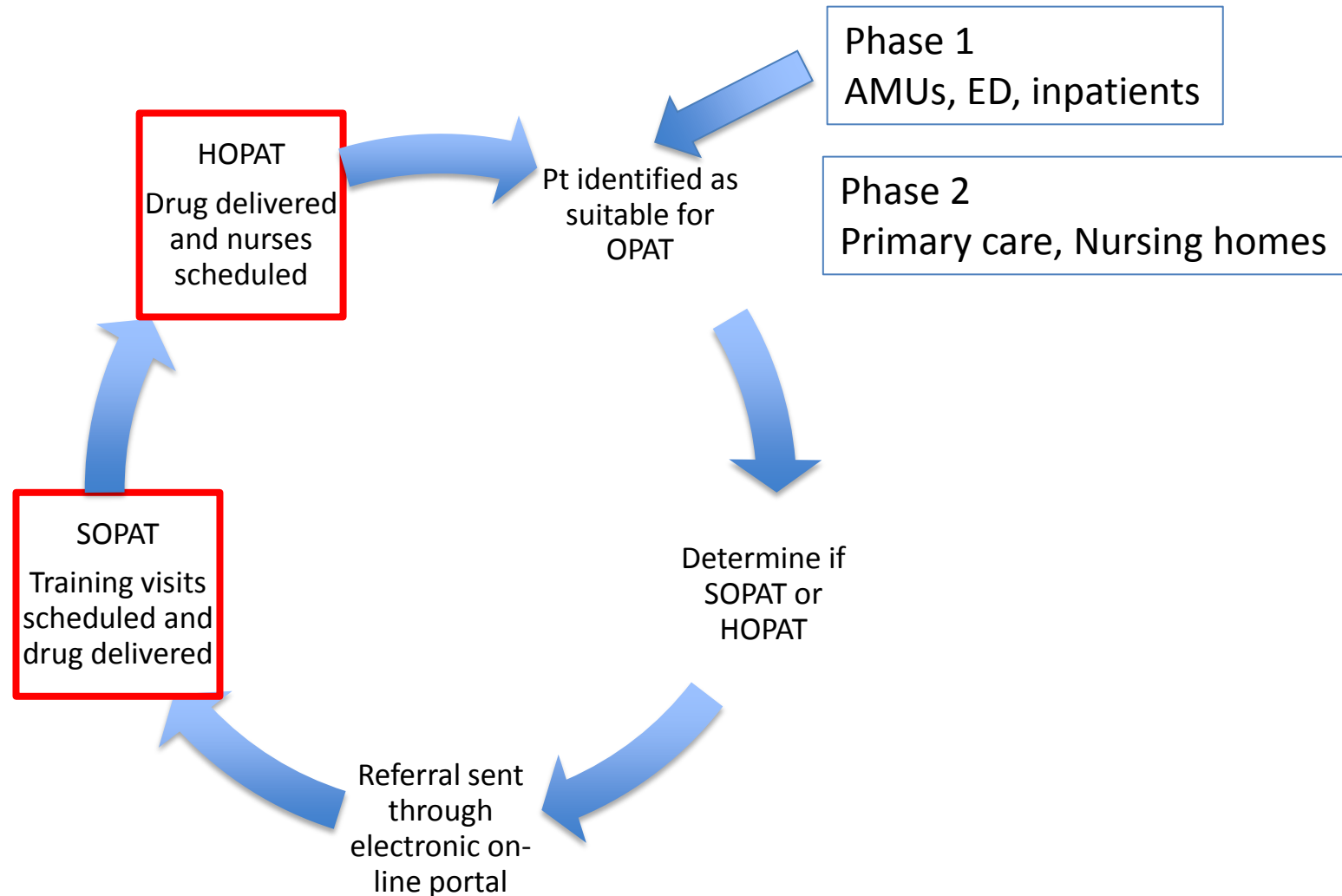
How does the system operate?



How does the system operate?



How does the system operate?



Where are we so far?



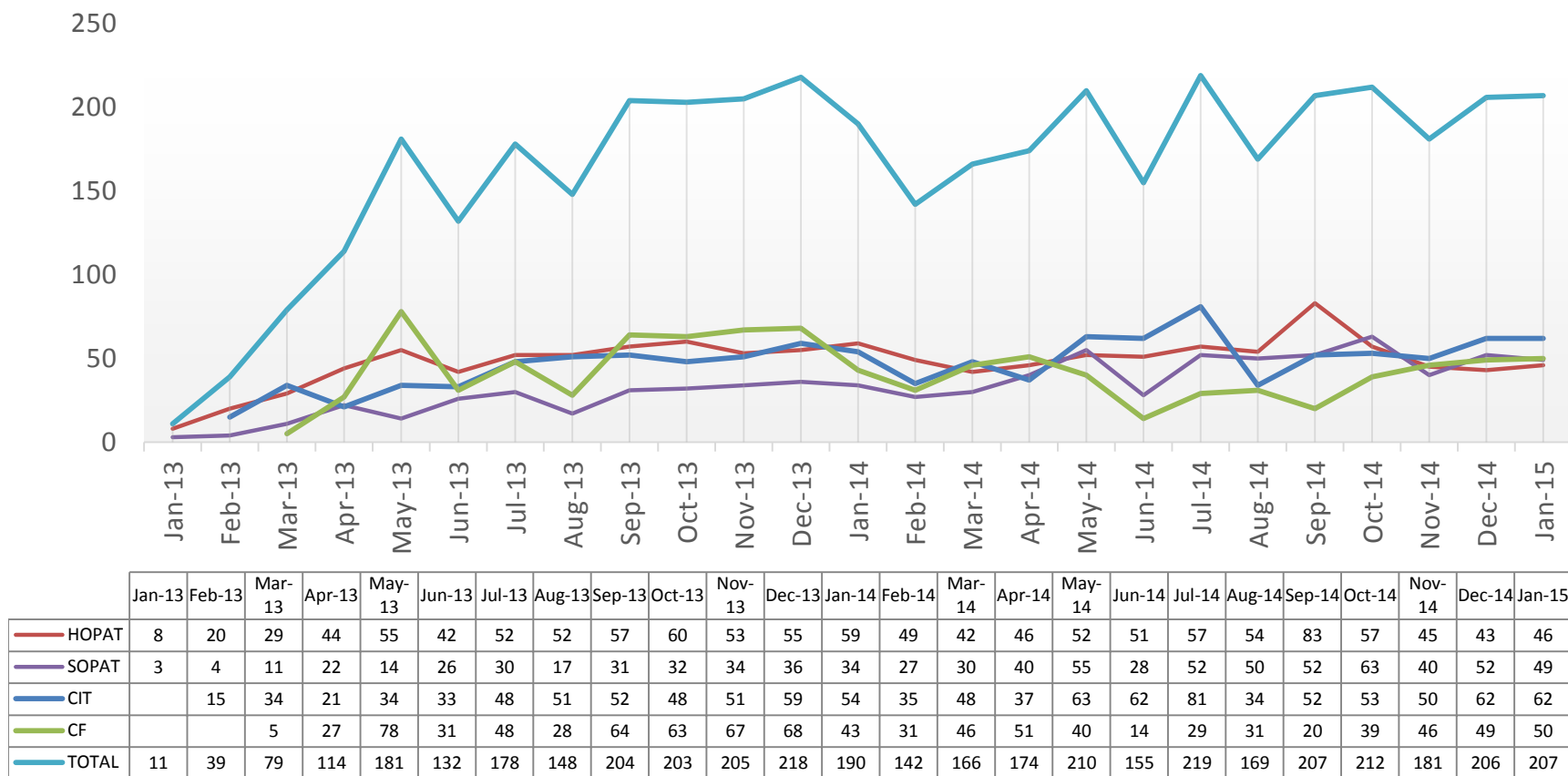
OPAT/
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Number of referrals to the National OPAT service

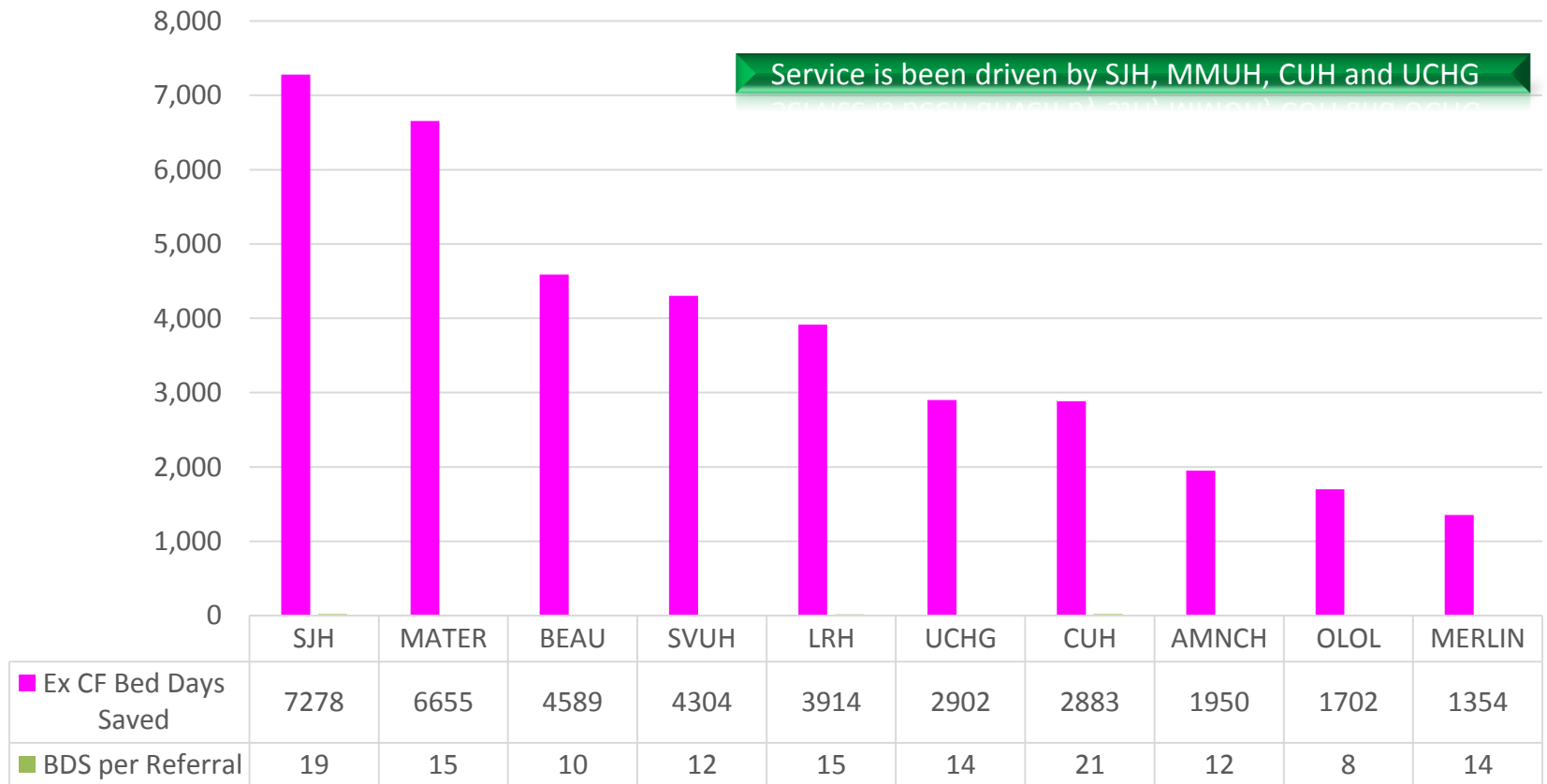
Jan 2013-Jan 2015 – total 4146

ALL HOSPITALS



Top Ten for Bed Days Saved

43174 Bed Days Saved Excl CF Jan 15



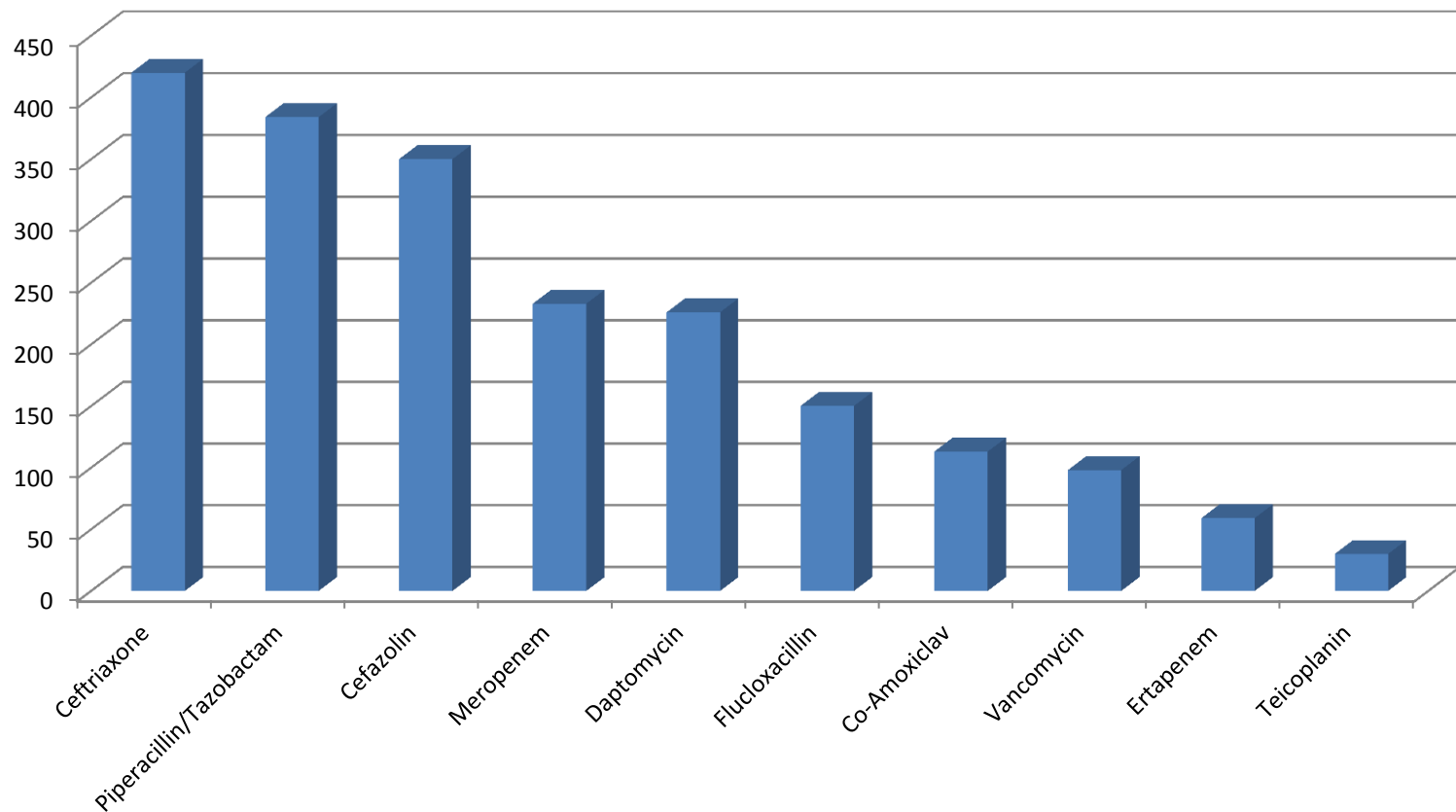
Bed Days Saved Jan 2013 – Jan 2015

Bed Days Saved by Referral Type

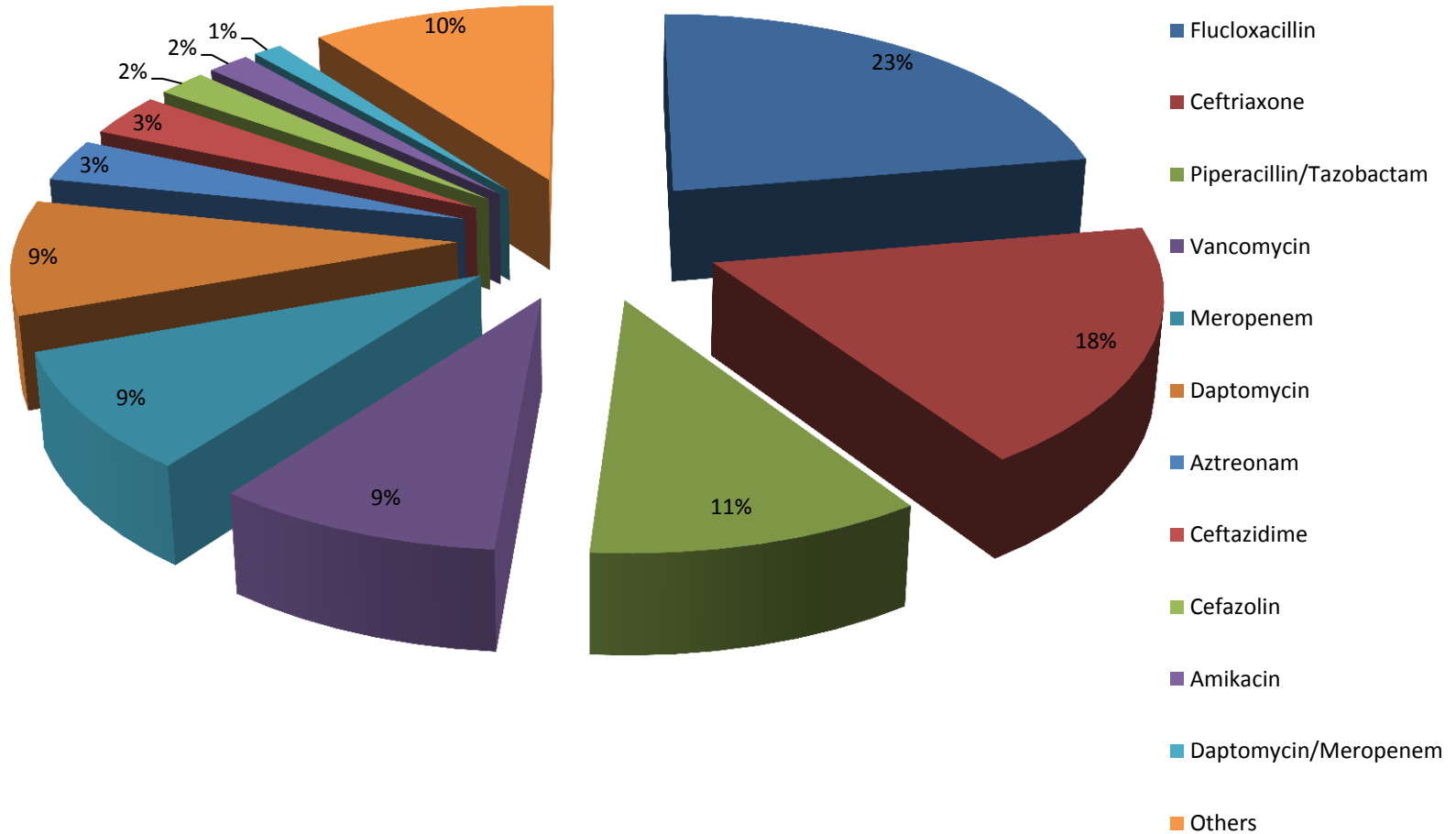
Service	Referrals	Est. No. of Bed Days Saved	Av. No. of Bed Days Saved Per Referral
CIT	1136	13237	11.7
HOPAT	1211	14375	11.9
SOPAT	830	15562	18.7
SOPAT CF	968	10340	10.7
Grand Total	4146	53514	12.9

Top 10 Antibiotics Nationally

TOP 10 ANTIBIOTICS Rx make up 77% of total

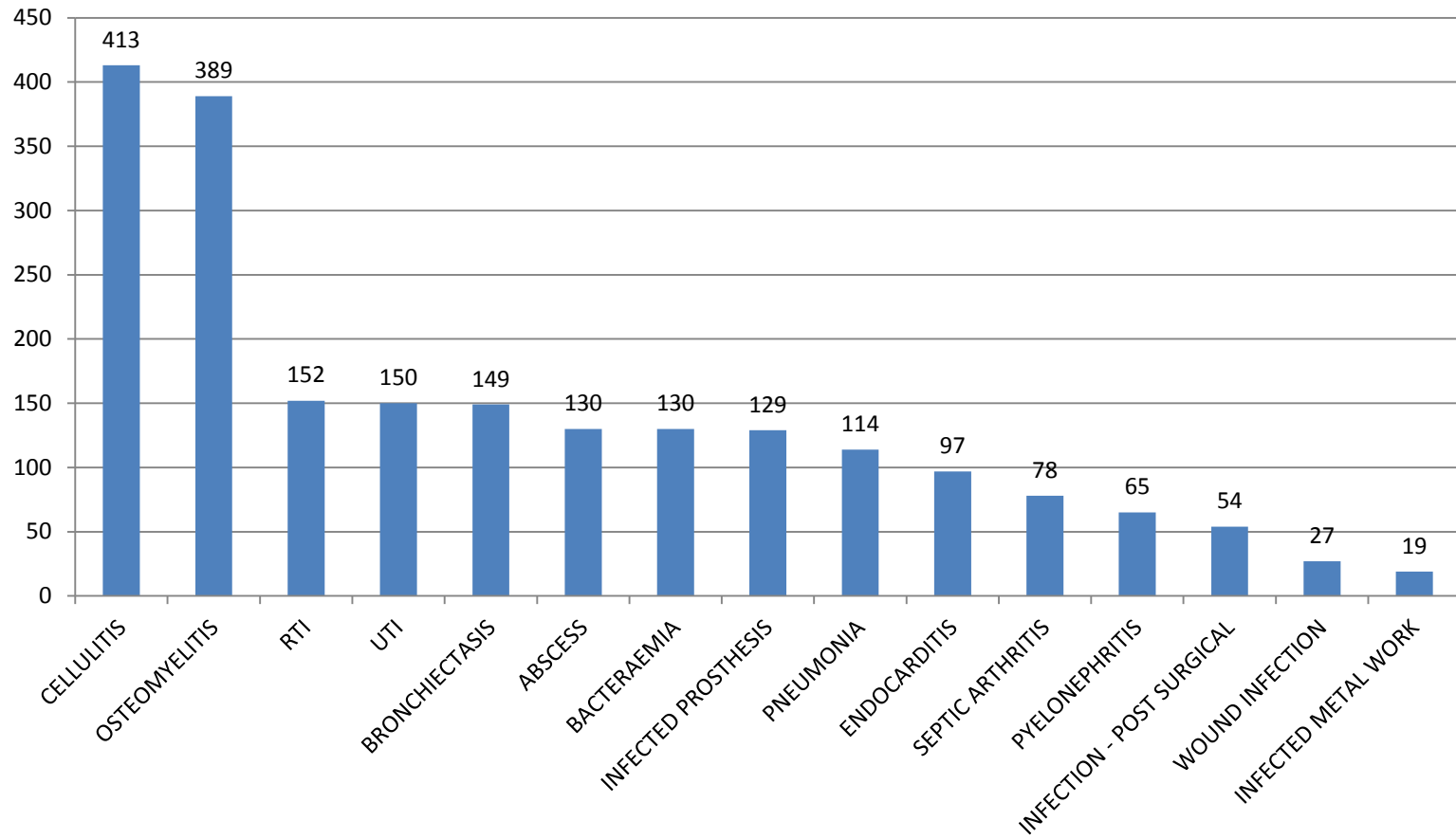


Top 10 Antibiotics for SOPAT



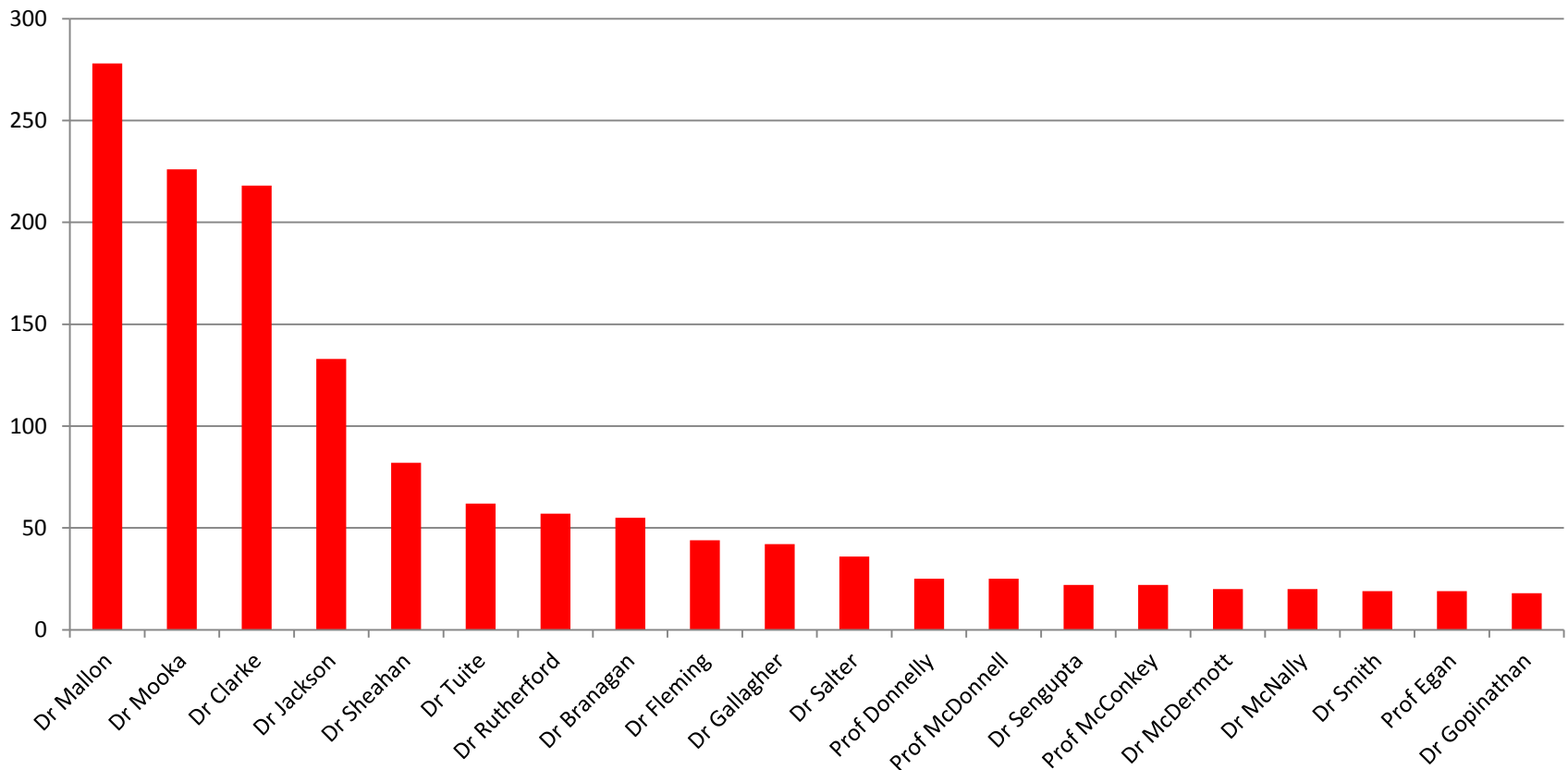
Top Ten Diagnoses

TOP 15 DIAGNOSES GROUPED

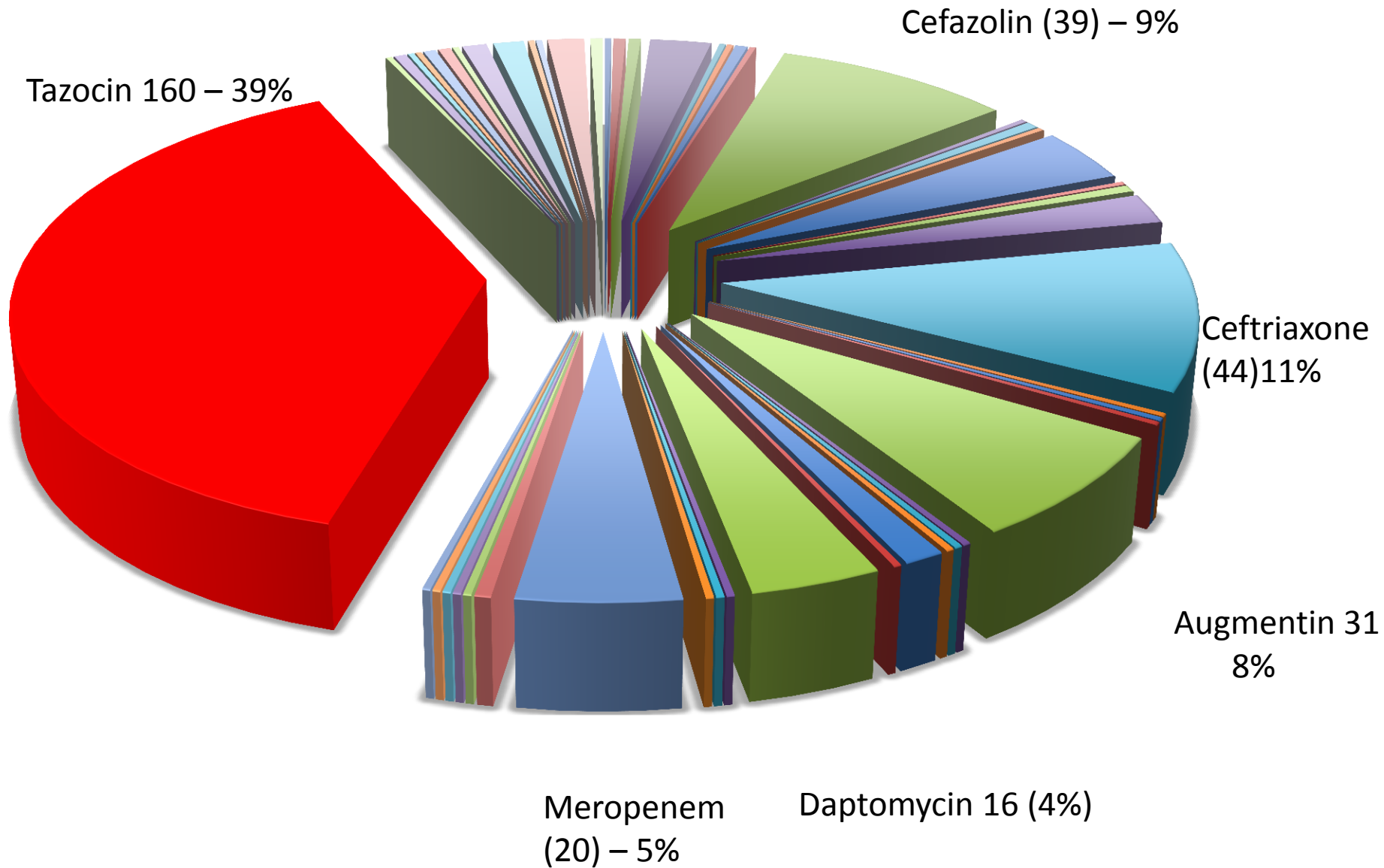


Individual National consultant Referrals

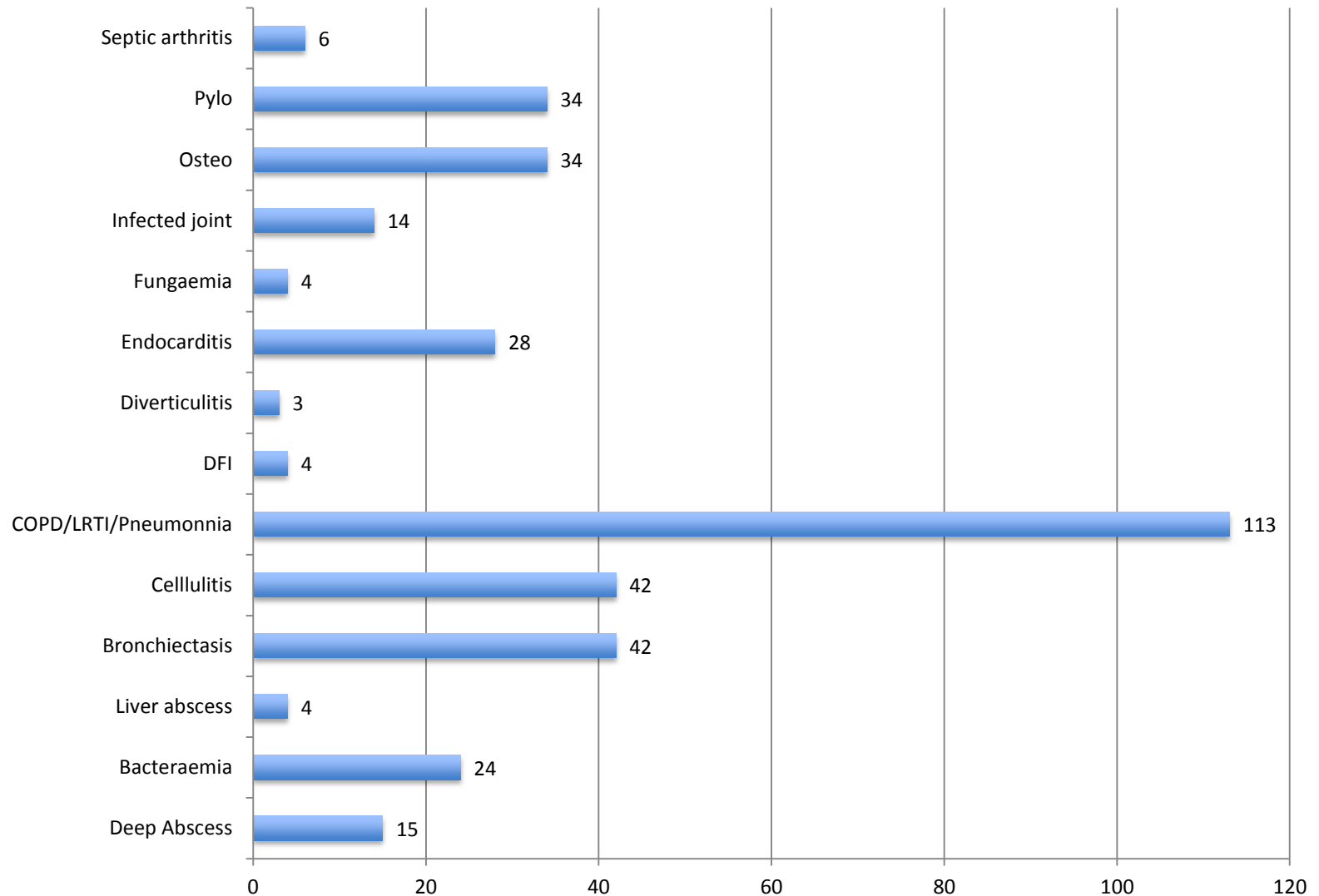
TOP 20 Referrers to OPAT make up 53% of total



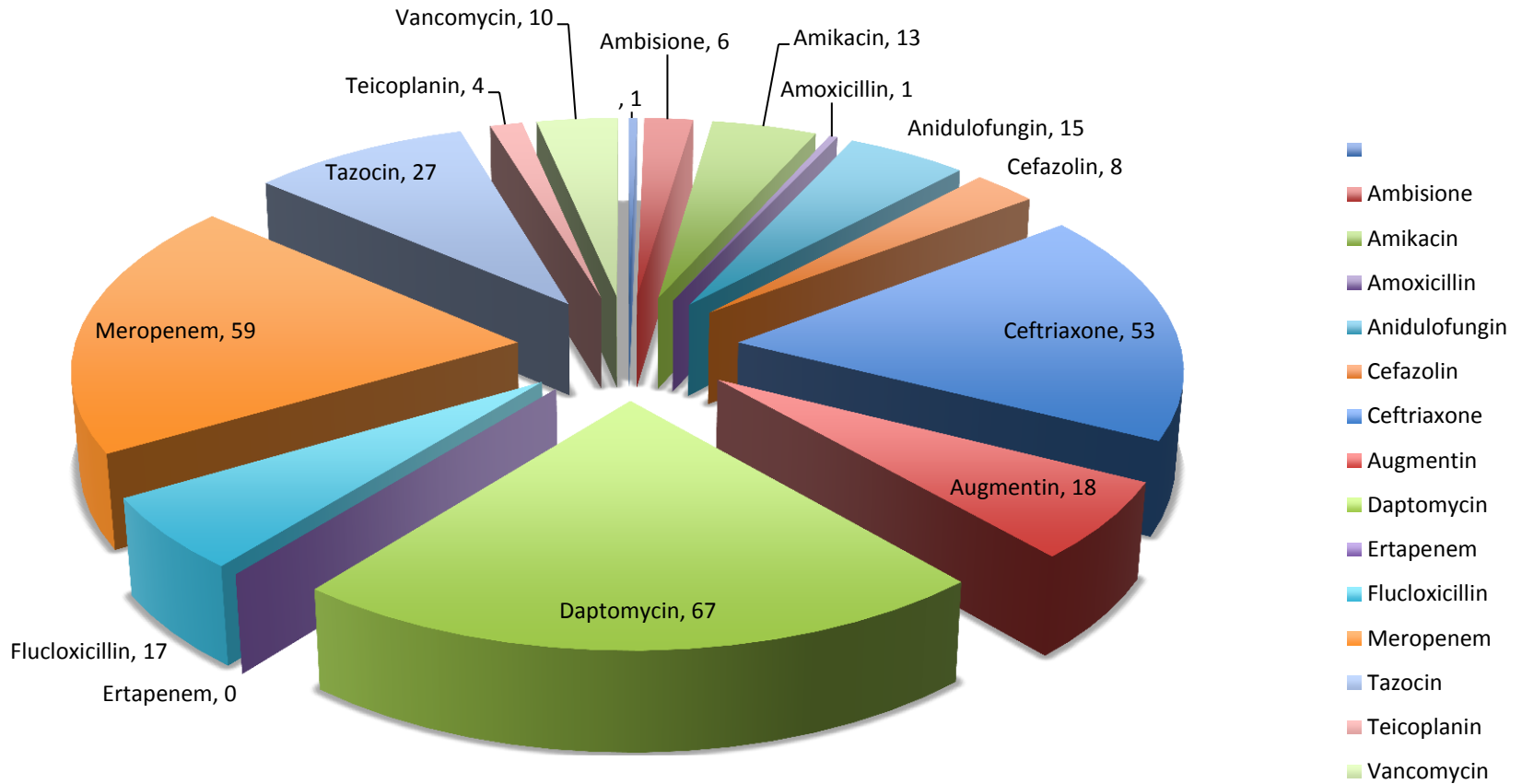
Hospital A's Favourite Antibiotics



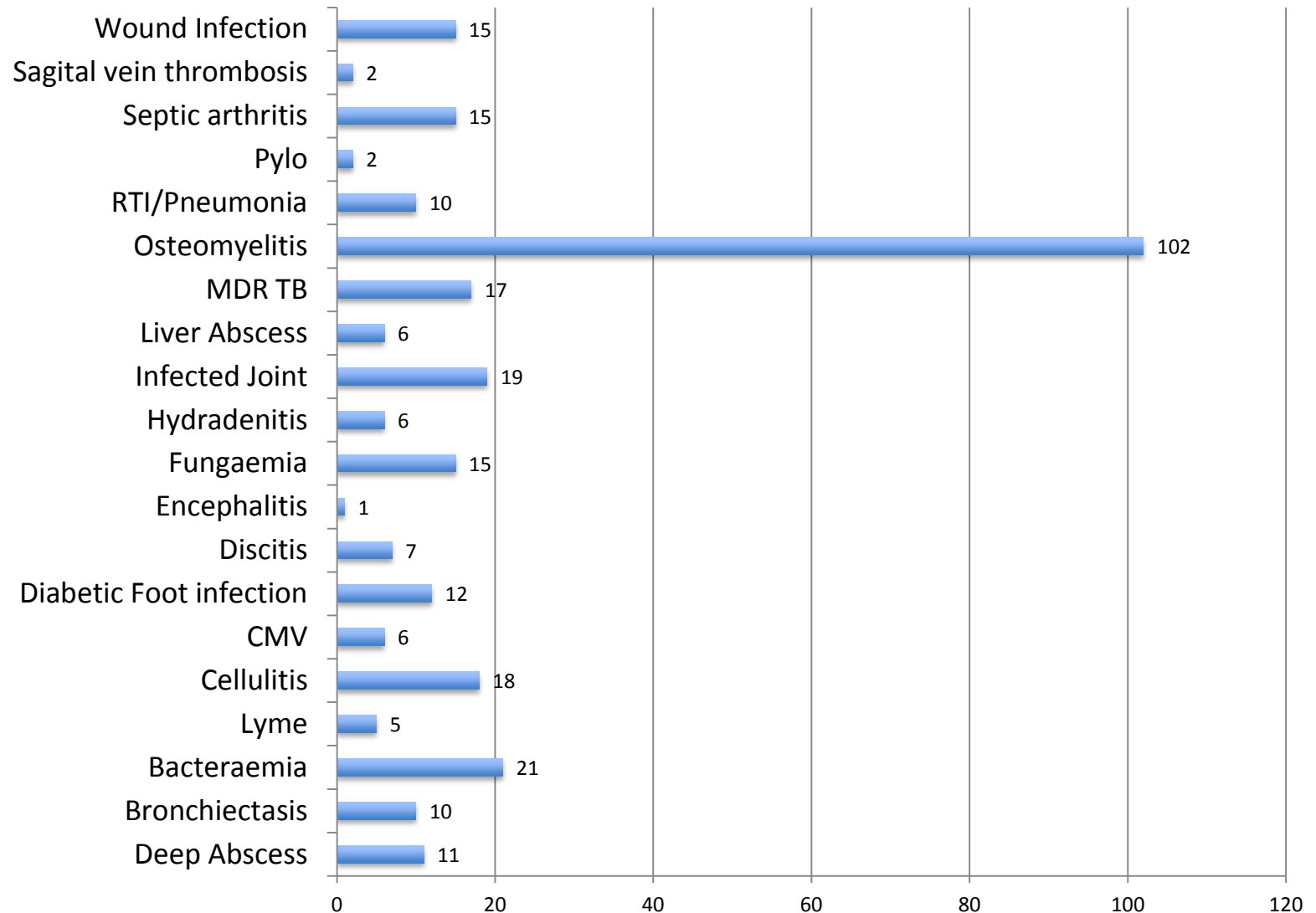
Hospital A most Common Diagnoses



Hospital B's Favourite Antibiotics



Hospital B's most common Diagnoses



The good....

- In the first 2 years of the program 4,146 pts have been referred to the OPAT program with almost 45,000 bed days saved.
- Generally excellent buy-in from individual hospitals to engage with the OPAT program and appoint staff to support it in their area
- The Key appointment is a dedicated OPAT nurse.
- There is excellent patient feedback
- Many other hospitals are enthusiastically awaiting implementation of the national OPAT program into their service plans going forward.
- The national OPAT program has allowed national OPAT standards to be implemented in all hospitals where the program is based
- Antibiotic stewardship is a key performance indicator for the program and the extensive database allows detailed auditing in individual sites, individual consultants etc..

The 'not so good' and The Lessons We are Learning

- Slow process to engage different sites
 - Greatest referral rates from sites with dedicated OPAT/ID service and an OPAT nurse
- Makes very interesting data analysis
 - Hospital C has a large Ortho and DM center – why do they not have lots of patients with Osteo?
 - What is the best way to get clinical outcome data?
 - Why do some hospitals refer patients with cellulitis and others never refer?
 - How to give TDS antibiotics correctly in the community? Is it possible?
 - Why do some sites have S-OPAT rates of essentially zero and others 30%?
 - Review currently underway re best way to cover the entire country with OPAT services