Defining the positive outcome - OPAT in palliative care

Eoghan de Barra
Person centred coordinated care near the end of life

“I can make the last stage of my life as good as possible because everyone works together confidently, honestly and consistently to help me and the people who are important to me, including my carer(s).”

- My goals and quality of life and death
- The people who are important to me
- Honest discussion and planning
- My physical, emotional, spiritual and practical needs
- Responsive and timely support
Palliative OPAT
Palliative OPAT

• Infection primary
  – Death without antibiotics inevitable

• Infection secondary
  – Obstructive malignancy
  – Progressive terminal condition
    • Infection related or unrelated

• Patient centred approach with defined Rx goals
Palliative Care
Prognosis

In 70% of consultations discussion of survival benefit was vague or non-existent.
Abx Evidence

Antimicrobials at the End of Life: An Opportunity to Improve Palliative Care and Infection Management
Manisha Juthani-Mehta, MD, Yale School of Medicine, Section of Infectious Diseases, Department of Internal Medicine, New Haven, Connecticut

JAMA. 2015 November 17; 314(19)

Symptomatic Treatment of Infections in Patients with Advanced Cancer Receiving Hospice Care
Raquel E. Reibolt, BS, Allison M. Shenk, BS, Patrick H. White, BS, and Rudolph M. Navari, MD, PhD

Vol. 30 No. 2 August 2005

Frequency of Outpatient Antibiotic Prescription on Discharge to Hospice Care
Jon P. Furuno, Brie N. Noble, Kristi N. Horne, Jessina C. McGregor, Miriam R. Elman, David T. Bearden, Eric W. Walsh, Erik K. Fromme

Antimicrobial Agents and Chemotherapy September 2014 Volume 58 Number 9

90%

UTI

21%
– 86% of physicians believed that respecting a patient’s wish to continue antimicrobials was important.

– Paediatricians would more often continue antimicrobial treatment for patients whose death was imminent compared to adult physicians.

– “Clinicians may overweigh the benefits of antimicrobial therapy in end-of-life situations and view the importance of adhering to stewardship policies differently.”
Implementing an Antibiotic Stewardship Program: Guidelines by the Infectious Diseases Society of America and the Society for Healthcare Epidemiology of America

XXVII. Should Antimicrobial Stewardship Programs Implement Interventions to Reduce Antibiotic Therapy in Terminally Ill Patients? Recommendation

28. In terminally ill patients, we suggest ASPs provide support to clinical care providers in decisions related to antibiotic treatment (good practice recommendation).

NICE Medicines and Prescribing Centre

Antimicrobial stewardship

Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use

Full guideline
Methods, evidence and recommendations
August 2015

Burden and Management of Multidrug-Resistant Organisms in Palliative Care

Rupak Datta and Manisha Juthani-Mehta
Section of Infectious Diseases, Department of Internal Medicine, Yale School of Medicine, New Haven, CT, USA.

Palliative Care: Research and Treatment Volume 10: 1–6
When to stop?
How often should these patients be seen in OPAT clinic?

• Weekly
• Every two weeks
• If new issues
• Never
Who should discuss non-curative goals of OPAT plan with patient?

- Primary team (assume General Medical)
- Oncology team
- Palliative Care team
- OPAT team
So no one else has discussed non-curative goal of OPAT. Do you feel you can do this well?

- Yes
- No
INFECTION OUTCOME
Cure:
Improved:
Failure: Progression or non-response of infection despite OPAT, required admission, surgical intervention or died for any reason

OPAT OUTCOME
Success:
Partial success:
Failure of OPAT: Readmitted due to infection worsening or due to adverse event. Death due to any cause during OPAT
Indeterminate outcome:

Palliative: no AEs, qualitative
Summary

• OPAT in Palliative Care
  – Infection primary / secondary
• Individual care plan with defined goals
  – Family
  – Clinic visit
• Link with Palliative Care
• Outcome measures
  – Quantitative adverse events
  – Qualitative

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