Making inroads so that getting out is easier: OPAT innovations

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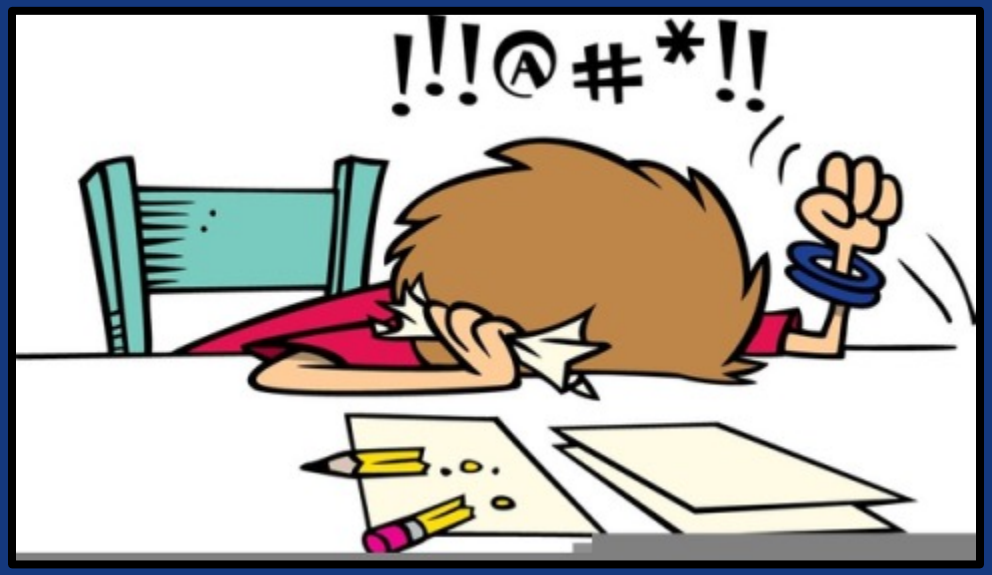
Running the OPAT service

Ensuring continuity of care

Frequent change of managers

Finance



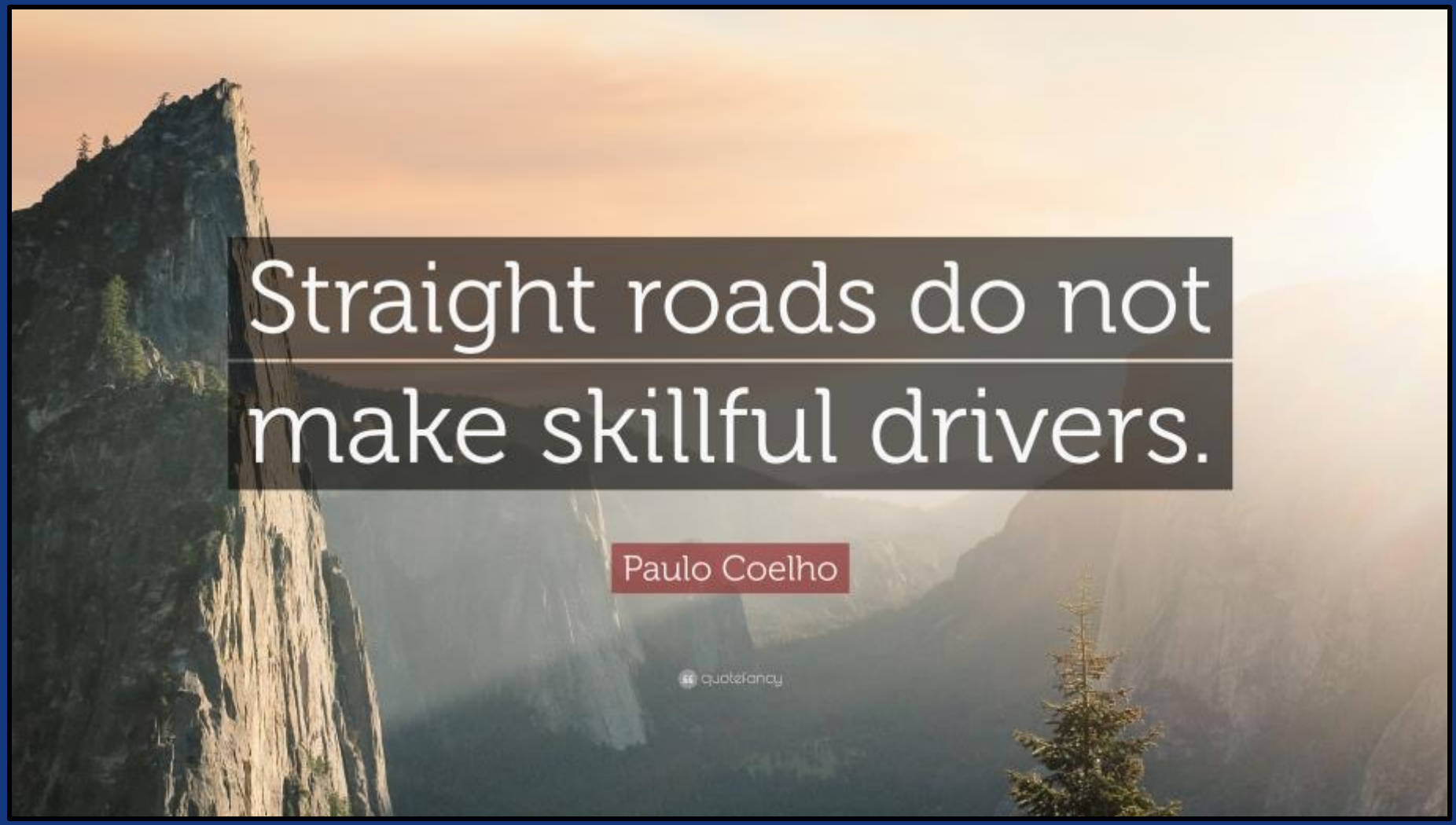
Porters

Vascular access

Clarifying treatment plans (with surgeons)

Staff/patient expectations

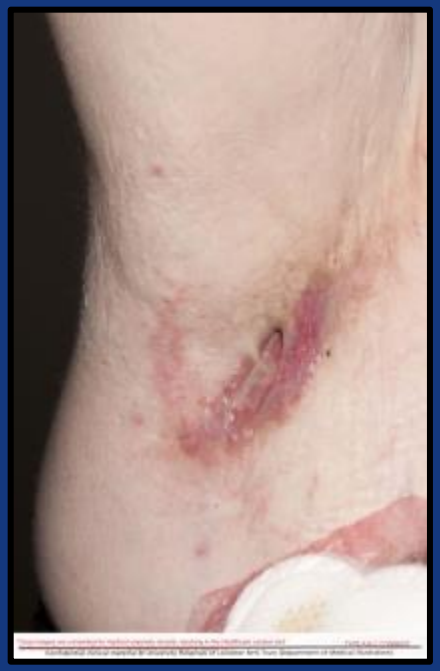
Timely correspondence

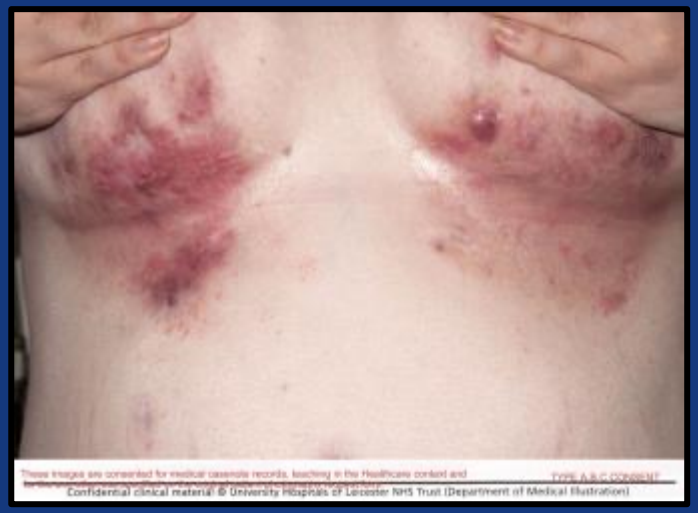

Straight roads do not make skillful drivers.
Paulo Coelho
quotefancy

Some innovations to share

- Monthly joint clinic with dermatology (complex Hydradenitis supprativa cases)
- Dedicated NOE pathway/MDT
- Orthopaedic infection meeting
- High self/family-administration rates
- HPB-Microbiology strategies

Hydradenitis supprativa





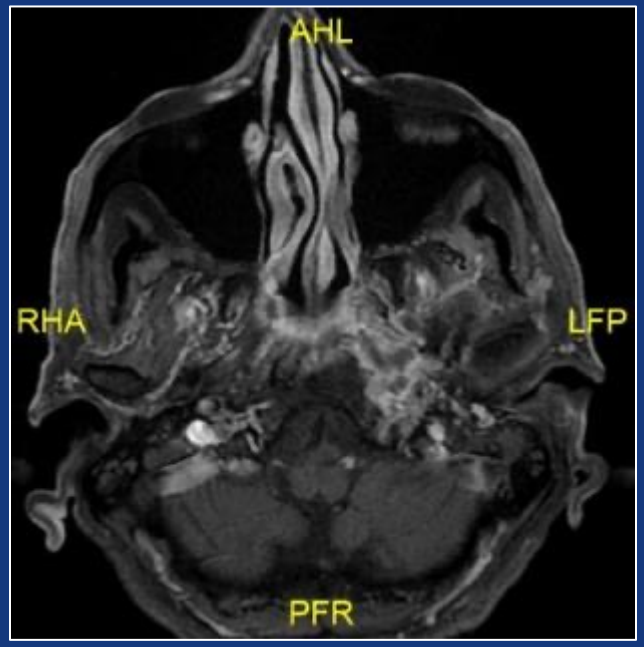
- Separate OPAT and dermatology reviews (but really needed both in order to determine treatment response/duration
- Clinical governance oversight for the use of antibiotics outside licensed indications was felt to be inadequate
- Difficult to manage patient expectations in this chronic condition

Joint OPAT-dermatology clinic

- Monthly
- Dermatology consultant
- OPAT consultant
- OPAT nurses – line care/antibiotic training

- Joint letters/better clinical governance
- Improved clinical oversight of patients
- Antibiotic/immunomodulatory adjustments made at the same time
- Reduces delays in care

Necrotising otitis externa (NOE)



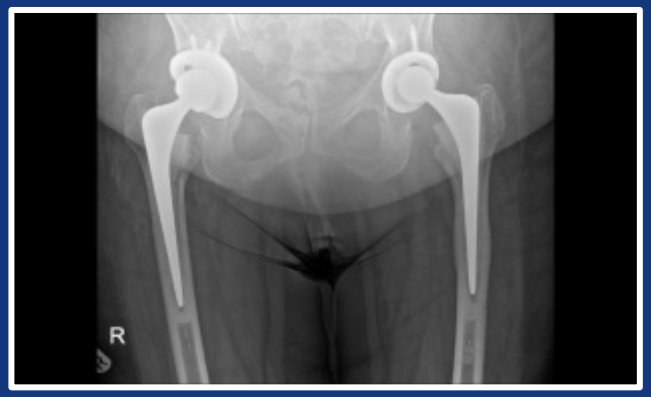
- Patients were sent home with no clear review date by ENT
- Unclear who was over-arching consultant (listed as numbers on TTOs!)
- Haphazard decisions about re-imaging/stopping treatment
- Frequent calls from OPAT clinics to on-call ENT team

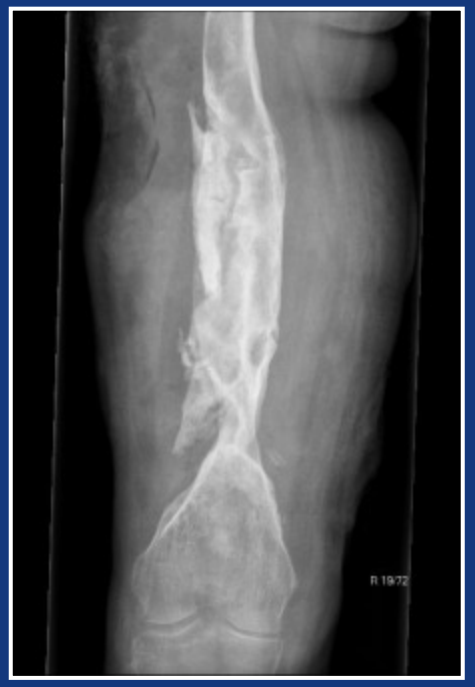
NOE treatment pathway

- Monthly MDT (radiologist/OPAT/ENT consultant and SpN)
- Standardised agreement for type/timing of scans
- Regular ENT SpN review for aural toilet (later consultant review)

- Improved clinical oversight of patients
- Allows rapid antibiotic adjustment if not improving
- Clear demarcation of responsibilities

Orthopaedic engagement





- Patients referred late after complex surgery/lack of advance planning
- Suboptimal inpatient management
- Poor communication between teams as to responsibility for monitoring
- High levels of expectation for long courses of iv antibiotics

Orthopaedic engagement

- Attendance at weekly regional Joint Revision meeting
- Co-leading (with interested microbiologist) weekly “drop in” orthopaedic meeting for discussion of inpatients with infection issues

- Advance decisions about sampling and antibiotic use peri-operatively
- Improved inpatient management
- Allows early identification of patients for OPAT or oral antibiotics
- Overall better relationships, allowing easier discussion of patients who fail to progress as expected/difficult management decisions

Increasing self-administration of iv antibiotics

British Journal of Nursing, VOL. 30, NO. 2 | Outpatient Therapy

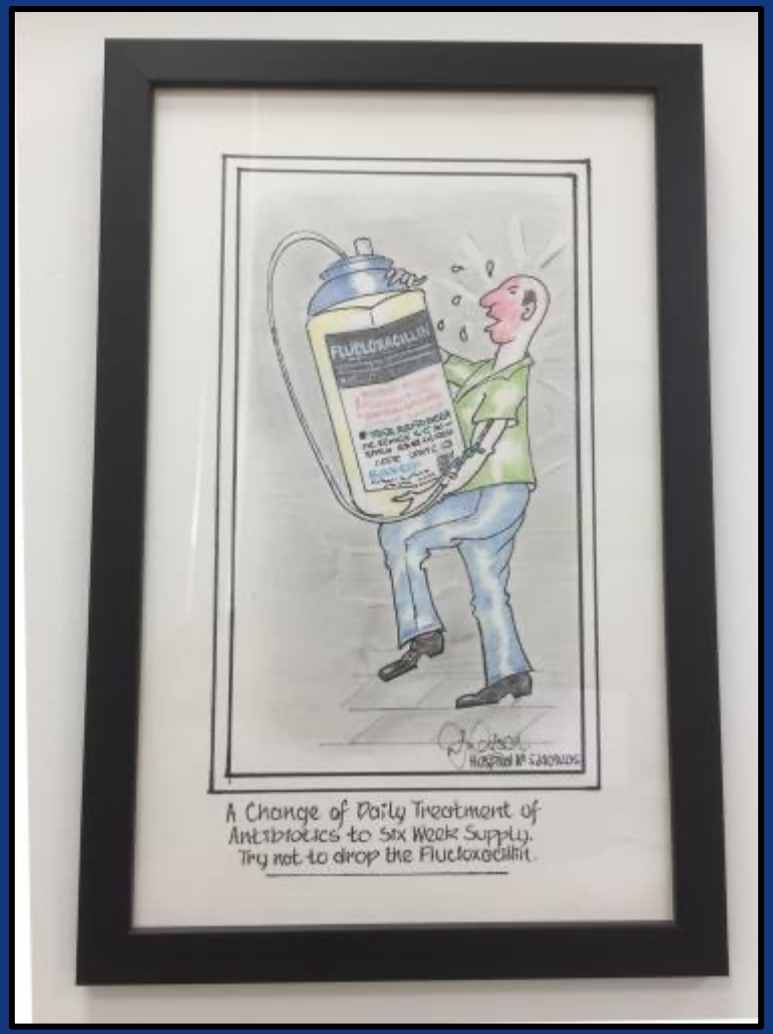
Maximising the opportunity of a self-administration outpatient parenteral antimicrobial therapy pathway

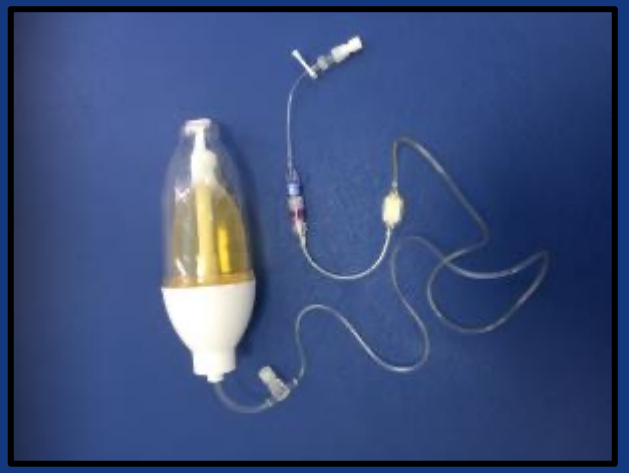
Jake Bodycot, Linda Mashonganyika, Nicola Kucziw, Chanelle Ingham, Samira Bhukera, Helena A White

Published Online: 2 Feb 2021 | https://doi.org/10.12968/bjon.2021.30.2.S4

- Increasing numbers of OPAT referrals 2016 onwards
- Costly use of external private nursing providers to administer antibiotics
- Instances where referrals could not be accepted due to logistics of distance/availability of private providers

Novel antibiotic delivery devices





But all patients assessed for potential to mix antibiotics where appropriate (cost-saving)

High numbers of self/family-administered antibiotic courses

- OPAT nurses undertaking non-medical prescribing courses
- Expansion of OPAT nursing team within Leicester
- Development of competency based assessment tool
- Nurse empowerment to expand their training of patient and families
  - Excellent example of nurses leading change and adding value to NHS services through innovation and resource management

- Improved self-management of condition
- Private provider nursing care not required (therefore cost effective)
- Clinical outcomes unchanged
- Vascular access device events unchanged

The all too-common HPB referral

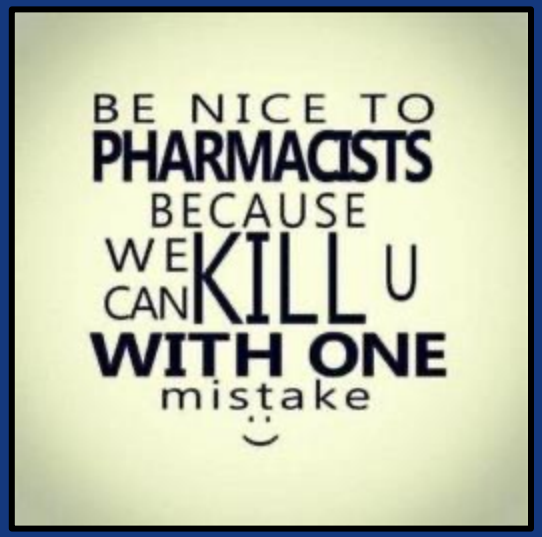
"80 yr old…multiple comorbidities…liver abscess…(un)surprisingly represented after our usual strategy of 5 days of oral co-amoxiclav…."

"Follow up USS in 2 weeks time; surgical review thereafter" (no dates for either on discharge)

Improved HPB infection management

- Microbiology consultant allocation to HPB
- Attends weekly meeting to advise/discuss infection issues
- May lead to OPAT referrals/oral antibiotic step-down

- Improved patient management
- Education
- Closer working between departments
- Improved quality of OPAT referrals



Successful OPAT