Creating Change to OPAT Services: The Belfast Trust Experience

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Background

OPAT services have been provided in BHSCT for over 20 years, adapting to significant change pressures. The Community Nurse Inreach (CNIR) team led by Sr Jackie Kayes and Sr Julie Hale established an award winning service bridging the divide from secondary to primary care with district nurse administered OPAT. Recently the nursing staffing crisis has restricted the availability of community administration of IV antibiotics. Change was needed to consolidate and expand OPAT services in BHSCT

Method

A working group was set up which included primary and secondary care nurses, infection specialist medical staff and pharmacy staff. An agenda was set to define and consolidate the current service and investigate routes for expansion using the NHS change model tools.

Project and Performance Management

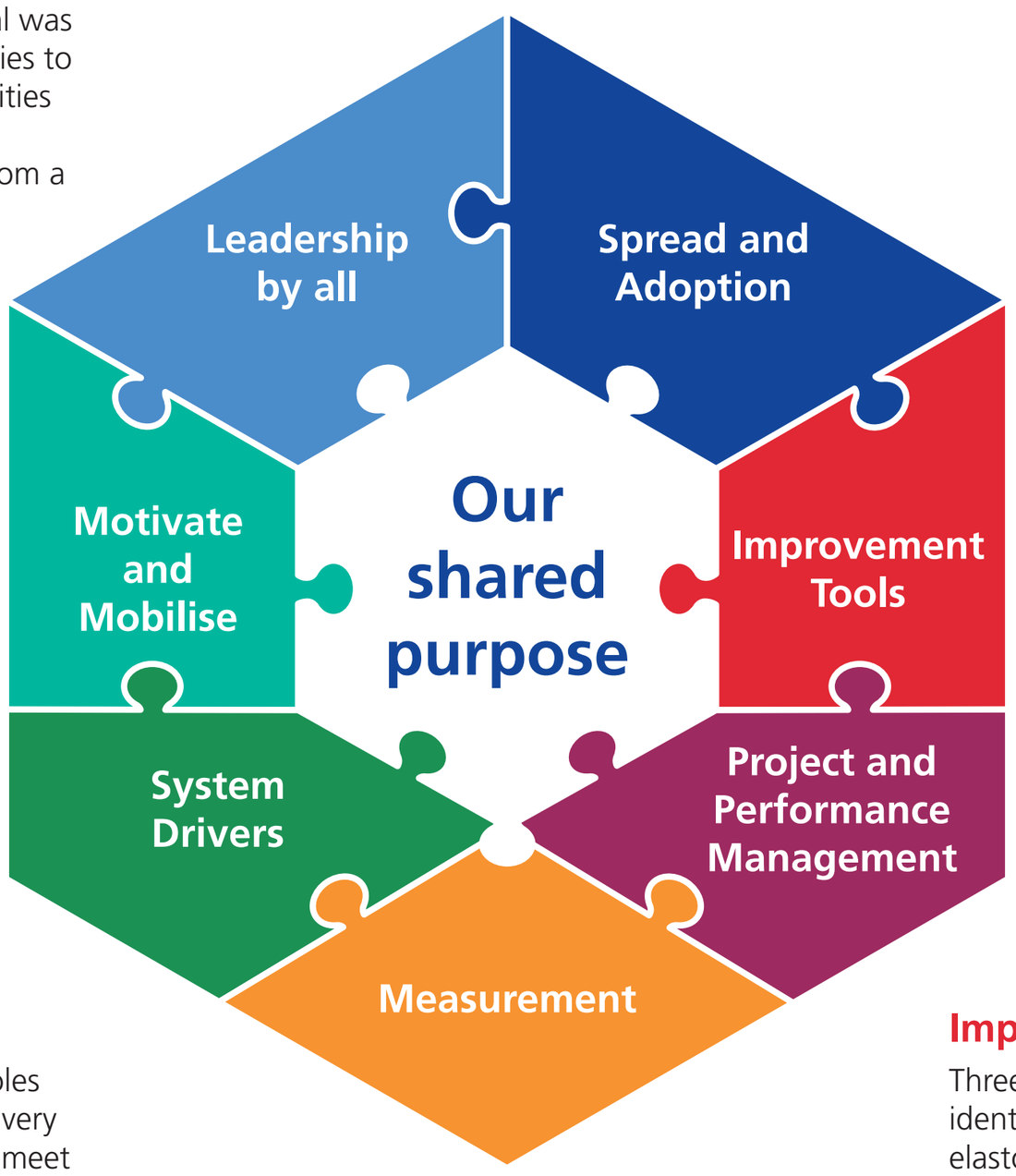
The project was led and managed by the lead pharmacist for OPAT. Regular MDT meetings were arranged to set a timeframe for development of the new service structures, agreement of documents and processes and for discussion of outcomes and next steps. An options appraisal was completed for the different treatment modalities to prioritise pathways to change. Two main priorities were identified: self/carer administration of antibiotics and delivery of ambulatory OPAT from a secondary care based service.

Our Shared Purpose

The aim was to learn from the experience of the CNIR/ID team in BHSCT and establish linkswith other OPAT services in the UK to benefit from the experience and support of OPAT teams who deliver OPAT based on different service models.

Motivate and Mobilise

Staffing restrictions and reluctance to commit time to implement change were identified as barriers. Engagement initiatives were needed to gain support from patient flow and senior nursing leadership to develop treatment pathways and ambulatory services within current structures.



System Drivers

CNIR completed benchmarking to BSAC good practice recommendations for OPAT services yearly. However, the OPAT service had not been endorsed or defined at executive level. A need was identified for a BSCHT OPAT policy defining best practice, with regular audit.

Measurement

Outcomes for patients on OPAT are routinely recorded and included in a yearly audit. New audit questions were identified for the new treatment pathways. Patient feedback was collected using the care opinion online resource.

Leadership by all

A need was identified for clear definition of roles and responsibilities of staff involved in the delivery of OPAT. An OPAT pathway was developed to meet the needs of the majority of patients. This pathway differentiated short (up to 14 days), non-complex OPAT from higher risk OPAT requiring specialist treatment and monitoring. The size and geography of the BHSCT presents a barrier to service delivery. Clear definition of referral pathways, treatment plan and lines of communication was recognised as an essential part of OPAT delivery. Recruitment of senior leaders from the trust was identified as a key component of expansion.

Spread and Adoption

The process of completion of PDSA cycles and ongoing communication was needed to develop a high quality, sustainable, varied OPAT service. The service design was tested to ensure there was robust provision which could withstand unexpected change.

Improvement Tools

Three areas for new service delivery were identified: Self (or carer) administration, use of elastomeric devices and ambulatory OPAT based in secondary care. An outline for each service structure was developed with the introduction of an S-OPAT policy, patient held medical records and treatment plans, patient information leaflets for each modality of OPAT and integrated care pathways for ambulatory OPAT. The new OPAT modalities were introduced as suitable patients were identified using the plan, do, study, act model for improvement.

Results

Despite the challenges of the past two years due to the COVID pandemic the OPAT service in BHSCT has changed and three new modalities of treatment are now offered consistently. Expansion and increased patient flow to OPAT has been restricted by these challenges and staff shortages. The service structure is underpinned by new BHSCT approved policies for OPAT and S-OPAT. The referral pathway to a new email account is detailed in a new section on OPAT on the Microguide® app. The introduction of 24 hour antibiotic administration via elastomeric devices was challenging and could not be delivered to the first patients identified. Eight patients were treated using elastomeric devices to administer flucloxacillin or piperacillin/tazobactam. Following engagement with senior nursing leadership ambulatory OPAT services were established in the Programmed Treatment Unit, RVH in 2021. Thirty five patients received treatment in PTU. The ambulatory centre has also been used as an assessment hub for patients referred for OPAT from other sites across the Belfast Health and Social Care Trust.

Discussion

The need for modernisation of OPAT services to ensure a sustainable, equitable and safe service is unchallenged. Creating the change required months of sustained action and engagement to achieve this outcome. Key components required are sustainable staffing, support from trust leadership and clear delegation of responsibilities. Developing communication pathways within the team was noted to be a significant priority with benefits that outweigh the effort required.

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