

Development of OPAT Services in a London Centre: Utilising the skills of an Antimicrobial Pharmacist Practitioner

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Background

- The OPAT team at our centre has historically comprised of a junior rotational pharmacist, microbiology/infectious disease (ID) consultants and an ambulatory care (AC) nurse.
- The lack of a full-time OPAT team led to underperformance of Trust objectives concerning bed flow, reducing health inequality, and delivering care at home.
- Based on good practice recommendations, a dedicated pharmacist practitioner (PP) was employed to develop OPAT; introduce a complex orals (COpAT) service, promote stewardship, improve safety, and review discharge pathways.
- The PP was qualified to prescribe, undertake physical examinations, phlebotomy, and peripherally cannulate.
- The PP underwent extensive clinical/operational training by the ID and nursing teams, including direct observation of procedural skills.

Methods

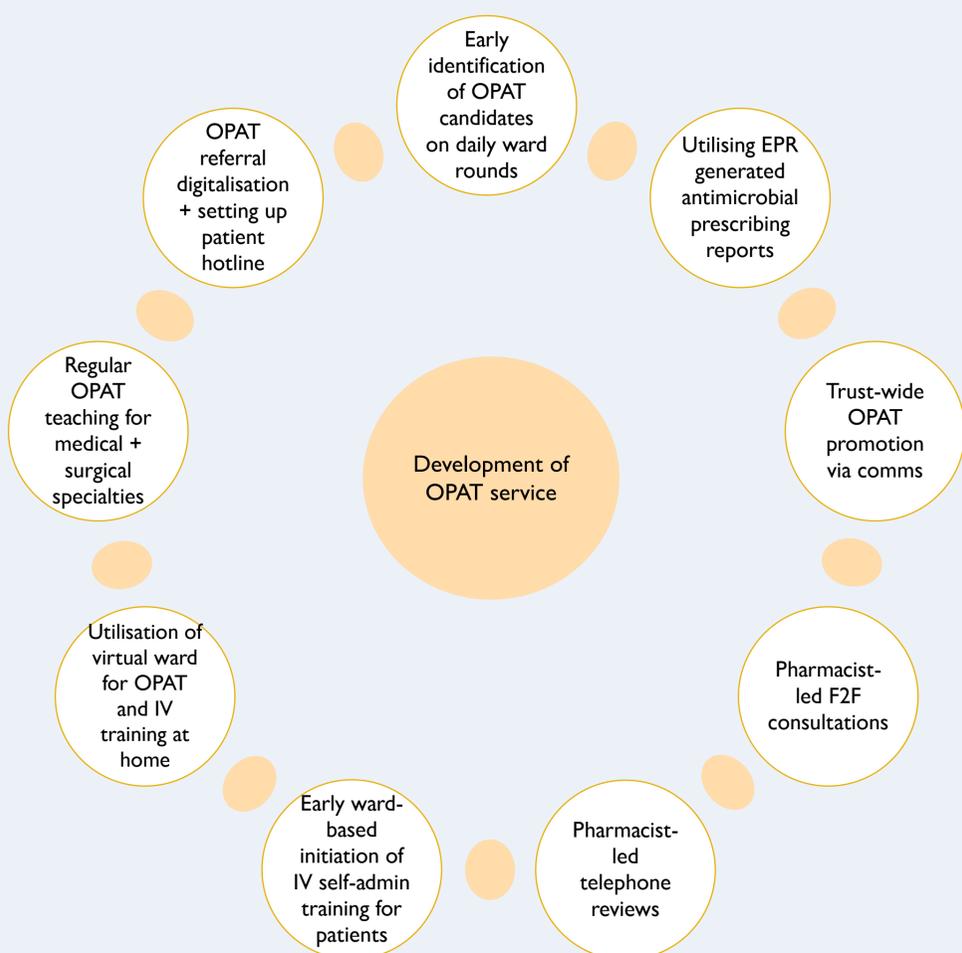


Illustration 1: Depicts some of the tasks undertaken by the antimicrobial pharmacist practitioner, with support from the wider OPAT/ID team to expand and develop OPAT services

Quality indicators measured:

- Number of referrals & referral acceptance rate
- Number of bed days saved
- Ambulatory care waiting times
- Number of patients recruited to COpAT
- Number of patients on self-administration pathway
- Number of successful OPAT outcomes
- Patient experience via survey

OPAT database was prospectively reviewed to collect baseline data (Q3 of 2021/22) and compared to Q4 21/22 after the employment of the pharmacist practitioner.

Results

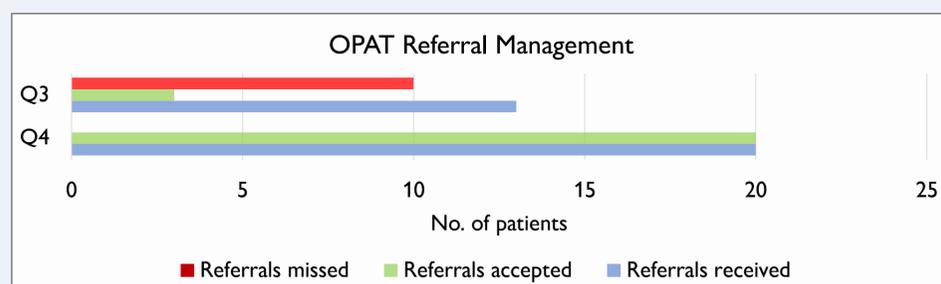


Illustration 2: Depicts impact of pharmacist practitioner on OPAT referral management

OPAT/COpAT Service	Q3 2021/22	Q4 2021/22	Impact
Bed Days Saved	372	1,010	+ 171%
Infection Outcome	No data	100% successful (NORS)	Reliable data set

Illustration 3: Data table comparing bed days saved and infection outcomes between Q3 and Q4

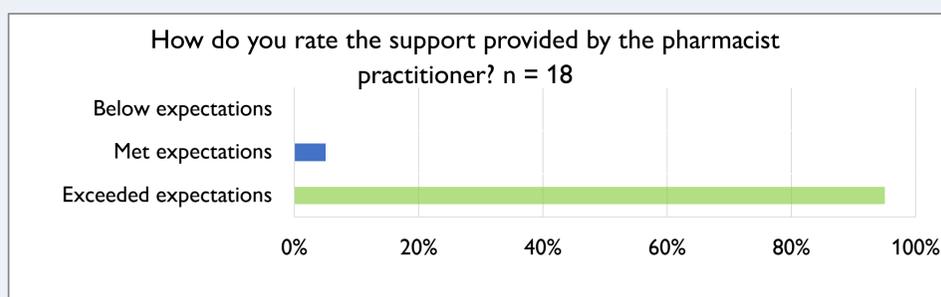


Illustration 4: Patient experience survey

Other key results:

- OPAT patient waiting times in AC decreased by 80%
- Five patients were successfully stepped down to the COpAT service (25% of Q4 OPAT referrals)
- Four patients were discharged on self-administration/elastomeric device pathways in Q4 vs 0 in Q3
- 80% of patients were very satisfied with OPAT services. 10% were somewhat satisfied, and the remaining 10% were neither satisfied or dissatisfied

Discussion & Conclusion

- We demonstrate successful utilisation of an integrated advanced pharmacist role within infection and OPAT MDTs. The employment of a PP helped further consolidate the teams, improved patient safety & experience whilst increasing service capacity and governance.
- Targeted OPAT teaching within subspecialties such as orthopaedics, gynae and respiratory increased referrals and improved patient flow.
- PPs possess a skillset to effectively conduct clinical reviews in OPAT settings, manage COpAT services, provide medicines expertise whilst creating a degree of operational resilience in the team.
- Developing pharmacists on the 'Advanced Clinical Practice' framework may help meet quality and financial targets, as NHS services evolve, whilst also improving public awareness of this important role.

Limitations

- Data was only compared over two financial quarters.
- Incomplete baseline data set due to historically limited staffing resources.
- Success of the PP role is due to the synergistic collaboration between all members of the OPAT MDT and wider ID team, not just the employment of the PP.