

NOPAT

The value of OPAT vetting

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June 2023

Vetting referrals in Greater Glasgow and Clyde

| Labs - Adult | Labs - Child | Imaging | Cardiology | HaN & Handover | Other |
|------------------------------|---|--|------------|----------------|-------|
| Responsible Clinician | Dr Neil Ritchie | Start Date & Time | 01/06/2023 | 16:20 | |
| Specimen Collected | <input type="checkbox"/> Tick if collecting ALL specimens NOW | Collection Date & Time | | | |
| Item | OPAT | Category | Other | | |
| | Full Lung Function Test | OPAT cellulitis referral - adult | | | |
| | Colonoscopy (GI) | OPAT non cellulitis referral - adult | | | |
| | Flexible Sigmoidoscopy | OPAT Penicillin de-labelling Trakcare referral | | | |
| | Upper GI Endoscopy | | | | |
| | OT referral for assessment | | | | |
| | Physiotherapy referral | | | | |
| | Urgent Chest Physio | | | | |

Since January 2023... 7 day service

non cellulitis referrals vetted Mon-Fri, occasional weekends

What happens to patients rejected from OPAT?

- Why do patients get rejected from OPAT?
- Is clinical advice/review being offered?
- Does it facilitate discharge?
- How quickly do they leave hospital?

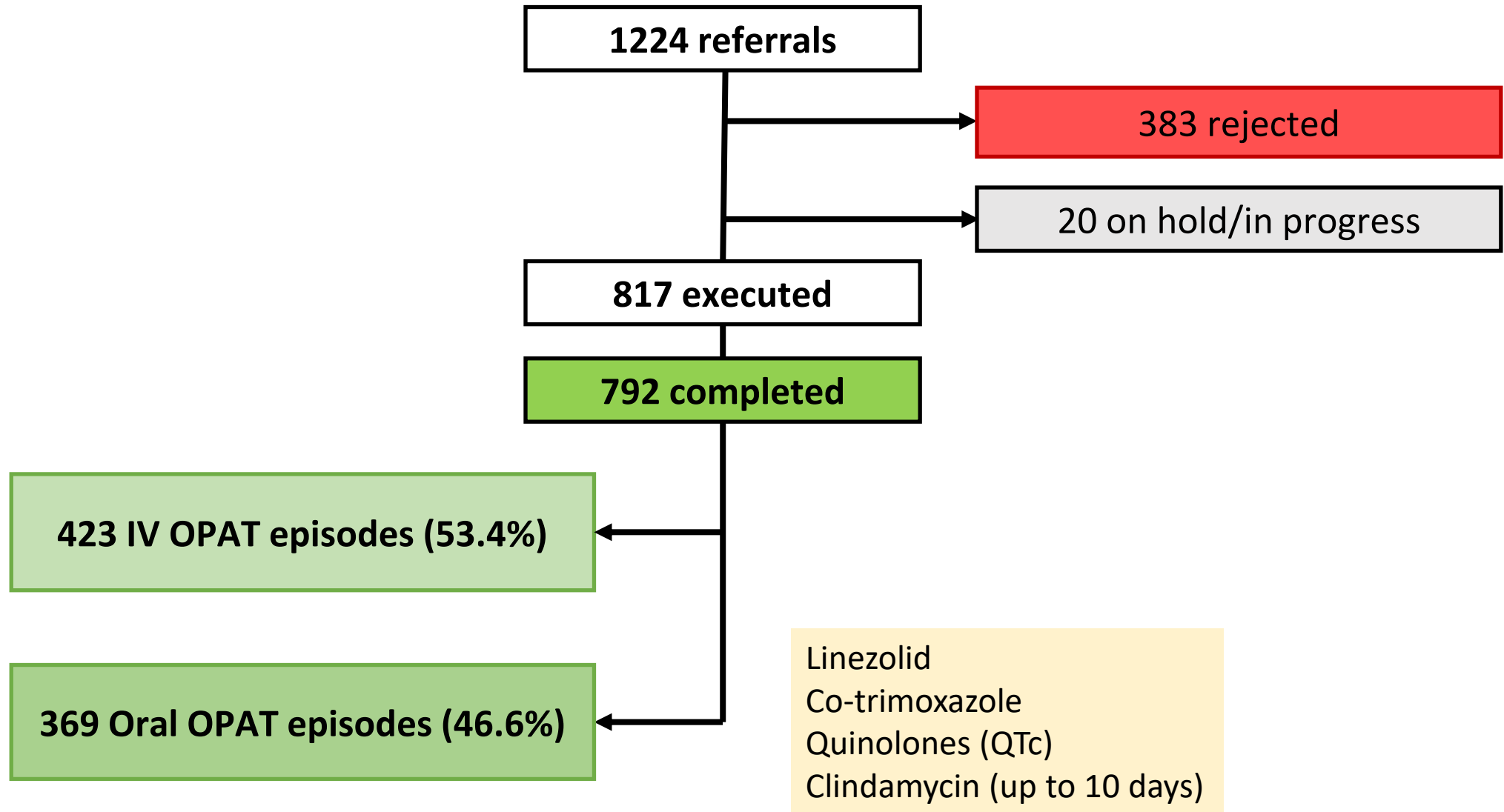
Methods

- Examined 1 year of rejected referrals in 2022 for clinical impact

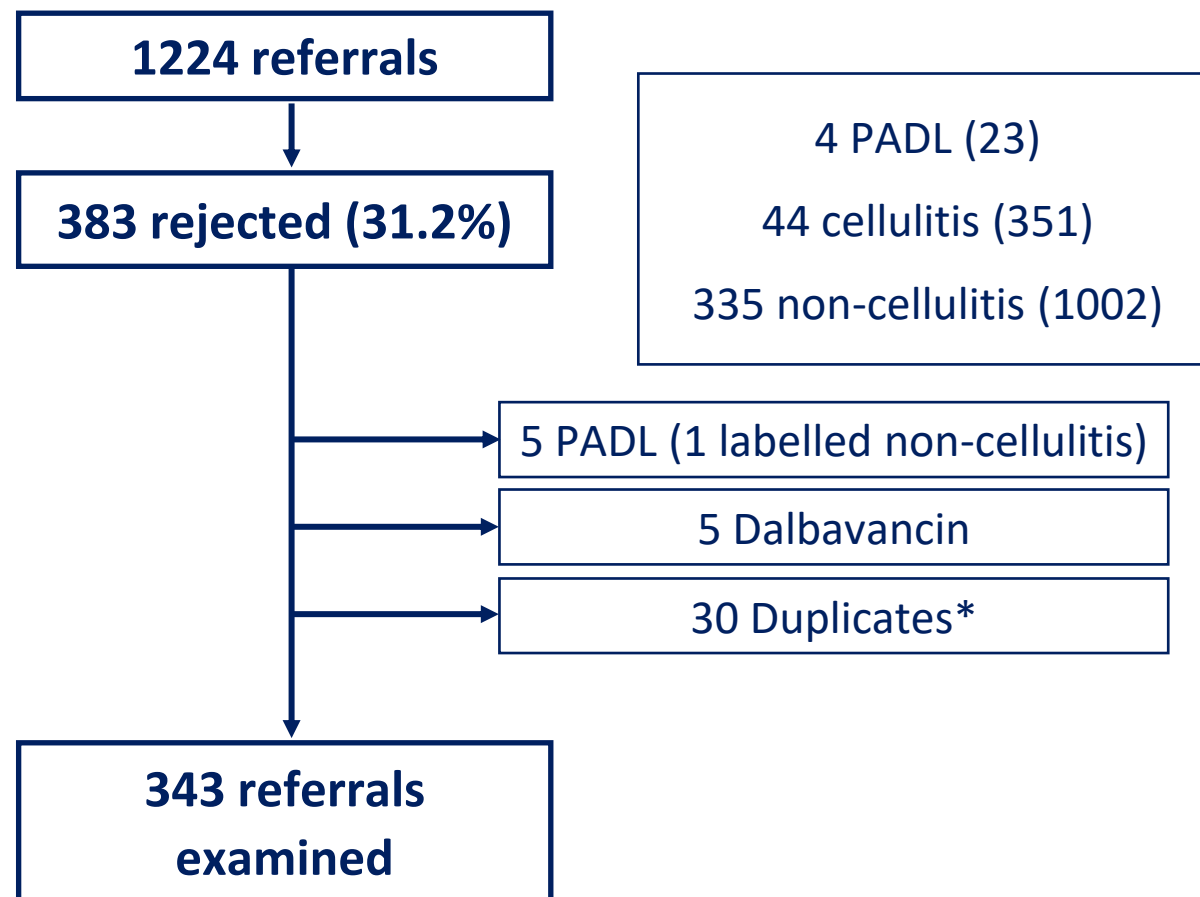
All referrals to GGC OPAT 1st January 2022 – 31st December 2022

- Reason for rejection
 - Aligned with **BSAC OPAT Good Practice Outcomes**
- Diagnosis
- Location
- Clinical advice provided
- Time to documentation of advice
- Time to discharge

2022 referrals: COpAT in action



Inclusion / exclusion



*Only duplicates of referrals already rejected

Change Status

Change Status To



Variance Reason

OPAT ✕



Execution Doctor

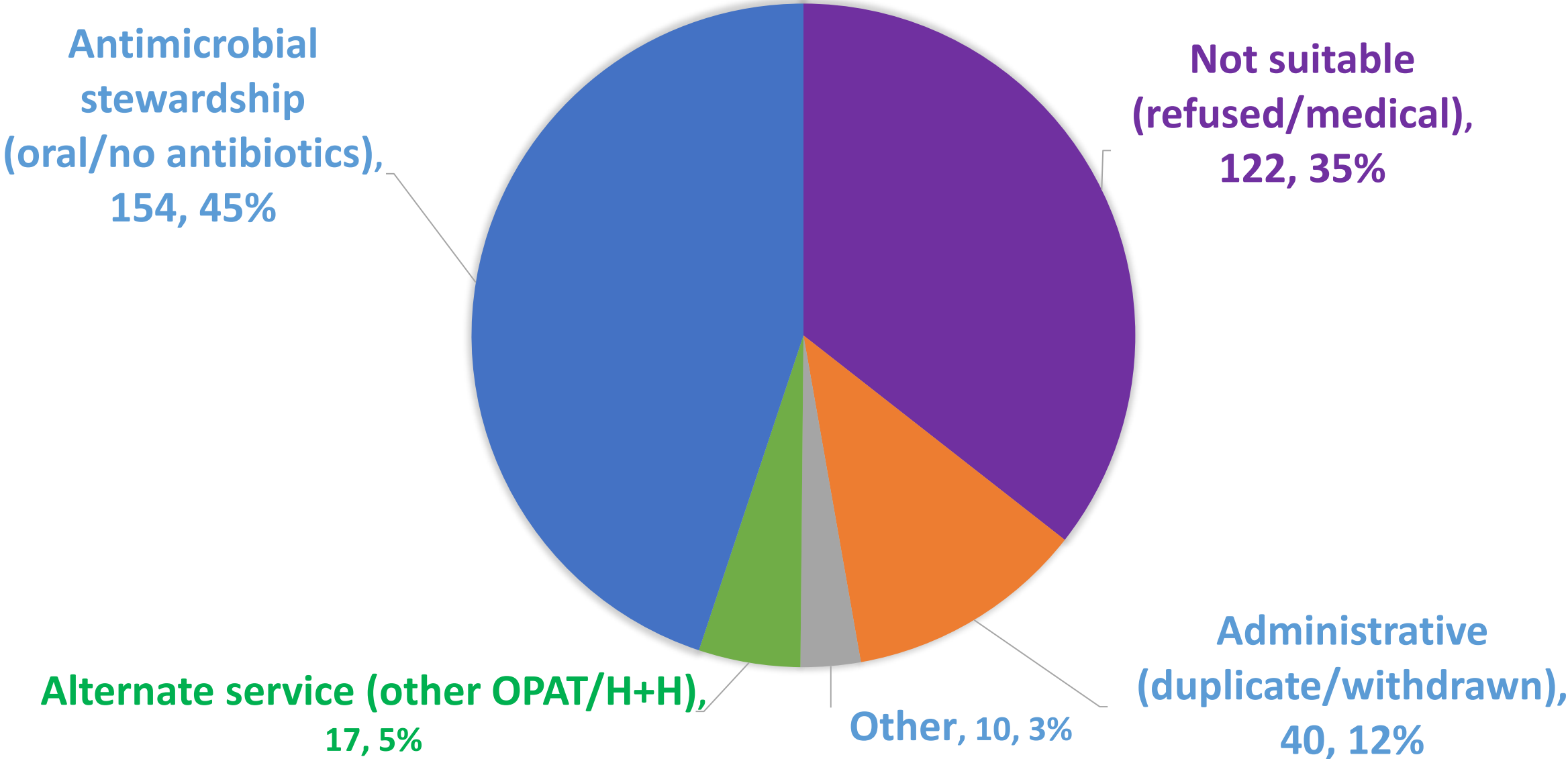
User Name

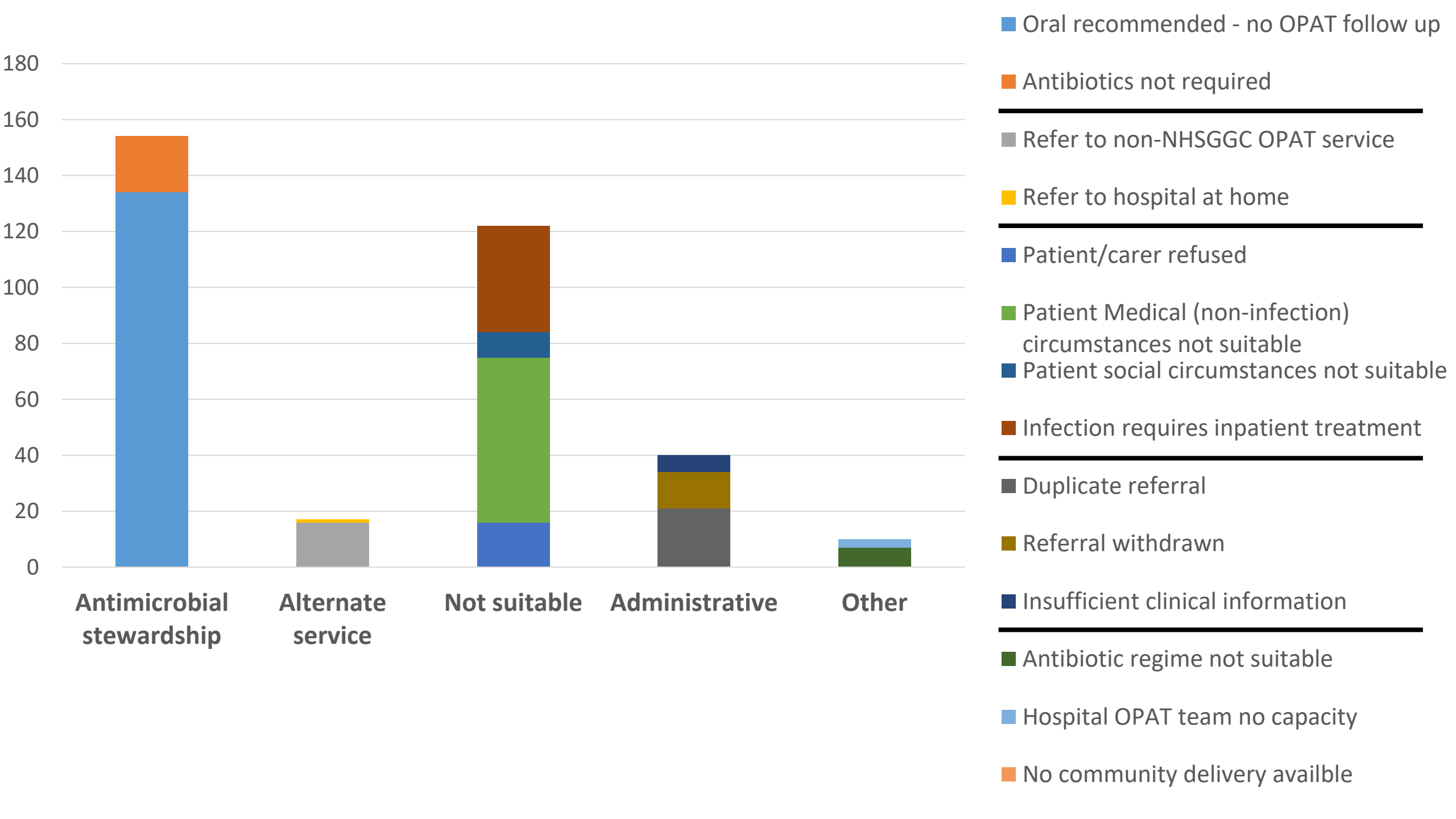
Password

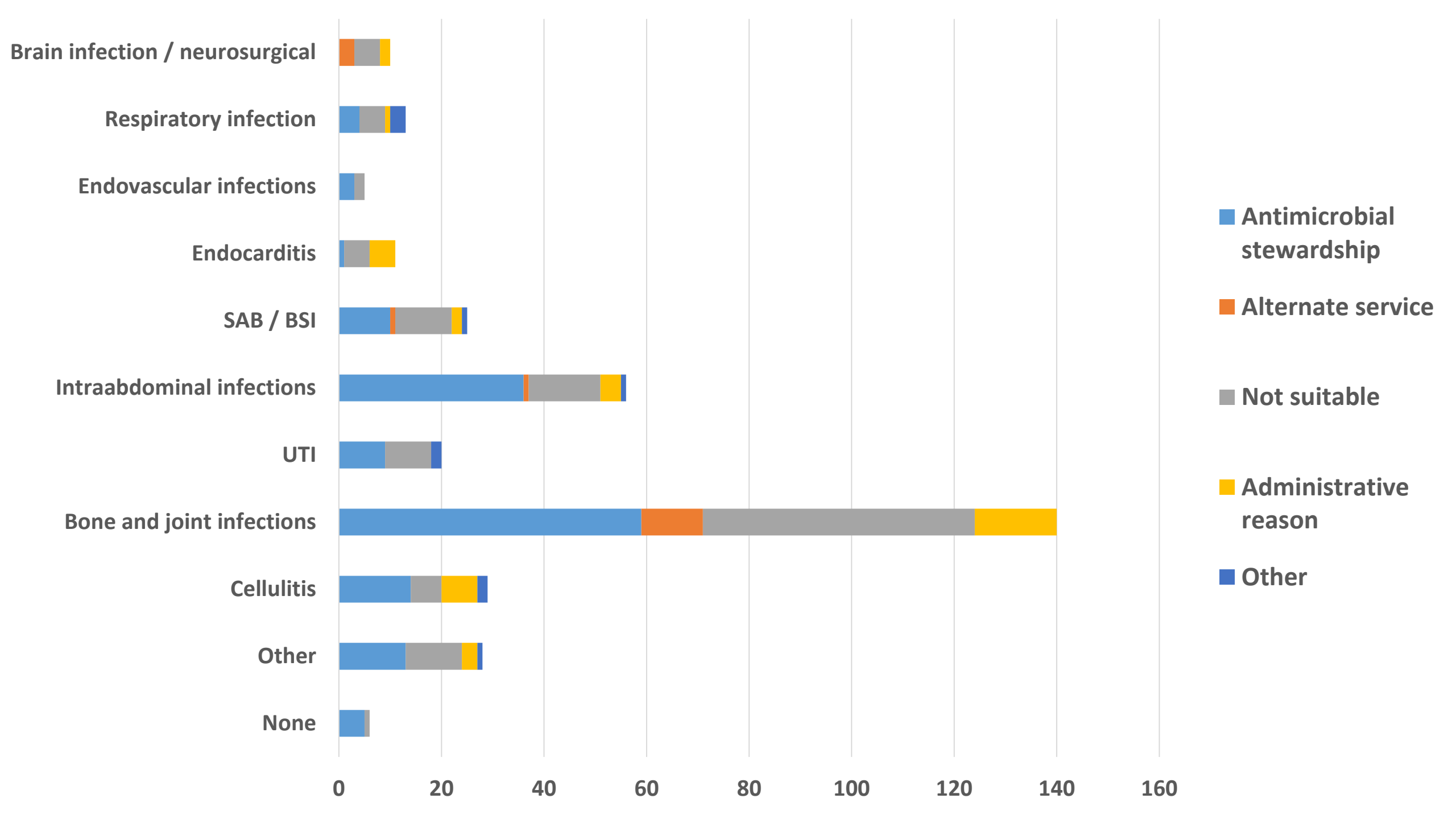
Reason for Discontinue

| Description | Code | ✕ |
|---|---------|---|
| OPAT Antibiotic regime not suitable | ARNS | |
| OPAT Antibiotics not required | ANR | |
| OPAT Duplicate referral | OPATD | |
| OPAT Hospital OPAT team no capacity | NCH | |
| OPAT Infection requires inpatient treatment | IRIP | |
| OPAT Insufficient clinical information | OPATI | |
| OPAT No community delivery available | NCD | |
| OPAT Oral recommended - no OPAT follow up | OR | |
| OPAT Patient/carer refused | R | |
| OPAT Patient Medical (non-infection) circumstances not suitable | PMC | |
| OPAT Patient social circumstances not suitable | PSC | |
| OPAT Referral withdrawn | RW | |
| OPAT Refer to Hospital at Home | OPATHH | |
| OPAT Refer to non-NHSGGC OPAT Service | OPATOHB | |

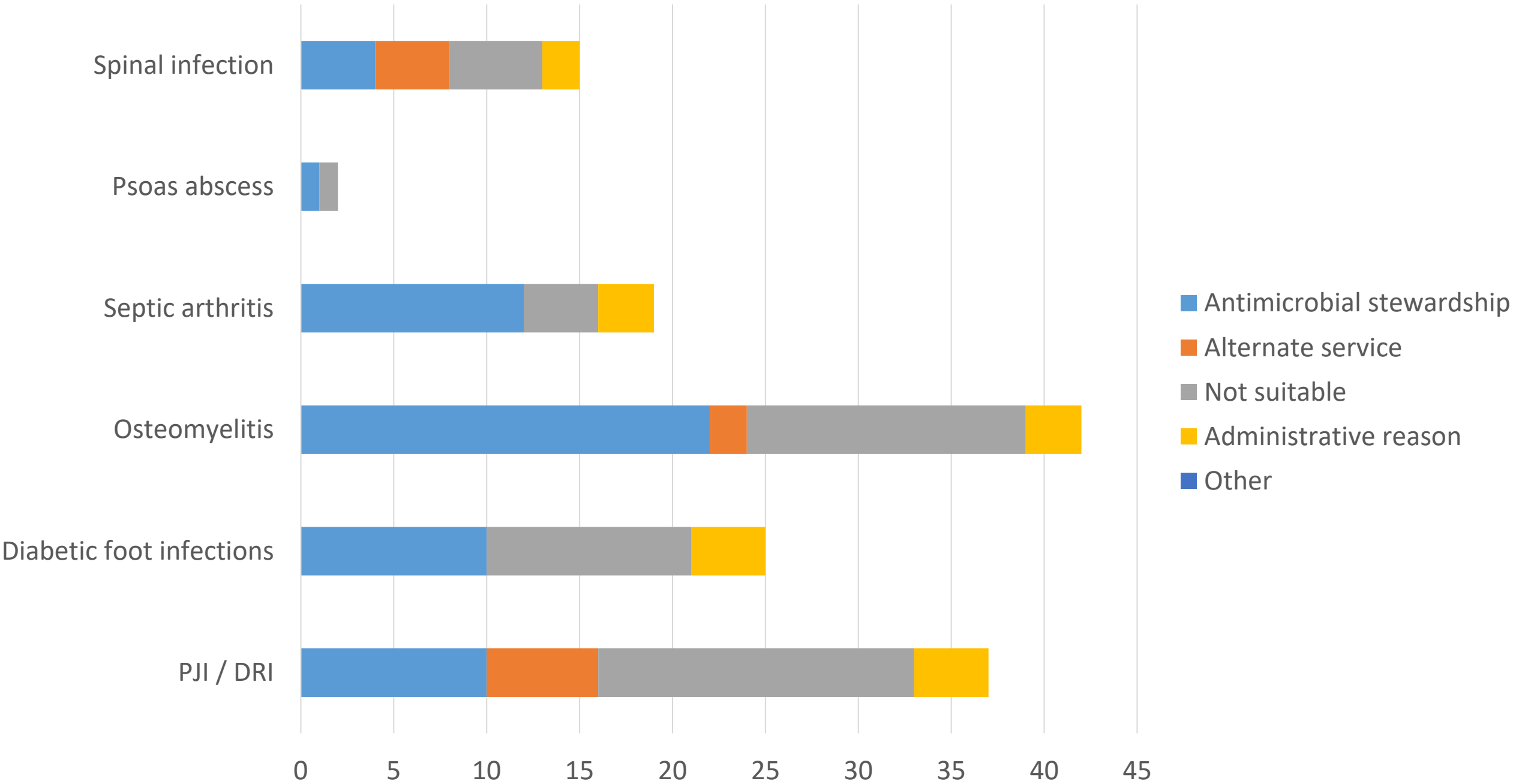
Reason for rejection



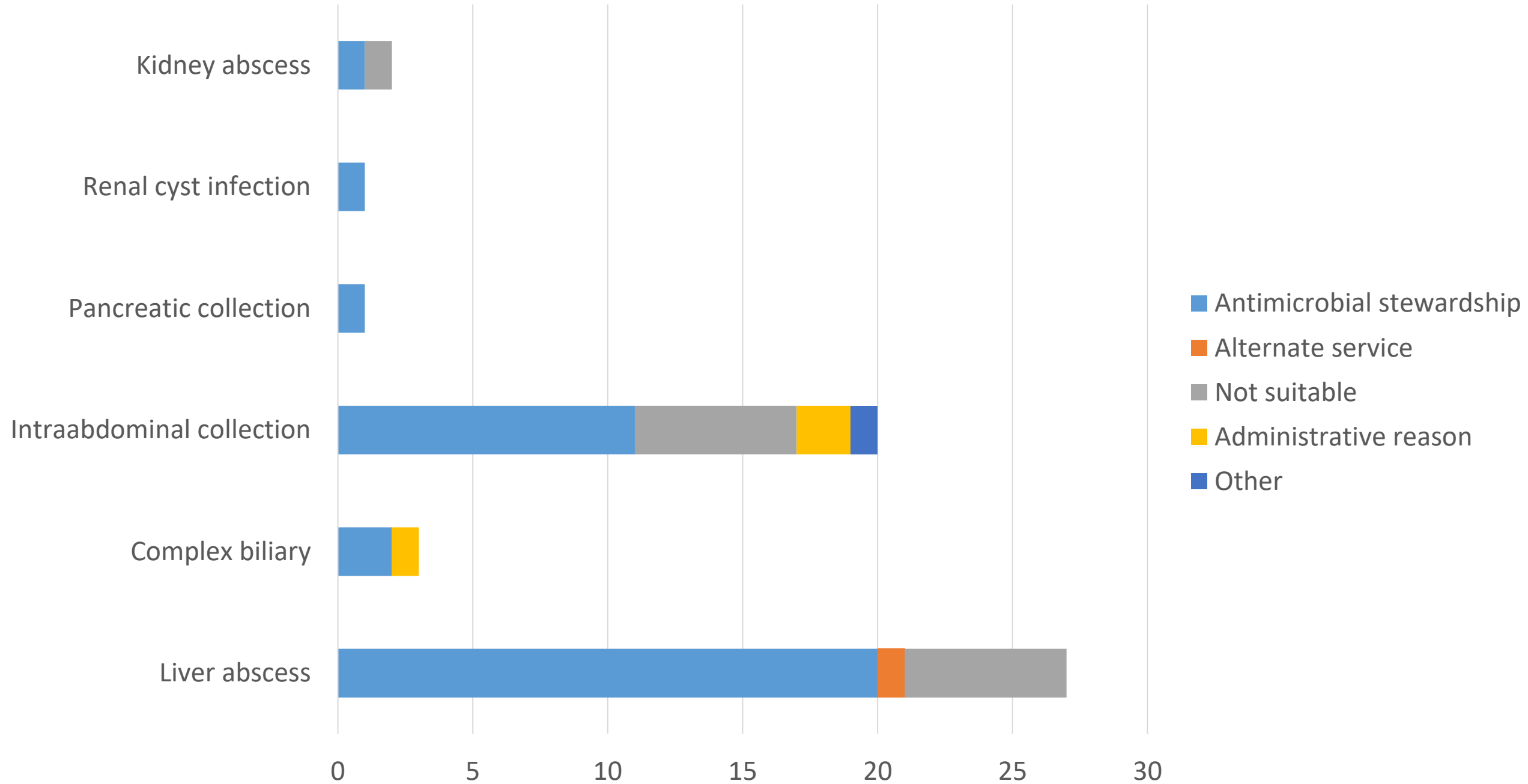




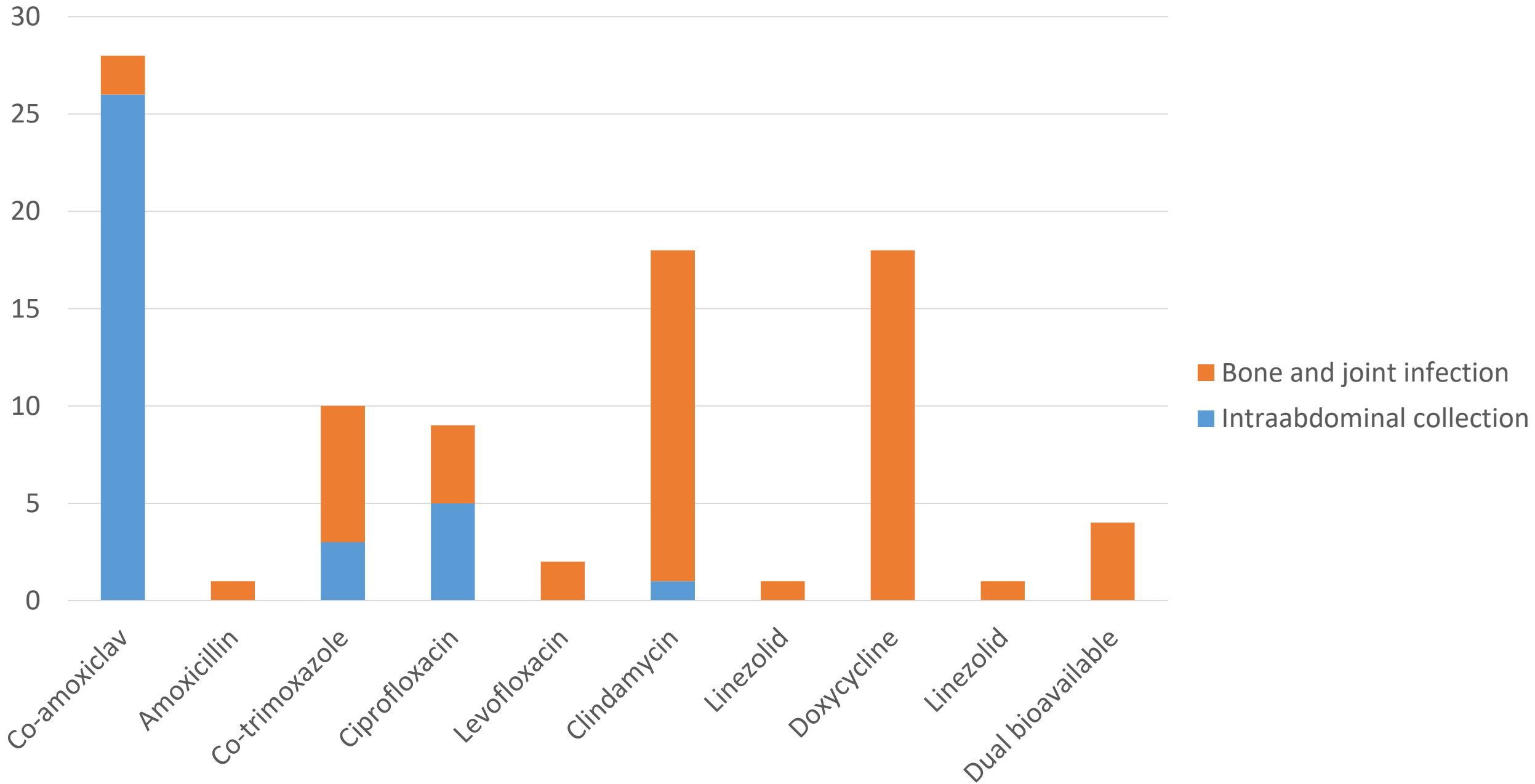
Bone and joint infections

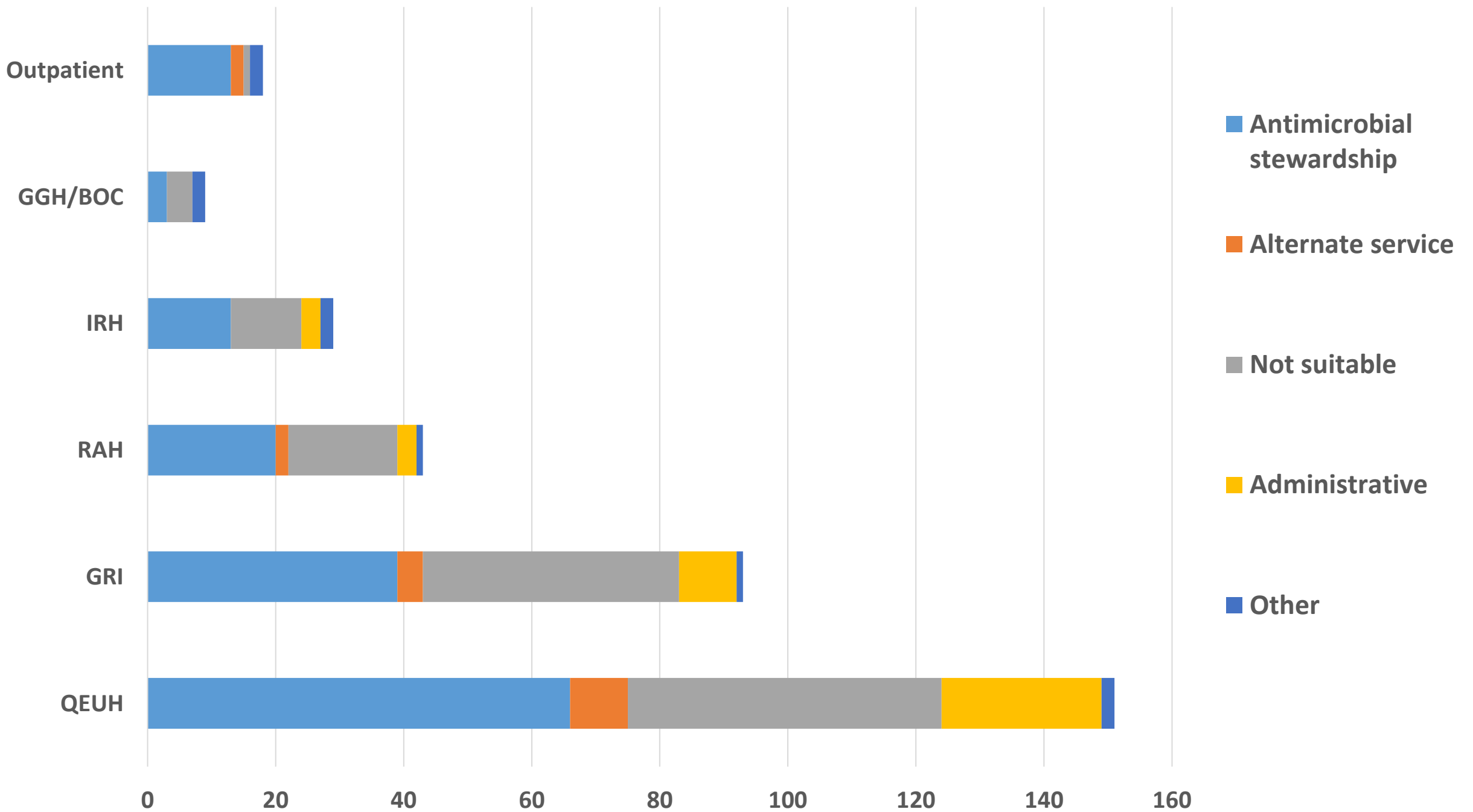


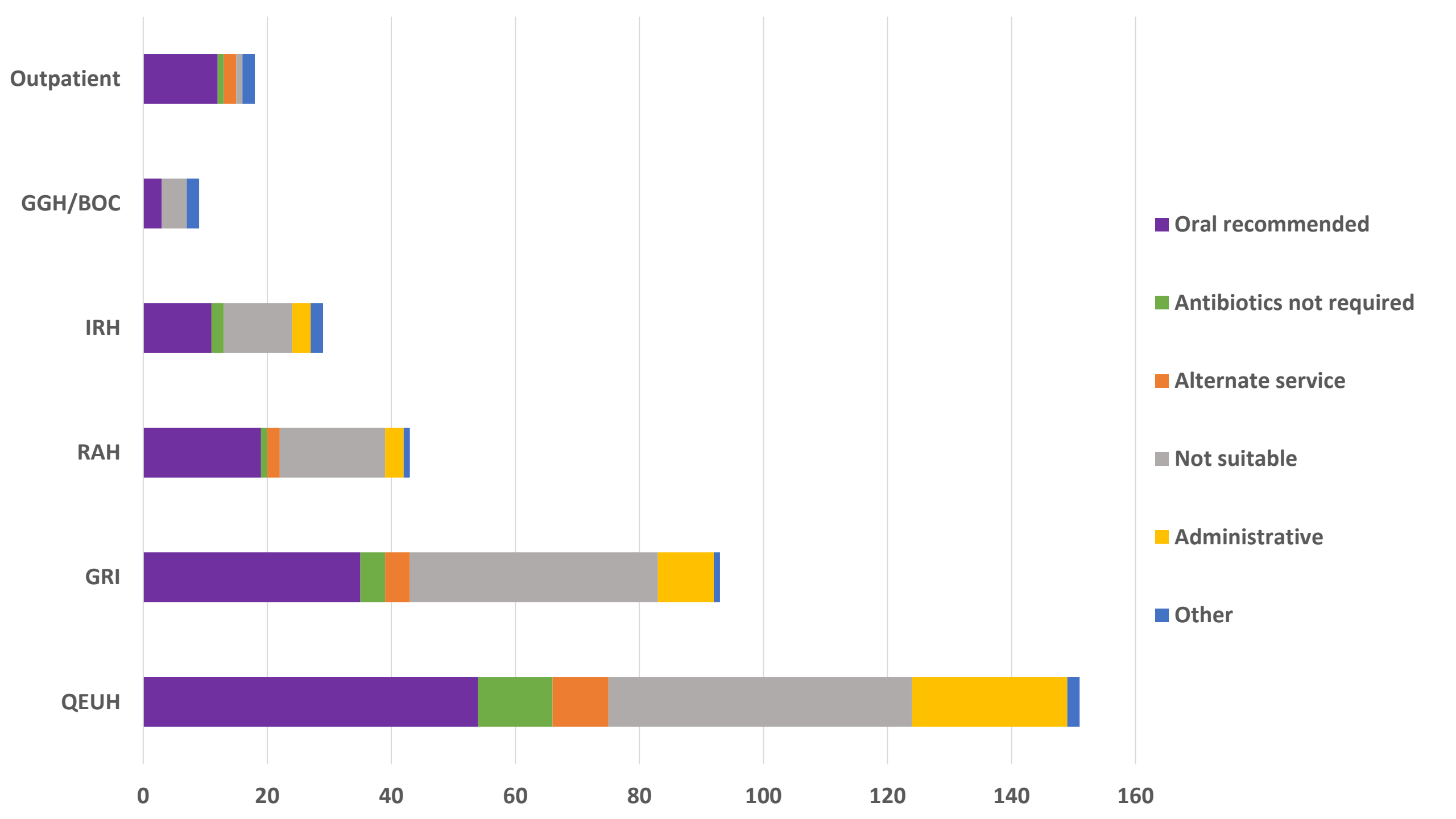
Intraabdominal collections



Oral recommended - belly vs bone







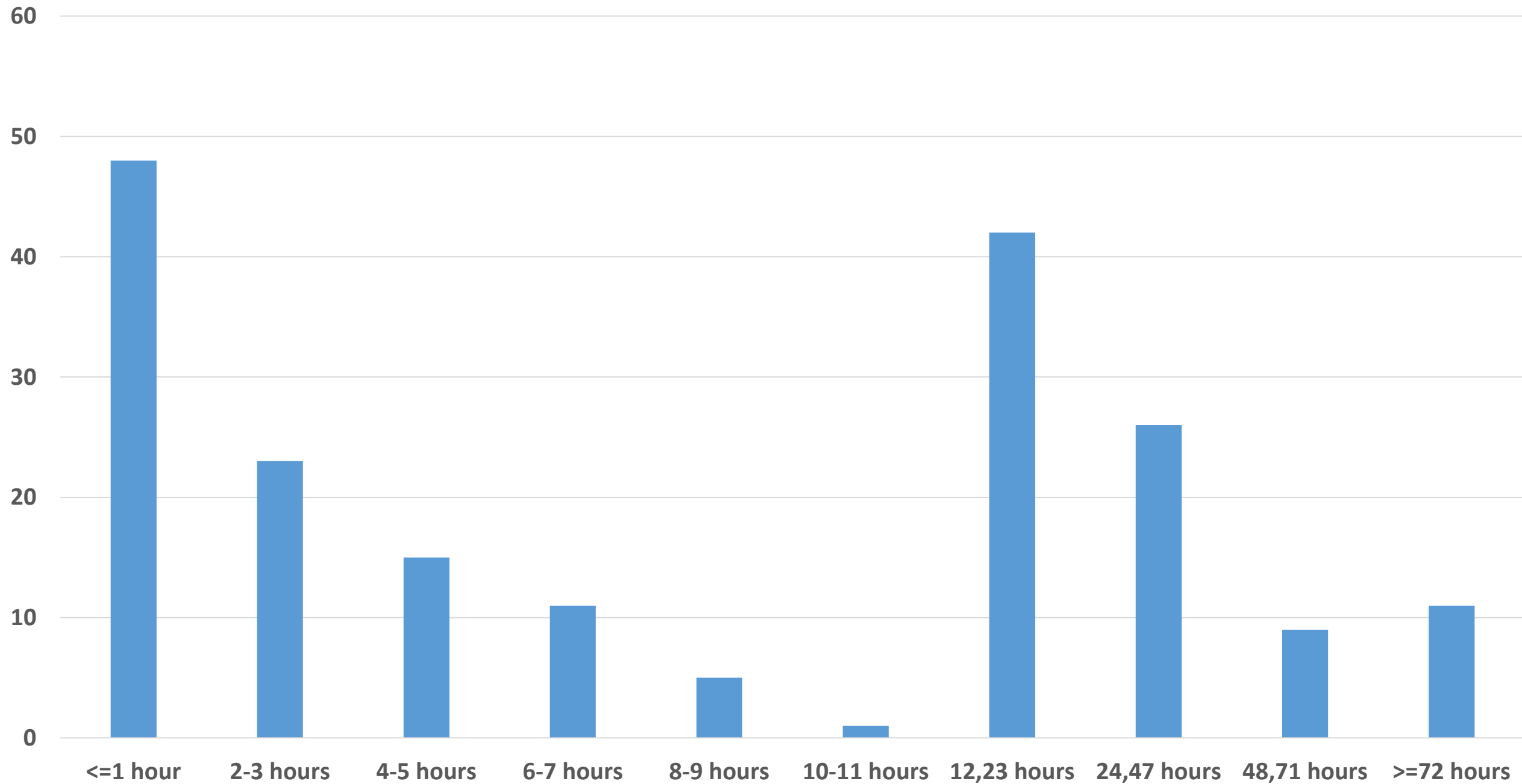
Clinical advice given

Time from referral to documented clinical advice – mean of **21 hours**

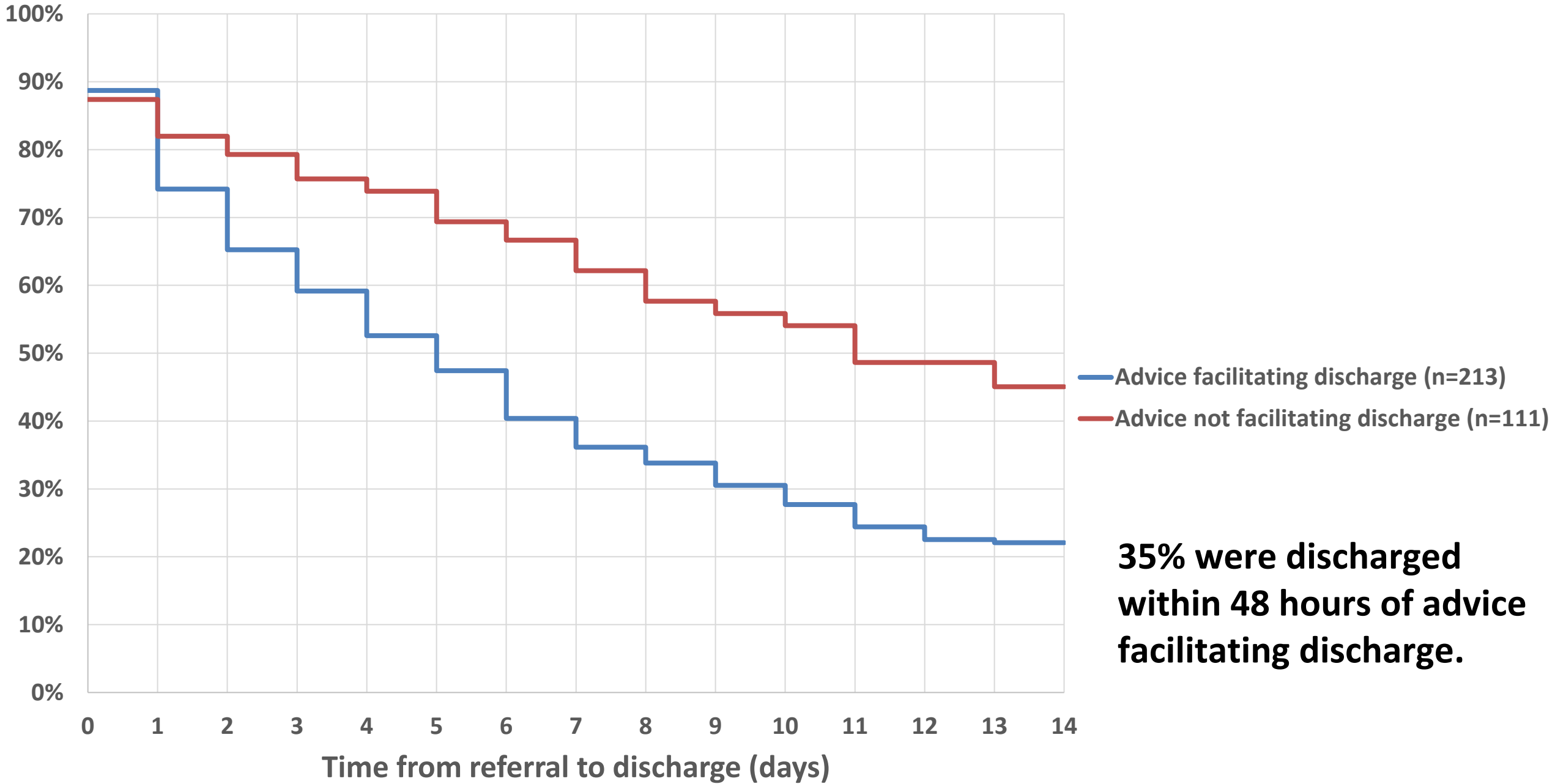
213 of 325 inpatients (65.5%) given advice that may facilitate discharge

All 18 outpatients remained outpatients

Advice facilitating discharge group: Referral to Portal note



Does clinical advice lead to discharge?



Conclusions

- Rejected OPAT referrals provide clinical impact
- Advice facilitates discharge and patients go home
- Currently unrecognised and unmeasured
- More work to do
 - Patient/carer refused (16 referrals, 5%)
 - Infection requires inpatient management – does it really? (38 referrals, 11%)
 - Hospital at home – underutilised or not working (1 referral)
- OPAT vetting is a dynamic and core part of the OPAT service