

Outcomes of the Southern Trust OPAT programme

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Southern Health
and Social Care Trust

Quality Care - for you, with you

Declarations

- Travel sponsorship: Tillott's

Description of OPAT service

- District General Hospital on two main acute hospital sites.
- Clinical reviews and plan.
- Counselling and consent.
- Trouble shooting.
- Weekly Multidisciplinary Team meetings.
- Fortnightly patient review clinics.



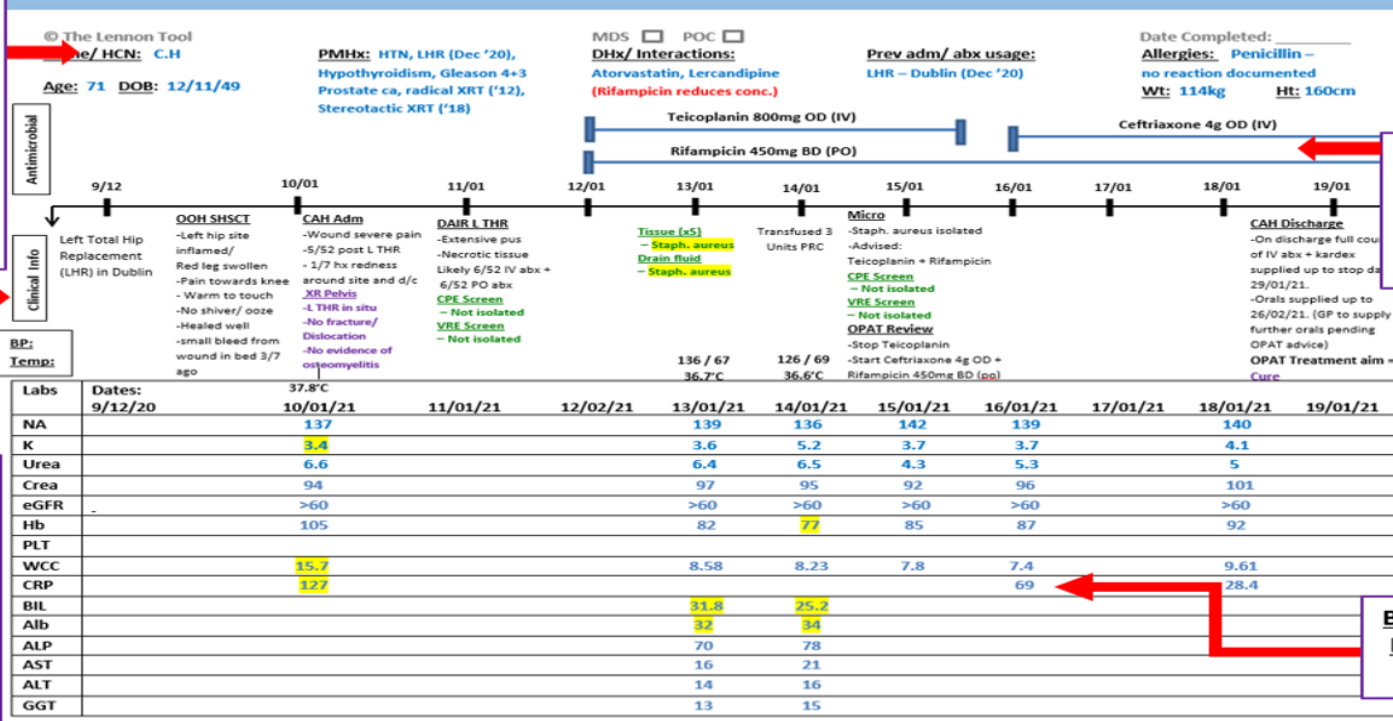
Overview

Year	April 20 – March 21	April 21 – March 22	April 22 – March 23
Number of referrals	439	545	504
Average age (years)	60	60	62
Referrals accepted	254 (57.8%)	258 (47.3%)	183 (36.3%)
Referrals not accepted	185 (42.1%)	287 (52.8%)	321 (63.7%)
Reasons referrals not accepted			
Switched to oral therapy	46 (10.5%)	87 (15.9%)	102 (20.2%)
IVs stopped prior to discharge	-	-	45 (8.9%)
Stopped	10 (2.3%)	22 (4%)	40 (7.9%)
No District Nurse capacity	13 (3%)	27 (5%)	15 (3%)
Not fit for discharge	26 (5.9%)	19 (3.5%)	19 (3.8%)
Does not meet criteria	32 (7.3%)	13 (2.4%)	14 (2.8%)
Service no longer required	30 (6.8%)	21 (3.8%)	14 (2.8%)
Other	28 (6.4%)	98 (18%)	72 (14.3%)

OPAT Clinical reviews

Year	April 20-March 21	April 21-March 22	April 22 – March 23
Pharmacy timelines completed	185	292	354

Patient's details:
 Name
 HCN
 Age/ DOB
 PMHx
 Dhx/
 Interactions
 Prev. adm/
 abx usage
 Allergies
 Wt & Ht



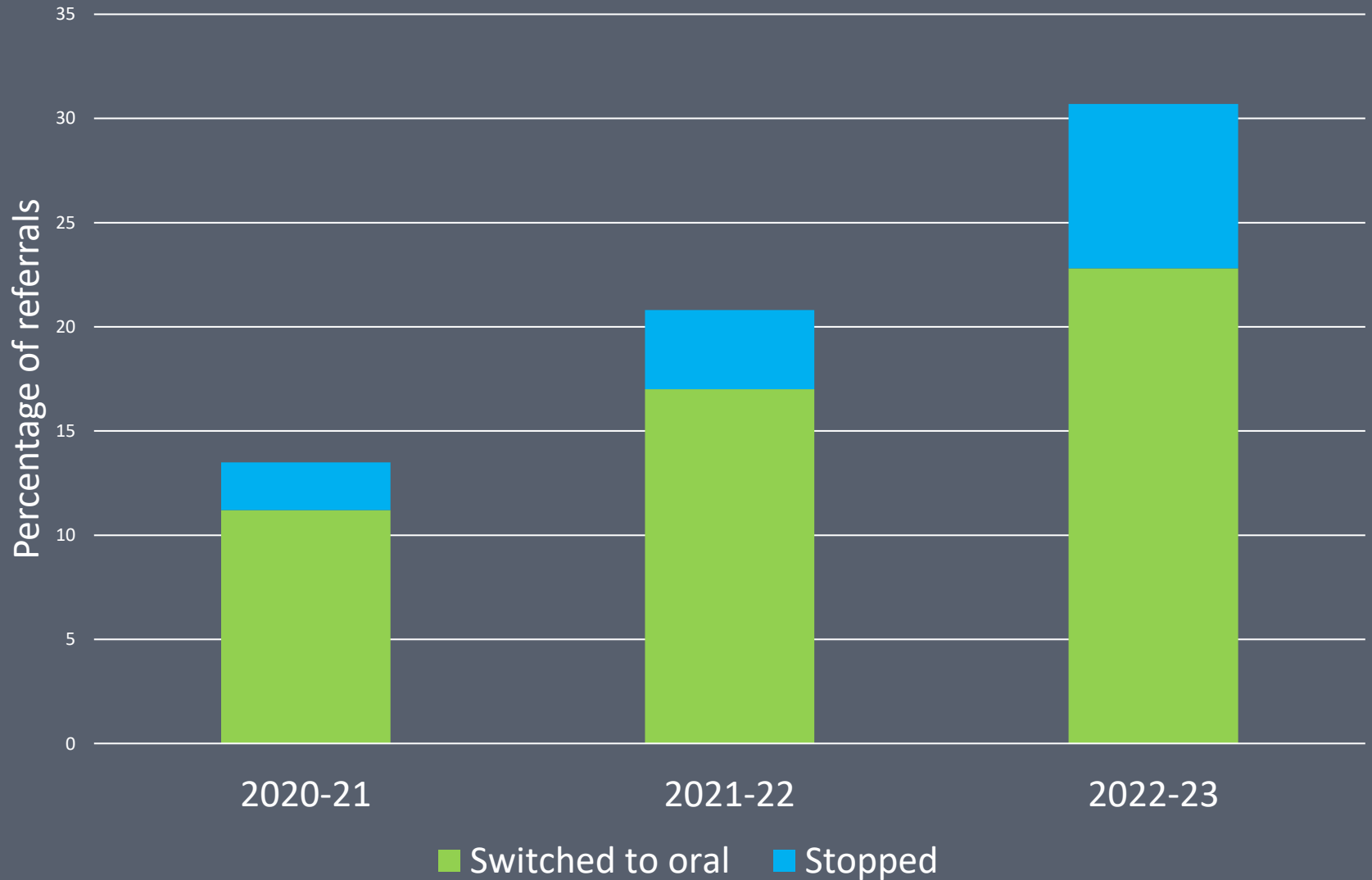
Antibiotic, Dose, Duration and Formulation

Clinical Info:
 Admission
 Temp/ BP
 Review of scans
 Micro results
 Relevant clinical narrative

Biochemical Laboratory Tests

Shows Trend of decreasing/ increasing Biochemical markers and Temperature

Percentage of OPAT referrals stopped and switched to oral antibiotic



Outcomes of OPAT review

Year	April 20-March 21	April 21-March 22	April 22 – March 23
Bed days saved			
Bed days saved for patients completed OPAT treatment	2767	3209	2041
Bed days saved for patients completed cellulitis treatment	582	405	223
Total average length of IV treatment per patient			
Average total length of OPAT IV treatment per patient	36.2	41	42
Average total length of cellulitis IV treatment per patient	5.4	5	5
Average bed days per patient saved			
Average number of OPAT bed days per patient saved	25.6	25.5	24
Average number of cellulitis bed days per patient saved	4	3.1	3
Total bed days per day saved			
OPAT bed days per day saved	7.6	8.8	5.6
Cellulitis bed days per day saved	1.4	1.1	0.6

Outcomes 30 days after end of OPAT treatment

	April 20 - March 21 Number of patients (%)	April 21 - March 22 Number of patients (%)	April 22 – March 23 Number of patients (%)
Outcome			
Success	208/254 (81.9)	-	-
Partial Success	13/254 (5.1)	-	-
Failure	16/254 (6.3)	-	-
Indeterminate	17/254 (6.7)	-	-
Treatment aim attained - uncomplicated	-	216/258 (85)	152/183 (83)
Treatment aim attained – complicated	-	12/258 (4.7)	12/183 (6.6)
Treatment aim not attained	-	19/258 (7.4)	13/183 (7.1)
Indeterminate	-	8/258 (3.1)	8/183 (4.4)
Death	-	3/258 (1.2)	1/183 (0.5)

Switch to orals/stopped outcomes 30 days after end of treatment

	April -20-March 21 Number of patients (%)	April 21-March 22 Number of patients (%)	April 22 – March 23 Number of patients (%)
Outcome			
Success	48/56 (85.7)	-	-
Partial Success	1/56 (1.8)	-	-
Failure	3/56 (5.4)	-	-
Indeterminate	4/56 (7.1)	-	-
Treatment aim attained - uncomplicated	-	92/109 (84.4)	113/142 (79.6)
Treatment aim attained – complicated	-	4/109 (3.7)	6/142 (4.2)
Treatment aim not attained	-	6/109 (5.5)	9/142 (6.3)
Indeterminate	-	3/109 (2.8)	10/142 (7)
Death	-	3/109 (2.8)	4/142 (2.8)

Complications of OPAT

- Potential medication errors
- Adverse drug effects
- Line complications
- Complications from the original infection

Trend in complications

	2020-21	2021-22	2022-23
Blood dyscrasia - DRUG	9	14	6
GI (nausea/vomiting/diarrhoea)	2	2	10
Rash - DRUG	2	4	4
CDI	-	2	3
Line issue	-	1	1
ADR	1	1	6
Other	5	4	3

Conclusions

- Gatekeeper function
 - Increasing antimicrobial stewardship
 - Increasing reviews each year (cost effective way of saving Consultant time)
 - Increasing stop rate and switch to orals (outcomes comparable to IV treatment)



Acknowledgements to the SHSCT OPAT team.