



# The BSAC OPAT Good Practice Recommendations: a first look

#### **Dr Ann L Noble**

BM BCh, FRCP, DTM&H, MSc (Med Leadership), PhD

Consultant in Infectious Diseases / General Medicine,

**NHS Lanarkshire** 

# **OPAT Good Practice Recommendations (GPRs)**

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## Good practice recommendations for outpatient parenteral antimicrobial therapy (OPAT) in adults in the UK: a consensus statement

Ann L. N. Chapman<sup>1\*</sup>, R. Andrew Seaton<sup>2</sup>, Mike A. Cooper<sup>3</sup>, Sara Hedderwick<sup>4</sup>, Vicky Goodall<sup>1</sup>, Corienne Reed<sup>5</sup>, Frances Sanderson<sup>6</sup> and Dilip Nathwani<sup>7</sup> on behalf of the BSAC/BIA OPAT Project Good Practice Recommendations

Working Group†

<sup>1</sup>Department of Infection and Tropical Medicine, Royal Hallamshire Hospital, Sheffield S10 2JF, UK; <sup>2</sup>Brownlee Centre, Gartnavel General Hospital, Glasgow G12 OYN, UK; <sup>3</sup>Department of Microbiology, New Cross Hospital, Wolverhampton WV10 0QP, UK; <sup>4</sup>Royal Victoria Hospital, Belfast BT12 6BA, UK; <sup>5</sup>Salford Royal Foundation Trust, Salford M6 8HD, UK; <sup>6</sup>Clinical Infectious Diseases, Charing Cross Hospital, Fulham Palace Road, London M6 8HD, UK; <sup>6</sup>Clinical Infectious Diseases, Charing Cross Hospital, Fulham Palace Road, London M6 8HD, UK; <sup>6</sup>Clinical Infectious Diseases, Charing Cross Hospital, Fulham Palace Road, London M6 8HD, UK; <sup>6</sup>Clinical Infectious Diseases, Charing Cross Hospital, Fulham Palace Road, London M6 8HD, UK; <sup>6</sup>Clinical Infectious Diseases, Charing Cross Hospital, Fulham Palace Road, London M6 8HD, UK; <sup>6</sup>Clinical Infectious Diseases, Charing Cross Hospital, Fulham Palace Road, London M6 8HD, UK; <sup>6</sup>Clinical Infectious Diseases, Charing Cross Hospital, Fulham Palace Road, London M6 8HD, UK; <sup>6</sup>Clinical Infectious Diseases, Charing Cross Hospital, Fulham Palace Road, London M6 8HD, UK; <sup>6</sup>Clinical Infectious Diseases, Charing Cross Hospital, Fulham Palace Road, London M6 8HD, UK; <sup>6</sup>Clinical Infectious Diseases, Charing Cross Hospital, Fulham Palace Road, London M6 8HD, UK; <sup>6</sup>Clinical Infectious Diseases, Charing Cross Hospital, Fulham Palace Road, London M6 8HD, UK; <sup>6</sup>Clinical Infectious Diseases, Charing Cross Hospital, Fulham Palace Road, London M6 8HD, UK; <sup>6</sup>Clinical Infectious Diseases, Charing Cross Hospital, Fulham Palace Road, London M6 8HD, UK; <sup>6</sup>Clinical Infectious Diseases, Charing Cross Hospital, Fulham Palace Road, London M6 8HD, UK; <sup>6</sup>Clinical Infectious Diseases, Charing Cross Hospital, Fulham Palace Road, Charing Cross Hospital, Fulham Palace Road, Charing Cross Hospital, Fulham Palace Road, Charing Cross Hospital, Charing Cross H

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Keywords: home infusion therapy, guide

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#### Good practice recommendations for paediatric outpatient parenteral antibiotic therapy (p-OPAT) in the UK: a consensus statement

Sanjay Patel<sup>1\*</sup>, Ed Abrahamson<sup>2</sup>, Stephen Goldring<sup>3</sup>, Helen Green<sup>1</sup>, Hayley Wickens<sup>4,5</sup> and Matt Laundy<sup>6</sup>

<sup>1</sup>Department of Paediatric Infectious Diseases & Immunology, Southampton Children's Hospital, University Hospital Southampton NHS Foundation Trust, Southampton, UK; <sup>2</sup>Paediatric Emergency Department, Chelsea and Westminster Hospital NHS Foundation Trust, London, UK; <sup>3</sup>Department of Paediatrics, The Hillingdon Hospital NHS Foundation Trust, London, UK; <sup>4</sup>Paemacy Department, University Hospital Southampton NHS Foundation Trust, Southampton, UK; <sup>5</sup>Department of Medicine, Imperial College, London, UK; <sup>6</sup>Department of Medical Microbiology, St George's Healthcare NHS Trust, London, UK

\*Corresponding author, Tel: +44-(0)23-8120-5360; Fax: +44(0)-23-8120-5230; E-mail: sanjay.patel@uhs.nhs.uk

There is compelling evidence to support the rationale for managing children on intravenous antimicrobial therapy at home whenever possible, including parent and patient satisfaction, psychological well-being, return to school/employment, reductions in healthcare-associated infection and cost savings. As a joint collaboration between the BSAC and the British Paediatric Allergy, Immunity and Infection Group, we have developed good practice recommendations to highlight good clinical practice and governance within paediatric outpatient parenteral antibiotic therapy (p-OPAT) services across the UK. These guidelines provide a practical approach for safely delivering a p-OPAT service in both secondary care and tertiary care settings, in terms of the roles and responsibilities of members of the p-OPAT team, the structure required to deliver the service, identifying patients and pathologies that are suitable for p-OPAT, ensuring appropriate vascular access, antimicrobial choice and delivery and the dirical governance aspects of delivering a p-OPAT service. The process of writing a business case to support the introduction of a p-OPAT service is also addressed.

JAC Antimicrob Resist doi:10.1093/jacamr/dlz026 JAC-Antimicrobial Resistance

#### Updated good practice recommendations for outpatient parenteral antimicrobial therapy (OPAT) in adults and children in the UK

Ann L. N. Chapman<sup>1\*</sup>, Sanjay Patel<sup>2</sup>, Carolyne Horner<sup>3</sup>, Helen Green<sup>2</sup>, Achyut Guleri<sup>4</sup>, Sara Hedderwick<sup>5</sup>, Susan Snape<sup>6</sup>, Julie Statham<sup>7</sup>, Elizabeth Wilson<sup>8</sup>, Mark Gilchrist<sup>9</sup> and R. Andrew Seaton<sup>10</sup>

<sup>1</sup>University Hospital Monklands, NHS Lanarkshire, Airdrie, UK; <sup>2</sup>Southampton Children's Hospital, University Hospital Southampton NHS Foundation Trust, Southampton, UK; <sup>3</sup>The British Society for Antimicrobial Chemotherapy, Birmingham, UK; <sup>4</sup>Blackpool Teaching Hospitals NHS Foundation Trust, Blackpool, UK; <sup>5</sup>Belfast Health and Social Carle Trust, Belfast, UK; <sup>6</sup>Nottingham University Hospitals NHS Foundation Trust, Nottingham, UK; <sup>7</sup>South Warwickshire NHS Foundation Trust, Warwick, UK; <sup>8</sup>Manchester University NHS Foundation Trust, Manchester, UK; <sup>9</sup>Imperial College Healthcare NHS Trust, London, UK; <sup>10</sup>Queen Elizabeth University Hospital, NHS Greater Glasgow and Clyde, Glasgow, UK

\*Corresponding author. Department of Infectious Diseases, Monklands Hospital, Airdrie, Lanarkshire, ML6 0JS, UK. Tel: +44 1236 712134; E-mail: ann.chapman2@nhs.net

UK good practice recommendations for outpatient parenteral antimicrobial therapy (OPAT) were published in 2012 and 2015 for adult and paediatric patients, respectively. Here we update the initial good practice recommendations in a combined document based on a further review of the OPAT literature and an extensive consultation process. As with the previous good practice recommendations, these updated recommendations are intended to provide pragmatic guidance for new and established OPAT services across a range of settings and to act as a set of quality indicators for service evaluation and quality improvement.

https://www.e-opat.com/

## **OPAT Good Practice Recommendations (GPRs)**

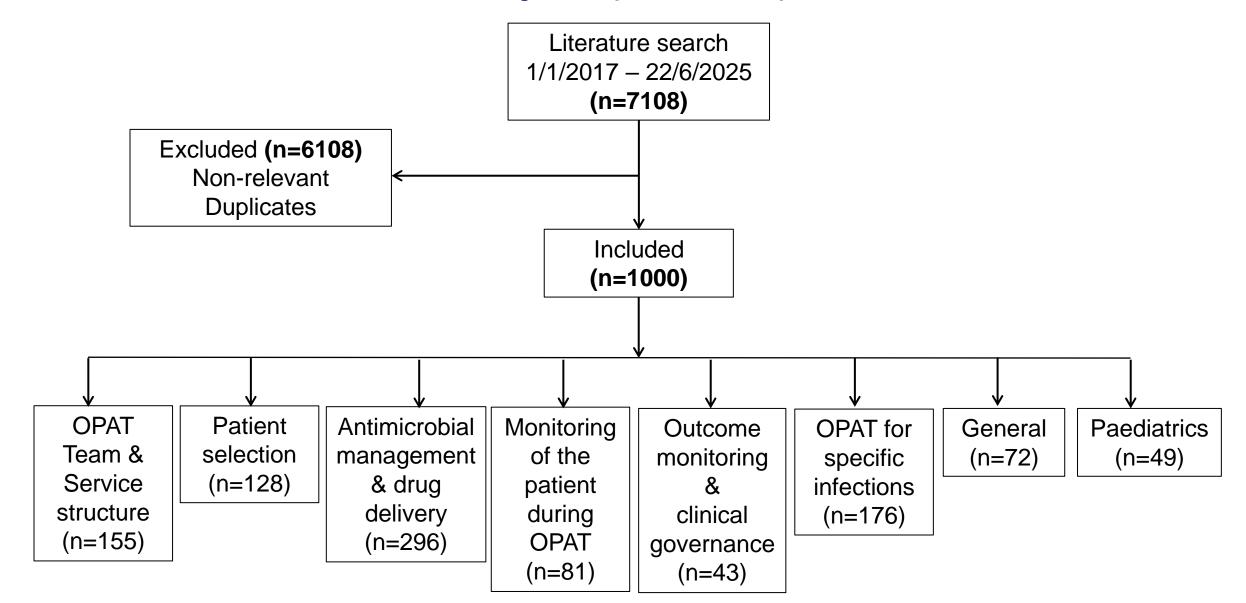
#### **AIMS**

- To support high quality, low risk
   OPAT
- A practical set of quality indicators for existing services
- A resource for teams developing new services
- User-friendly and relevant
- Applicable in any health setting

#### **PROCESS**

- Multidisciplinary working group
- Systematic literature search
- Development of draft recommendations
- Formal consultation process
- Publication of Good Practice Recommendations

## Literature search output (to date)



#### 1. OPAT team and service structure

- Key themes
  - Formal service structure and team-based approach
  - Safety of / patient preference for self-administration
  - Expanded role of OPAT: covid monoclonals

**HIV** injectables

allergy 'de-labelling'

- Telemedicine
- 10 previous recommendations no/minor change
- 1 new recommendation:
  - 1.8 Self-administered / parent/carer-administered OPAT should be considered for appropriately identified patients at home, following adequate patient or carer education and with clearly defined roles

#### 2. Patient selection

- Key themes
  - OPAT for cellulitis: OPAT should be 'standard of care' in children with cellulitis
  - Risk stratification: clinical, compliance, home hazards, social factors
  - Patient education

Specific groups: PWUD

elderly

neonates

- Thromboprophylaxis: low risk, unclear how to stratify, case-by-case basis
- 5 previous recommendations no/minor change
- 1 amended recommendation
- 2 new recommendations:

# 2. Patient selection: new / amended recs

- 2.4 OPAT may be considered for hard to reach groups, depending on individual risk assessment. Collaboration with other care providers ... is recommended to support treatment adherence and completion. Consideration should be given to the use of long-acting intravenous antimicrobial agents ...
- 2.7 OPAT patients and/or carers should be educated on their antibiotics, including dose, administration, side-effects and natural history of disease. They should also be given information on their vascular access device, including awareness of potential complications.
- 2.8 OPAT teams should consider the benefits and risks of thromboprophylaxis on an individual patient basis.

## 3. Antimicrobial management and drug delivery

- Key themes:
  - Drug stability
  - COpAT
  - Antifungals
  - OSCAT
  - Long-acting glycopeptides
- 14 previous recommendations no/minor change
- 1 amended recommendation:
  - 3.9 Teams referring patients for prolonged IV antibiotics should liaise with the vascular access and OPAT teams, ideally before IV access is obtained, regarding need for and type of IV access for the patient.
  - (3.9 The OPAT team, in collaboration with referring team, is responsible for the choice of intravascular access for each patient.)

# 4. Monitoring during OPAT

- Key themes:
  - Increasing complexity of patients
  - AEs due to drugs and lines equally common
  - Weekly blood tests for patients on IV antibiotics
- Evidence gaps:
  - Monitoring patients on COpAT / long-acting agents / OSCAT
  - Complications of elastomerics
  - IT tools for remote monitoring / flagging AEs
- 6 previous recommendations no/minor change
- 1 new recommendation:
  - 4.5 OPAT teams should develop protocols for monitoring patients on complex oral, subcutaneous and long-acting intravenous antimicrobial therapy, including frequency and type of blood test monitoring.

## 5. Outcome monitoring and clinical governance

- Key themes
  - Patient education: new quality indicators, qualitative studies
  - Equity of access: patients from deprived areas and women less likely to be referred for OPAT
- 6 previous recommendations no/minor change
- 1 new recommendation:
  - 5.7 Services should look to identify, and address, reasons underpinning inequity in access to their service.

Topic	Recommendations	Changes from previous GPRs					
1. Service structure	11	10 unchanged 1 new					
2. Patient selection	8	5 unchanged 1 amended 2 new					
3. Drugs and devices	15	<ul><li>14 unchanged</li><li>1 amended</li></ul>					
4. Monitoring during therapy	7	6 unchanged I new					
5. Outcome monitoring and clinical governance	7	6 unchanged 1 new					

#### Relevance??

#### **Self assessment:**

- 10 OPAT services
- Recommendations generally relevant
- Compliance 48-100%
- Median 90%

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#### Wider consultation.....

### WE NEED YOU!





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