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ePoster Viewing

Antibiotic stewardship programmes

ESTABLISHING A FUTURISTIC MODEL OF COMMUNITY BASED OUTPATIENT PARENTERAL ANTIBIOTIC THERAPY SERVICE WITH A BALANCE OF COMMISSIONING ELEMENTS: AN ACUTE-COMMISSIONER-PRIMARY CARE TRANSFORMATIONAL PROJECT IN NORTH-WEST ENGLAND

A. Guleri¹, R. Sharma¹, S. Rourke²

¹Clinical Microbiology, Blackpool Teaching Hospitals, Blackpool, United Kingdom ; ²Senior Commissioning Manager, Blackpool Clinical Commissioning Group, Blackpool, United Kingdom

OBJECTIVES:

The key benefit of outpatient parenteral antibiotic therapy [OPAT] is patient choice and satisfaction in receiving intravenous [IV] antibiotics at home or clinic setting or self-administration. Financial benefits include admission avoidance and reduced length of stay. From commissioner's perspective – such a service must strike a balance between three key elements - the value for money, clinical care and financial viability. Financial viability has been less well defined in OPAT services set up in last decade. However, the value for money in current financially challenging times in NHS is an important issue. Blackpool Teaching Hospitals including community services for a population of 440,000 residents, has initiated, in close working partnership with commissioner, a community based OPAT service pilot in June 2012 offering clinic and home administrations. This presentation highlights the critical points in setting up, lessons learnt and various elements of the service over last 18-months. It including examples of two health resource groups [HRG] based costing models.

METHODS:

Separate databases are maintained. One by the OPAT team to include working diagnosis; GP details; referral location; antibiotic details, days of IV; number of administrations; type of venous access, clinical outcomes; patient satisfaction, etc. Commissioning officer analyse the contractual costs, cost of service, HRG based calculations for admission avoidance and early discharge from hospital..

RESULTS:

Examples from OPAT service - HRG based cost models include admission avoidance in a case of cellulitis resulting in true savings and another of 83y old patient on OPAT for 101 days for osteomyelitis resulting in not-true saving.

Analysis of data over 18-months [June12 – Nov13] reveal 169 patients recruited to OPAT [average 9.38/month] and 2068 IV bed days saved [average 114.8 days/month]. Indications included cellulitis 42%[71/169]; Diabetic foot / wound infections 13.6% [23/169]; Deep abscesses 11.2%; UTI 10%; followed by prosthetic joint infections, bronchiectasis, endocarditis, etc.

Longest duration of treatment 121 days and oldest patient 92-years. Clinical outcomes and patient satisfaction remained excellent.

CONCLUSIONS:

Patient choice and satisfaction is at heart of OPAT service. Comments include -'The nurses are all lovely, nutters!, but lovely'; 'I am able to get along with my work. I would have been on benefits had I remained in hospital'.

In an innovative attempt, Blackpool Teaching Hospitals has worked closely with commissioner in setting up OPAT service out of the hospital – in a community clinic. This partnership brings the richness and insight of financial viability and a balance. Direct GP referral is piloted. A very modern array of electronic tools such as e-referral, e-patient management plan, e-follow up report, e-discharge, e-PICC referral, etc have been set up using existing resources.

