



The enhanced role of IV Co-ordinator within the OPAT team

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IV Co-ordinators



Southern Health
and Social Care Trust

Quality Care - for you, with you

What is OPAT?

- Outpatient
- Parenteral
- Antimicrobial
- Therapy
- A method of delivering intravenous antimicrobials in the community or outpatient setting, as an alternative to inpatient care.

OPAT Advantages

- Patient preference “ quality of life”
- Able to return to work
- Independence
- Personal affairs
- Cost Effective



Context

- Cover Southern Trust Area
- 20% of population of NI
- Previous Home IV Service.
- Transformational funding received from DOH
- New OPAT Service reformed with a concentration on quality.
 - Consultant Microbiologists
 - Specialty Microbiology Doctor.
 - Antimicrobial Pharmacists.
 - IV Nurse Co-ordinators (Already in post)



SHSCT OPAT Pathway

- Referrals received by telephone to single point (IV Coordinator), template form completed and triaged.
- Clinical reviews by pharmacists.
- Consultant Microbiologist clinical plan.
- Counselling and consent
- Ensure patient and home circumstances are suitable for the service



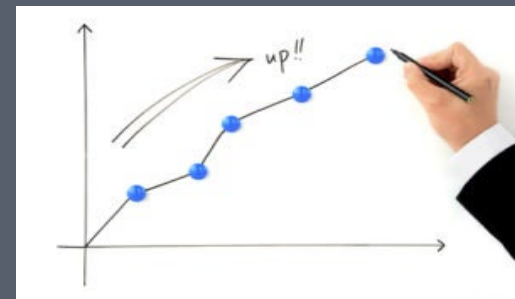
Description of new service

- Liaise with the district nursing service in relevant locality
- Assess and insert venous access
- Forward referral to District Teams
- Discharging Consultant informed
- Weekly Multidisciplinary Team meetings .
- Fortnightly review clinics.
- Trouble shooting.



Results

- 117 Referrals received over 3 month period (April – June 2019)
- These referrals resulted in 756 Bed days saved which people may have otherwise spent in Southern Trust hospitals thus freeing bed space for those patients more in need.
- Comparing the old with the new enhanced OPAT service:
 - 3 fold increase in patients switched to oral therapy. (from 3% Apr- June 2018 to 10% Apr – June 2019)
 - The average length of treatment has reduced by 4.5 days. (Patient treated in 2018 received on average 4.5 days more IVs than those treated in 2019)
 - Success rate increased from 62% to 85.1%.
 - Re-admission rate decreased from 25% to 9.3%.(Following analysis of outcomes from April – June 2018 compared with April – June 2019)



2017 IV Co-Ordinator New PICC line Service OPAT Patients

- Historically PICC lines only placed for OPAT patients by Interventional Radiologist Consultant in Craigavon Hospital
- Delayed discharge, Increasing pressures on Acute Services
- Patient care – issues with cannula placement, increased risk of HAIs and delayed or missed doses.
- Patients from other Southern Trust sites had to be transferred by ambulance to CAH for PICC line insertion which required an additional bed.

Bed space PICC line insertion



Benefits of PICC Lines

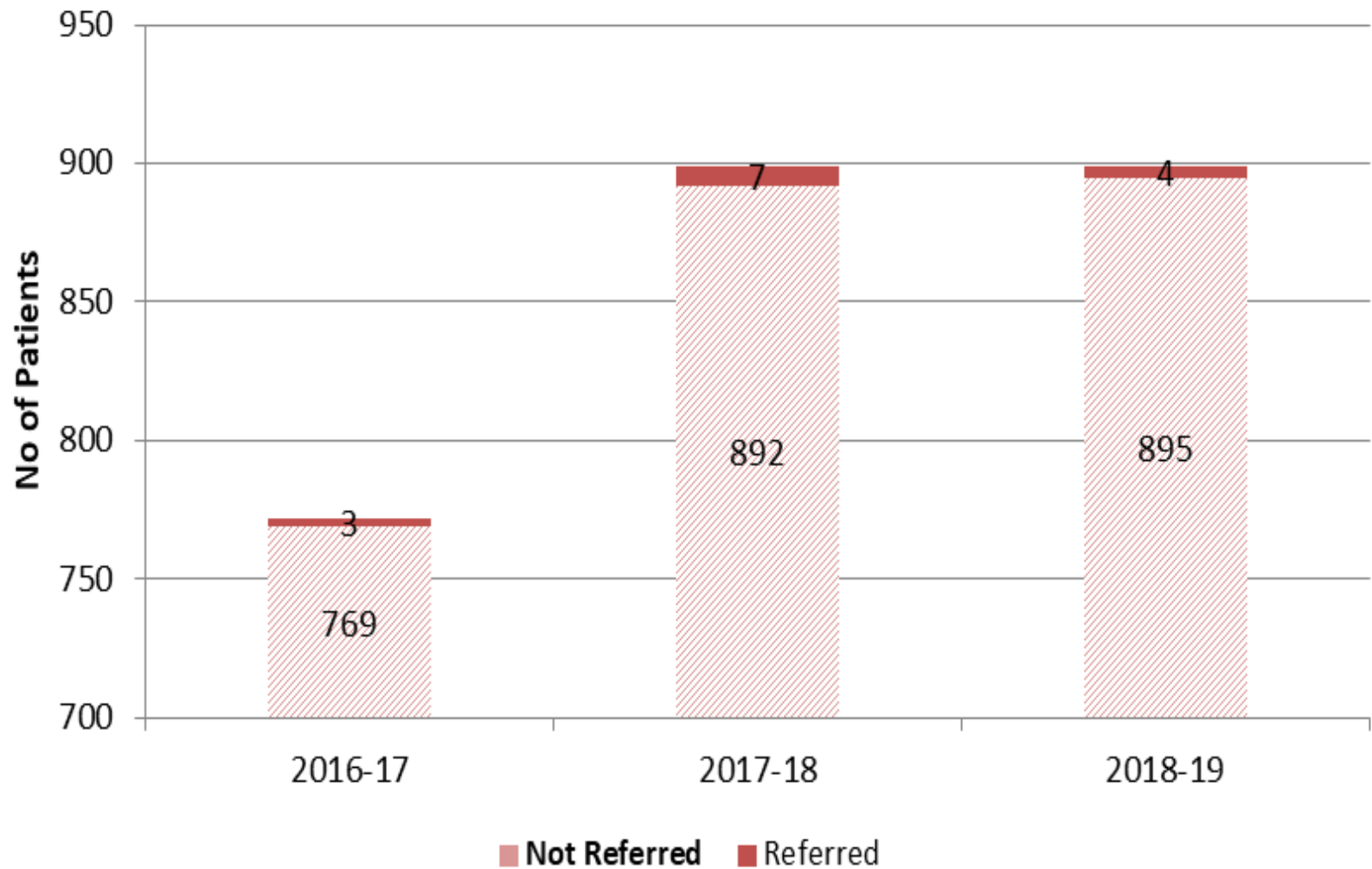


2019 QI New Cellulitis Pathway

- Missed opportunities to redirect suitable cellulitis patients who present at ED
- This results in patients being admitted into hospital.
- Reducing patient flow in ED
- Decreasing patient and family satisfaction and experience



Number patients presented to ED in DHH and referred to OPAT service



Daisy Hill DAU/ED Staff Training



New Drug Prescription Sheet

Cellulitis Class (II) Pathway for the Management of Patients in the Emergency Department, Direct Assessment Unit and Ambulatory Unit.

Allergies/Medicine sensitivities
This section must be completed before prescribing and administration except in exceptional circumstances

Date of reaction	Medicine/allergen	Type of reaction (e.g. rash)	Signature/designation/date
.....
.....
.....
.....
.....
.....

Or

No known allergies (Please tick)

Signature/Designation: _____ Date: _____

Write in CAPITAL LETTERS or use addressograph

Surname: _____

First names: _____

Health and Care No: _____

DOB: _____

Doctor initiating pathway: _____

Bleep / Mobile no: _____

Weight: _____

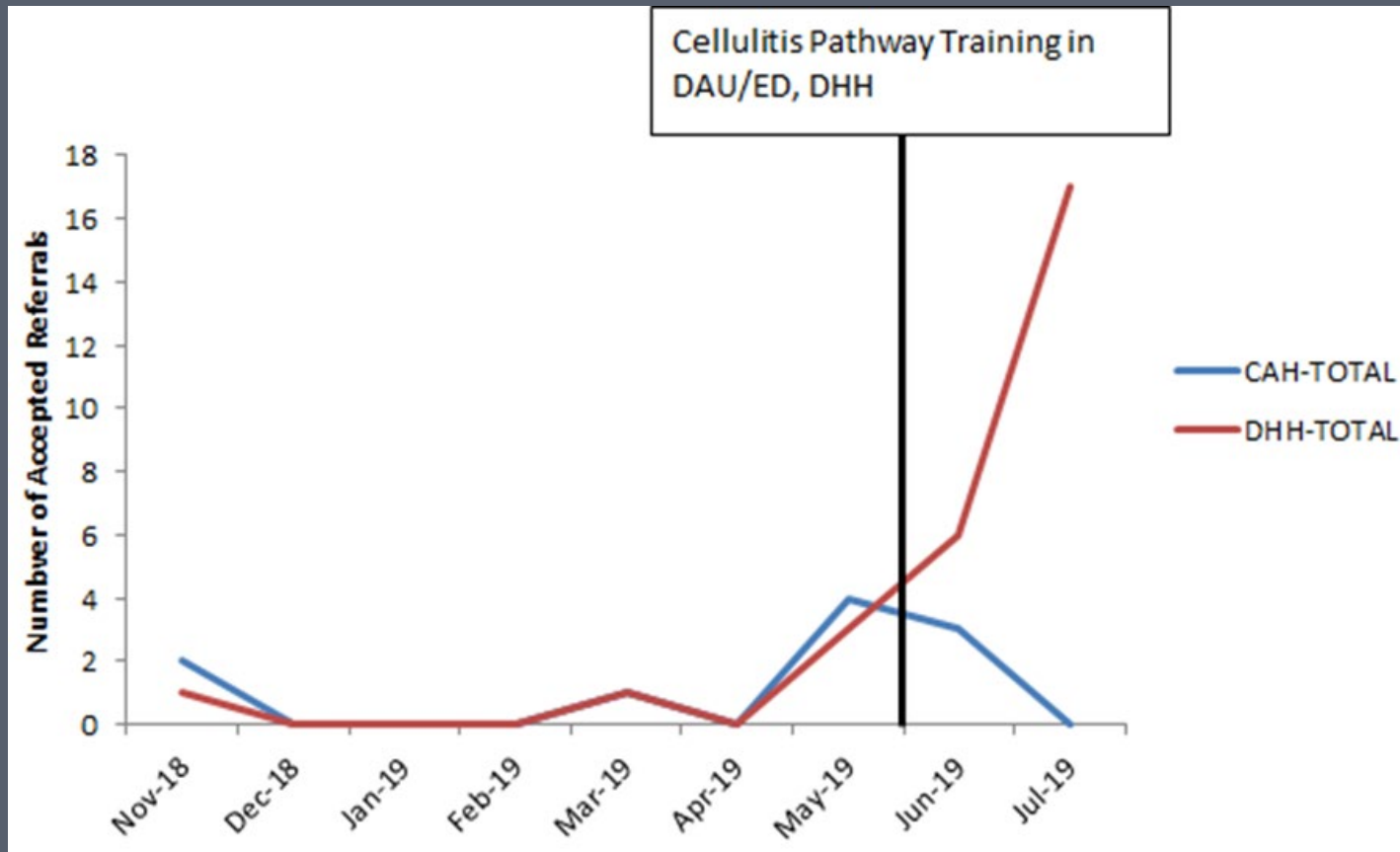
❖ If patient is **PENICILLIN** allergic (anaphylaxis), use alternative pathway for cellulitis

Ceftriaxone Prescription and Administration Chart

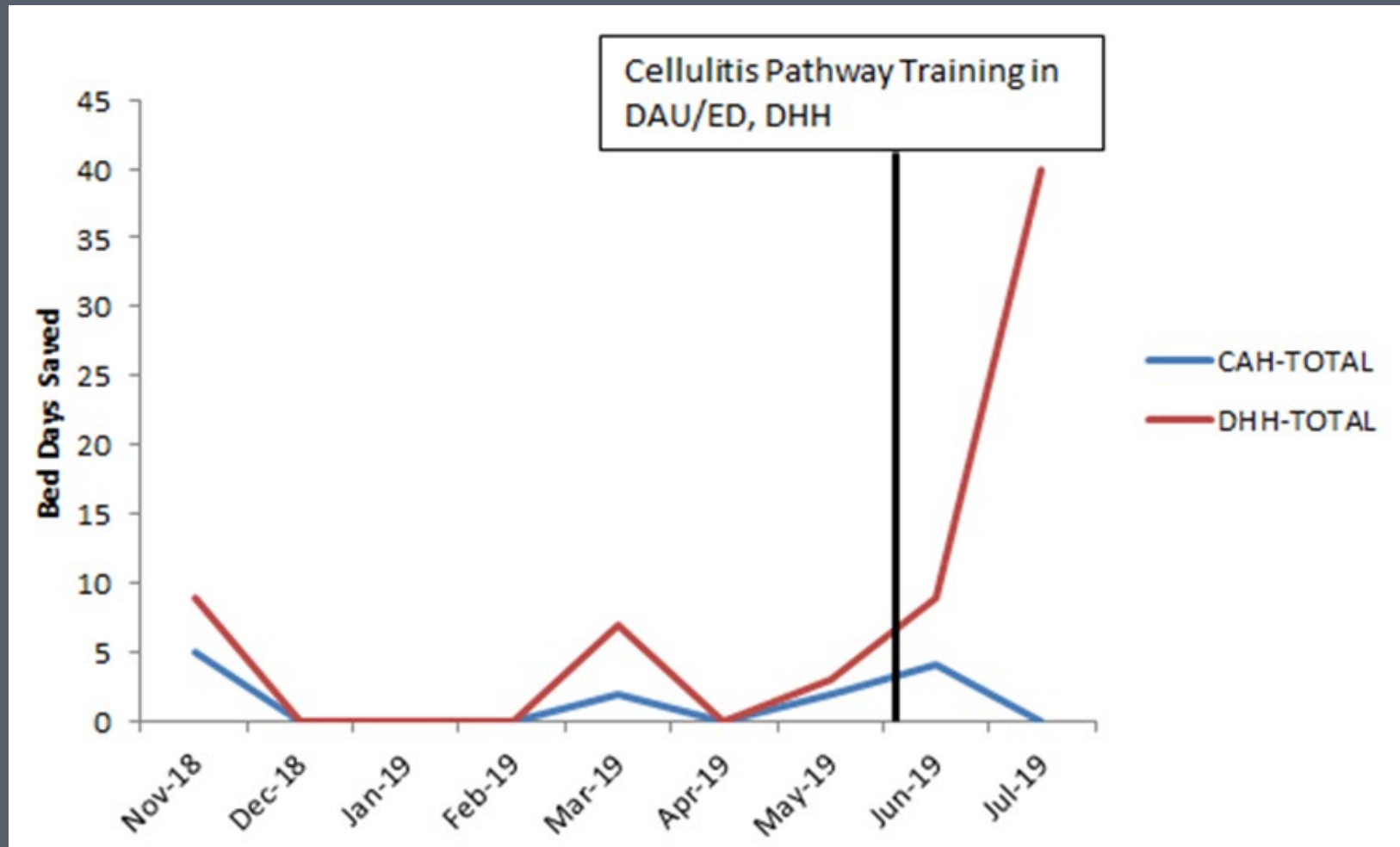
Pharmacy		Prescription					Items to supply	Administration (enter day and month ↓)						
1 st	2 nd													
		CEFTRIAXONE	2g	50ml sodium chloride 0.9% (use 20ml from infusion bag to reconstitute)	IV infusion over 30 mins	ONCE a day	✓							
		SODIUM CHLORIDE 0.9% amps	10ml		IV flush before	ONCE a day	✓							
		SODIUM CHLORIDE 0.9% amps	10ml		IV flush after	ONCE a day	✓							
CC	CC	For 7 days. Dispense in 2 instalments.												
Lab	Lab	(1 st from start date to next review date, 2 nd from review date to end of 7 days)												
Disp	Disp	Signature:		Community Start Date and Time: (Please note: 2 Hour window either side of prescription time)			Planned Review date and time:							
FC	FC			Stop date (If known):										



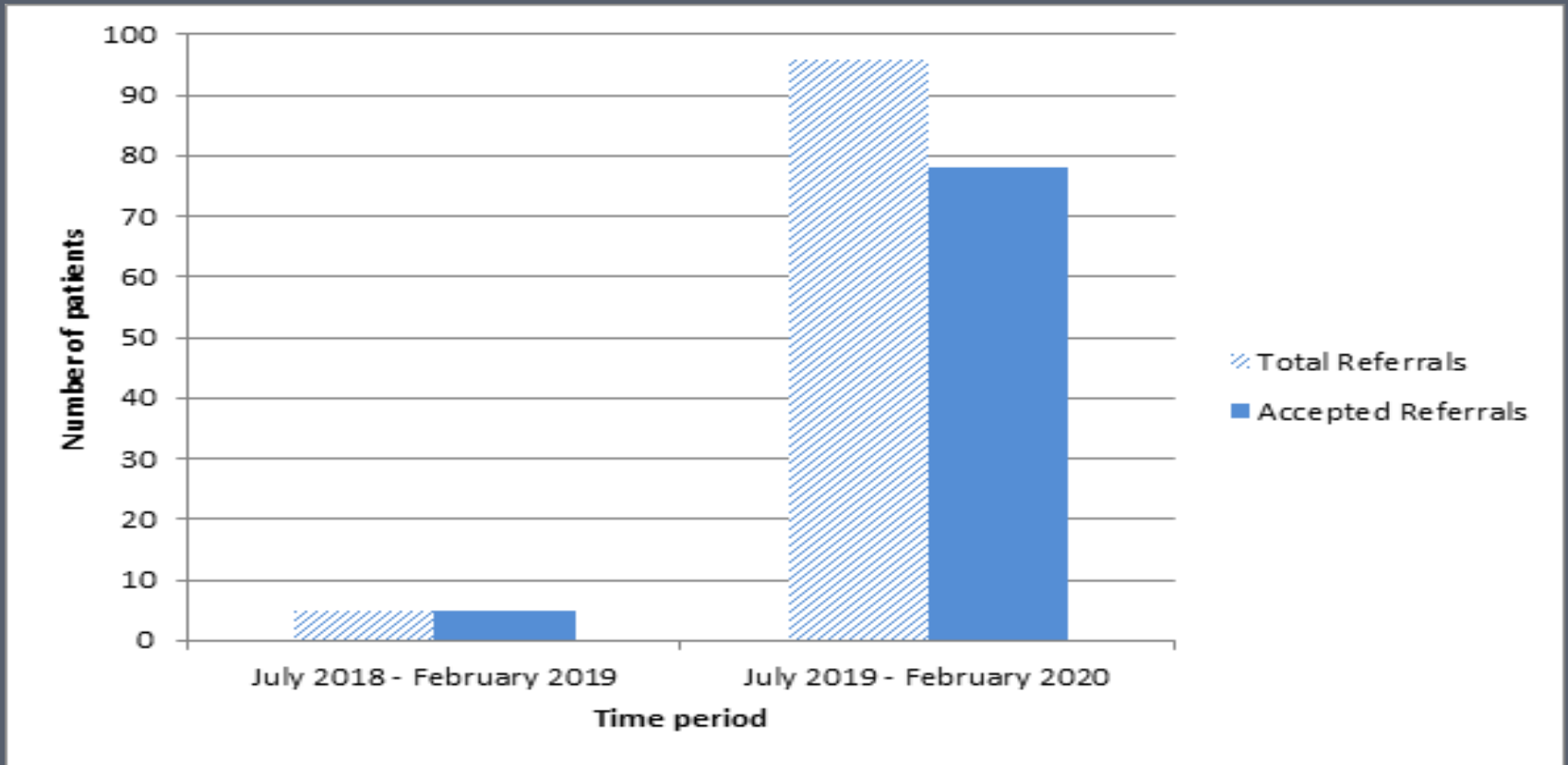
Cellulitis Referrals Accepted



Cellulitis Bed Days Saved



Cellulitis DHH ED/DAU referrals



The rise in referrals via this pathway has resulted in 250 bed days saved.

District Nursing Teams



Service user feedback

"The cellulitis pathway is a fabulous service and a win win for everyone Patient, staff & Trust."

*" PICC –Line
A truly great find, a simple line inserted into your arm no pain just a great gain."*

"I wish to sincerely commend...the OPAT team for their care and attention."

" Top class service. Very pleased with every aspect of care and treatment."

Acknowledgements to the SHSCT OPAT team.



Acknowledgments of Southern Trust

OPPC

Acute services

Directors and Management