

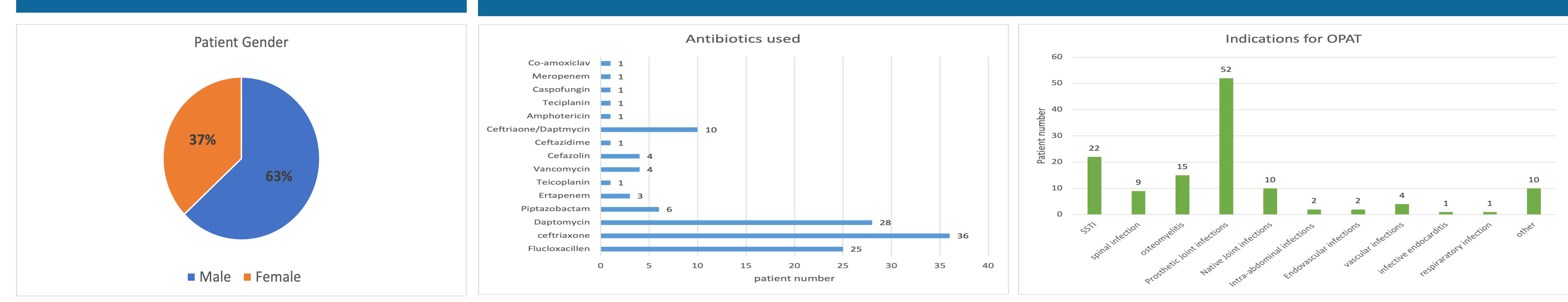
The Impact of an Infectious Diseases - Supervised OPAT service in a Model Three Hospital

Background

Equitable access to OPAT depends on both community and hospital resources. Midland Regional Hospital Tullamore (MRHT) is a model three hospital with 200 inpatient beds and a strong community health team.

MRHTs first OPAT nurse was appointed in 2019 with 850 and 820 bed days saved in 2019 and 2020 respectively.

This is the first review of the OPAT service in MRHT since an Infectious Diseases (ID) consultant started in January 2022



Results

One hundred and twenty seven patients received at least one day of antibiotics through the OPAT programme from January 2022 to March 2023.

Most patients were male (63%; 80/127) with a mean age of 65. The most common indications were bone and joint infections (68%; 86/127) followed by skin and soft tissue infections (SSTI) 17%; (22/127). Antimicrobial duration ranged from 1-41 days with the average duration of 22 days. Just over one fifth (22%) of patients had an antibiotic course shorter than 10 days. There were 2752 bed days saved (2138 for year ending 2022) with eight patients completely avoiding a hospital admission.

Targeted antimicrobials were prescribed in over three quarters of patients (77%; 99/133). The most commonly prescribed antimicrobial was Ceftriaxone as a single agent or in combination (37%; 47/127), followed by Daptomycin (26%; 33/127). Flucloxacillin was prescribed in 25 patients. Few adverse drug effects were recorded (5%; 6/127). Line complications were reported in twelve patients (9%), with a PICC line thrombus complicating four cases. Nearly two thirds (63%; 79/127) of patients had antibiotics administered by a health professional (H-OPAT). Over one quarter of H-OPAT (24%; 19/79) had an IV cannula thus not eligible for self-OPAT.

Infection cure was the treatment aim in over three quarters of patients (77%; 98/127) and was achieved for most (93%; 91/98). OPAT outcome was a success in 100 patients (79%) patients, a further eight patients (6%)

Consusion

OPAT activity in MRHT has increased 2.5 fold since arrival of an ID consultant. Outcomes were successful in most patients consistent with other centres. This emphasises the importance of the ID profession in the development of OPAT services and suggests that the geographical disparity of OPAT availability nationwide is due to an unmet need as opposed to the lack of need.

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Method

Patients were identified using the OPAT portal and local database between Feb 2022 and March 2023.

Outcomes recorded conformed with national and BSAC guidelines.



OPAT Outcome 79% Succes Rate
Partial Succes Rate
No Success