

Outpatient Parenteral Antimicrobial Therapy (OPAT) readmissions over 1 year in a Tertiary Care University Hospital

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OPAT is increasingly being utilized to facilitate early discharge of patients from hospital. This study was designed to compare our OPAT readmission rate with the national target of <5% in our institution over the last year and to analyse causes of these readmissions.



Methods

A retrospective review of all OPAT readmissions during 2020 was undertaken.

171 patients discharged on OPAT

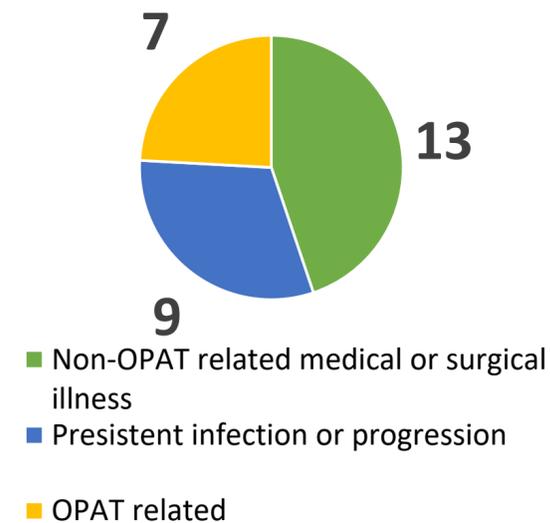
Readmitted (n=29)

Not Readmitted (N=142)

Results

Twenty-nine (17%) of St. Vincent's University Hospital OPAT patients were readmitted. The national average was a 10% readmission rate during this period. The readmissions involved 26 patients as three patients were readmitted twice. There were 15 male patients (57.6%). The mean age of patients was 66 years (42-88).

Reasons for readmission



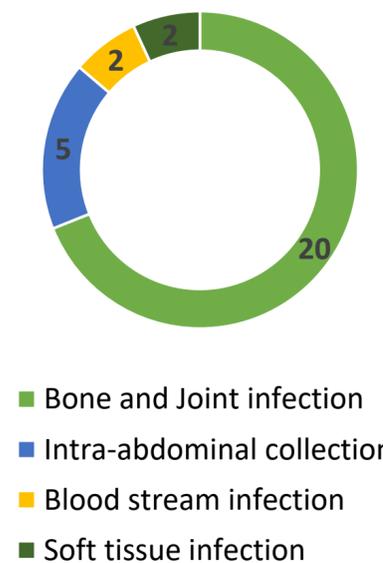
Most common referring primary teams

Vascular surgery 24% (n=7)

Infectious diseases 20% (n=6)

Orthopaedic surgery 14% (n=4)

OPAT indications in readmitted patients



Microbiological data to guide therapy was available for 96.5% (n=28).

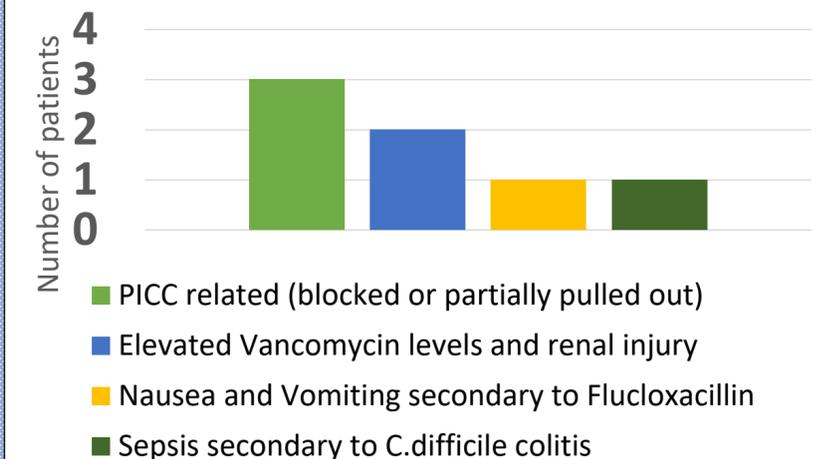
OPAT related readmissions (n=7)

Days on OPAT prior to readmission: 7 (2-11)

Readmission duration: 10 (1-20) days

Re-referred for OPAT on discharge: 57% (n=4)

Reasons for OPAT related Readmission



Readmissions while on OPAT were common during the last year in our institution and higher than both the national target and the national average. The majority of readmissions were because of general medical and surgical problems. Older age and patients' multiple co-morbidities could be contributors which underscores the needs for optimisation of underlying medical and surgical problems before discharge of patients on OPAT.