**Buckinghamshire Healthcare Trust – OPAT Service**

Buckinghamshire Healthcare Trust (BHT) is an integrated Trust, providing hospital and community services across Buckinghamshire and the surrounding area. The OPAT service has been operational since 2010, with elastomeric devices for use in patients’ homes introduced 2018. The introduction of self-administration by patients using pre-filled devices has released community nursing and enabled increased capacity within the team.

Over the 3-year period up to 2021/22, the service has enabled 1764 bed days to be released, thereby improving inpatient capacity and flow through the system.

**\*\*The information below relates to 24-hour infusions via elastomeric devices only\*\***

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| 24-hour infusions delivered | * Flucloxacillin * Piperacillin/Tazobactam |
| Devices used | * Pre-filled devices * Devices delivered to hospital pharmacy * Usually 48-hours’ notice for delivery, however regular stock is kept in pharmacy as some infusions have 21-day shelf life * Patients are given a week’s worth of devices (7) to store in own fridge, along with pre-filled saline * Patients are also given a fridge thermometer and recording sheet to monitor the temperature |
| How are patients identified | * For Early supported discharge (ESD), the potential patients are identified by the Microbiology Team via clinical consult requests from the referring team or directly referred by the team to the OPAT team, who will review the patients for their suitability * For admission avoidance (AA) patients, referrals are usually sent directly from the Consultant to the Microbiology team & OPAT * Patients are then assessed for suitability for OPAT * Self-administration can be considered & discussed with patients, please see embedded document for assessment criteria * Assessment paperwork started for self-administration & trained by OPAT, if appropriate * Vascular access requested for Midline / PICC line via radiology |
| Day of discharge for ESD patients/planned AA | * ESD patients have the first device attached on the ward the day of discharge. * AA patients require a stat dose of the prescribed antibiotics before being attached to the device * Patients are given 7-day supply of devices and pre-filled saline if self-administering * All ancillaries for home treatment & any supporting paperwork are supplied with the patient * An IV plan letter will be sent to the patient’s GP & referring consultant informed, at the same time |
| Daily administration / observations | * Mixture of home visits (district nursing team) and patient self-administration.   **District nursing (DN) visits**  For those patients who have daily DN visits, this visit will include:   * Device change * Blood pressure * Pulse * Temperature * On a weekly basis, the DN will do a blood test including FBC, U and Es, LFTs, CRP, antibiotic(s) level where relevant & change the Midline / PICC line dressing. * AA patients - On final day, the DN will remove the device and remove the midline/PICC line * ESD patients - Midline / PICC is usually left in for a week to repeat bloods to ensure stability after end of treatment or step down to orals. * Both AA and ESD patients still remain in the OPAT team database for 2 weeks blood monitoring and if all is well, discharged from the virtual ward round with the Microbiologist. The final discharge of these patients from the OPAT follow up will be dependent on review by the relevant clinical team   **Self-administration**   * Patients are given pre-filled infusion pumps and pre-filled saline flushes. * Extension sets are used on Midline/PICC lines which help with any dexterity issues. * Patients are required to take their temperature daily and record this on the community NEWS chart provided. Advised to contact OPAT team with any raise in temperature. * On a weekly basis, most patients are reviewed by the OPAT team in ambulatory care for blood test, Midline / PICC line care, full set of observations & collect more infusers and equipment (if required). * AA patients - the patient will attend the hospital and OPAT will remove midline/PICC line * ESD patients - Midline/ PICC is usually left in for a week to repeat bloods to ensure stability after end of treatment or step down to orals and arranged individually with patients. * If treatment longer than 7 days of treatment, patients/ relatives attend hospital to collect additional devices and saline (up to 7 days’ worth at a time) from the OPAT team. * All patients are reviewed by either the referring clinical team in outpatients or by the medical team in our ambulatory care unit before completion of IV treatment, which OPAT team also attend. |
| Governance / MDT | The OPAT service is overseen by a lead microbiologist and a weekly virtual round is held with the Microbiology consultant covering OPAT services for the week.  The clinical governance for the patients remains with the referring clinician or the hospital consultant deemed responsible on discharge. |
| Patient support | Patients are provided with diagrams of what the device will look like during the different stages of infusion; this includes tolerance levels with regards to residual medication left in the device.  Step by step guides on administration are provided.  Patients are given paperwork to record temperature of the fridge, NEWS chart for temperatures, contact details of the service.  If patients have any issues or concerns with the device, they are advised to contact the community team (if having DN) or the following:   * In hours (0830 – 1630), 7 days per week: call OPAT team (numbers on the paperwork) * Out of hours: Patients advised to clamp line if there is an issue with the device and contact OPAT team the following morning. If any other urgent issue, related to their health, patients advised to use NHS 111 or emergency services. |
| Data capture | Activity is captured on a dedicated database and a monthly scorecard produced by the OPAT team. This data is collated and published in the OPAT yearly report which is shared within the relevant Divisions at the Trust.  A patient user survey is undertaken every 2 years |
| Top tip for teams introducing this service | Know your vascular access pathway  Establish pathways for any disruption to supply of infusers equipment |