

Community IV— practical safe solutions to delivering IV medication at home

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EKHUFT Hospital at Home (H@H) Team Background and structure



**Launch Date
7th November 2011!!
Happy 5th Birthday Hospital at
Home**



Where did we get our money from?

- Pump primed
- Patients in service reviewed then each division would close beds accordingly and pay for H@H beds
- Done internally within acute hospital
- Upset everyone!



Infections we treat in OPAT

- Osteomyelitis
- Prosthetic joint infection
- Cellulitis
- Pyelonephritis
- Liver abscess
- Endocarditis
- Infective endocarditis
- Infective exacerbations of non-cystic fibrosis
Bronchiectasis

..... To name but a few



Antibiotics we use in OPAT

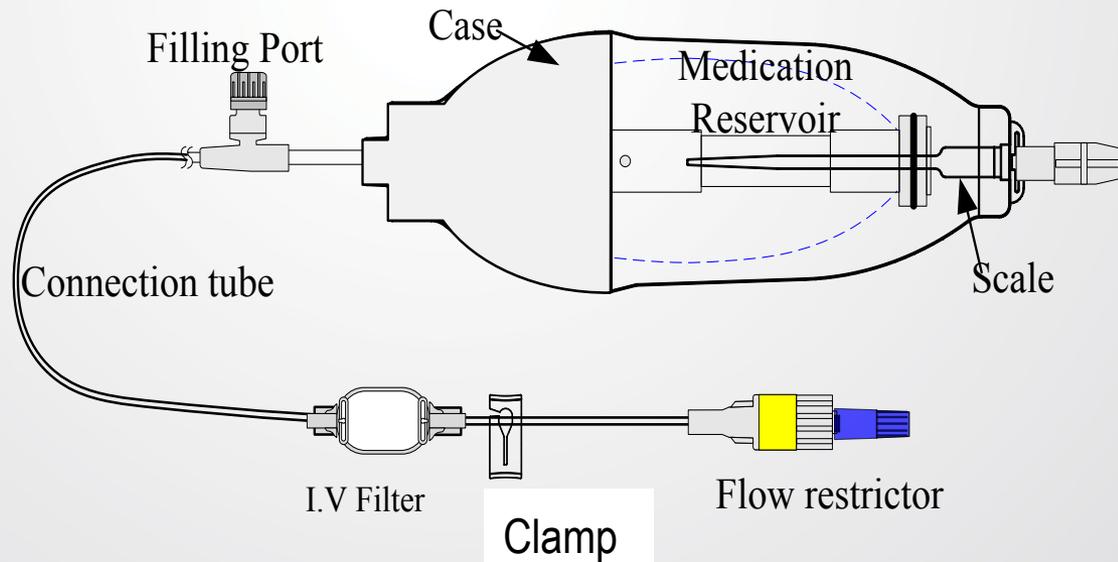
- Piperacillin/tazobactam
- Flucloxacillin
- Ceftazidime
- Ceftriaxone
- Teicoplanin
- Ertapenem
- Daptomycin
- Gentamicin
- Caspofungin

.....To name but a few



Elastomeric IV Devices

Whole range of devices- different times
and volumes of infusion



- Advantages-
 - Only one visit per day by nursing team is required.
 - Continuous therapeutic level of antibiotic
 - Nurse compounded so no cold chain
- Disadvantages
 - May not suit everyone
 - May require long term vascular access device midline/PICC even for short treatment.



Safety and Governance

- Although the teams working hours are 8-18.00 a 24hr contact number is given to all OPAT patients allowing them direct access to an experienced nurse. During service hours this goes to the OPAT team and out of hours it goes to the Trust's Critical Care Outreach Team.
- If there are any concerns OPAT patients can be directly re-admitted back into the hospital bypassing the Emergency Department and remain with the care of the same consultant they were under with the OPAT service.
- All patients and /or their relatives are given full education and leaflets on the elastomeric pump including how to check it is infusing properly and what to do if it unexpectedly disconnects.
- All patients receiving IV treatment through an elastomeric pump have a PICC or a midline placed.



Safety and Governance continued

- All OPAT patients' antibiotic regimes are discussed with a Microbiologist prior to their acceptance to the service and their antibiotic regime rationalised.
- All patients under the OPAT service are carefully selected against a risk assessment.
- Systematic processes are in place to make sure all OPAT patients are safely and consistently monitored (including close monitoring for antibiotic reactions), for example blood samples from OPAT patient can be turned around as an emergency (within one hour).
- All patients are thoroughly discussed in a weekly microbiology led 'virtual ward round' and antibiotic use reviewed.
- A regular governance meeting is held to discuss and review the OPAT service

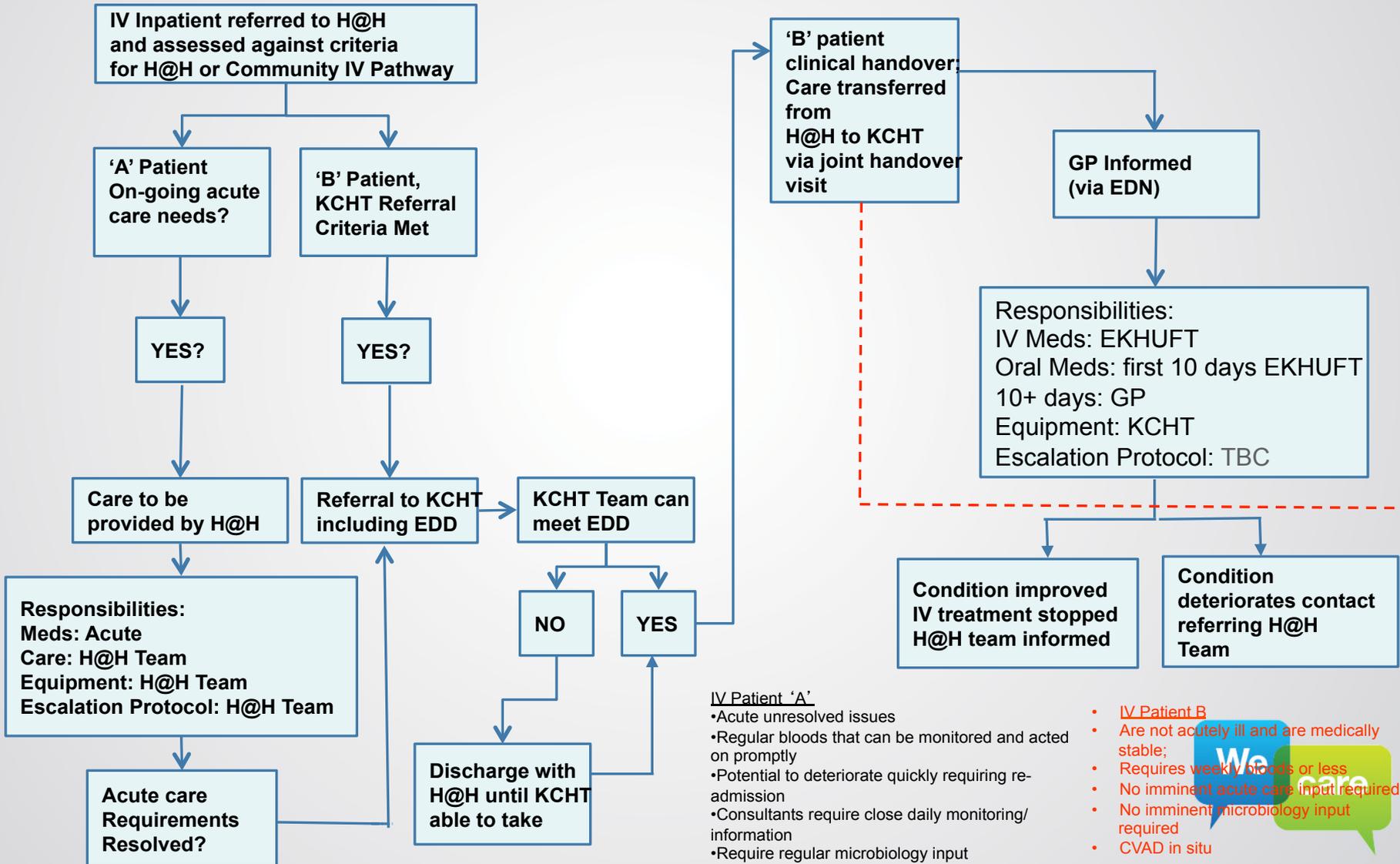


Handover of stable IV patients to community services

- Pathways worked out with commissioning teams
- Education packages between organisations match and joint paperwork established
- Open channels of communication- Community IV team invited and welcome to join virtual ward rounds to discuss their IV patients



IV community pathway



Our Data.....

- To date thousands of patients have been through the H@H service, (approximately 20-25 at any one time with elastomeric devices)
- Average EKHUFT inpatient ward stay cost £250 per night
- H@H cost per night is £67.58 (2015) plus drug and lab costs.
- HAI- One case of *C. difficile* in 5 years.



Patient Satisfaction

April 2014-March 2015 (220 responses)

- 100% felt their treatment was delivered safely
- 100% would recommend the service to a friend
- 0% would have rather stayed in a hospital bed
- 98% gave the H@H Service 5 out of 5
(2% 4 out of 5)

‘The H@H concept is an excellent way of showing the NHS at its best. It is one of your flagships. I felt totally safe with the nurses and they all will me to stay positive and keep persevering- they are my other family.

Thank-you very much’



**Any Questions?
Thank You**

