The role of a Pharmacist Advanced Clinical Practitioner (ACP) within OPAT

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Background

• District General Hospital

• Discharging patients on IV antibiotics for many years without the oversite of an OPAT team
  – Mainly orthopaedic patients
Context

• Antimicrobial pharmacist project managed the introduction of an OPAT team in line with national good practice guidelines

• Under the clinical lead of a part-time Infectious Disease Consultant
Improvement issue

• Sept 2015 - 4 patients on IVs
• March 2016 had 11 new patients on IVs and 20 on the service
• Planned reviews on days consultant available
• Growth of service meant reviews needed on days consultant not available
• No more consultant hours available
Process

• Pharmacist already an independent prescriber
  – good experience advising on treatment of infection

• ↑ in number and complexity of patients = more extensive diagnostic and clinical skills

• Pharmacist undertook formal Advanced Practice Masters course
What is Advanced Clinical Practice?

• Delivered by experienced, registered healthcare professionals

• Level of practice characterised by:
  – high level of autonomy
  – complex decision making skills

• Masters level education programme which includes 4 Pillars of:
  – clinical practice, education, research and management & leadership

• Demonstration of core and area specific clinical competence

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4 Pillars of Advanced Practice

“Advanced Clinical Practice embodies the ability to manage complete clinical care in partnership with patients/carers. It includes the analysis and synthesis of complex problems across a range of settings, enabling innovative solutions to enhance patient experience and improve outcomes.”

Health Education England

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Improvement Strategy

• Gradual ↑ in number of patients ACP pharmacist saw independently
  – as ↑ confidence and competence

• Weekly consultant led MDT ensuring consultant has regular input into all patients

• Allowed ↑ in patient numbers within limited consultant time
Results

• ↑ in patient numbers whilst maintaining excellent clinical outcomes without a significant increase in consultant time

• Patient tailored plans taking into account allergy status, renal function and drug interactions created utilising the pharmacist’s core skills
# Clinical Outcomes

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Sept 15- Aug 16 (year 1)</th>
<th>Sept 16 – Aug 17 (year 2)</th>
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</thead>
<tbody>
<tr>
<td>% of patients meeting intended clinical outcome</td>
<td>84.30%</td>
<td>94.41%</td>
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<tr>
<td>Readmission rate</td>
<td>13.48%</td>
<td>7.26%</td>
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<tr>
<td>Readmissions for OPAT related issues</td>
<td>11.23%</td>
<td>4.52%</td>
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<td>% of patients with the right line</td>
<td>81.50%</td>
<td>97.77%</td>
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Future Steps

• As the service continues to grow the need for traditional medical assessments also needs to grow
• Decision made that OPAT nurse would also train as ACP
• Allows all 3 senior team members to undertake clinical assessments and make management plans
• Allows for further growth and development creating a resilient service for the future
References


