Maximising the opportunity of a self-administration OPAT pathway

The University Hospitals of Leicester NHS Trust (UHL) OPAT Team

Linda Mashonganyika
Nicola Kucziw
Jake Bodycot
Chanelle Ingham
Sam Bhukera

The University Hospitals of Leicester NHS Trust OPAT Team's Self-Administration Revolution.

2017 – **71%** Patients Self-Administering

2013 – **0%** Patients Self-Administering

The Numbers…

•2013 - Pilot study commenced, One ID Consultant & One ID Registrar. Patients drugs administered by an external nursing agency. ZERO patients self-administering .

•2014 - Pilot study ended & recurrent funding obtained. Recruitment of a band 7 OPAT specialist nurse (CNS). First patients trained to self-administer by the new nurse, 24% of 39 patients self-administering.

•2015 – Recruitment of a band 6 CNS, geographical coverage area expanded from city to county. 32% of 123 patients self-administering.

•2016 – Recruitment of two more CNS's & 7/7 working introduced. 48% of 153 patients self-administering.

• 2017 (so far) – Fifth CNS recruited, increased use of elastomeric devices. 71% of 169 patients self-administering.

How we did it…..

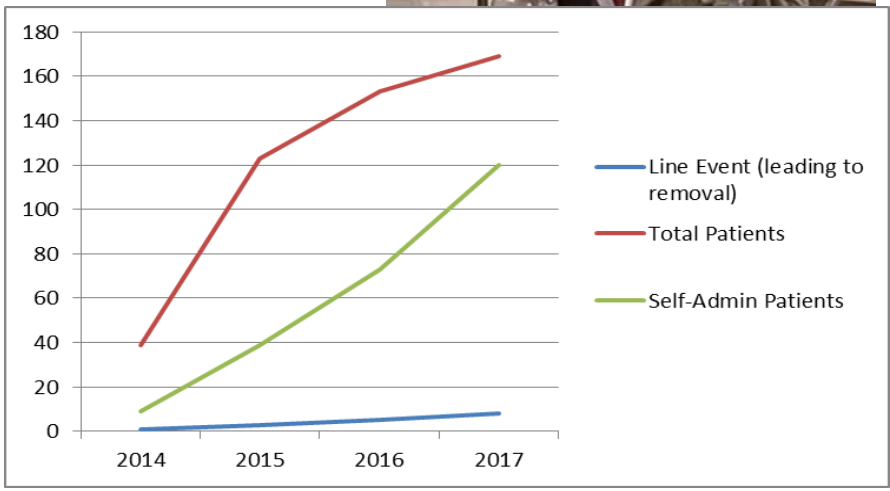
1. OPAT Cons/SpR/CNS identifies that a patient already accepted for OPAT may be suitable to self-administer.
2. Practical teaching by CNS on the ward (either patient/relative/ carer), training to mix drugs or use elastomeric device depending on patient ability
3. If the patient is medically fit for discharge, training can continue at home if needed.
4. Patients are given fool-proof step-by-step written instructions.
5. Patients have telephone access to an on-call CNS 7 days a week incase assistance needed (night cover provided by discharging ward).
6. All patients are seen a minimum of weekly by a member of the OPAT team to monitor adherence and clinical condition.

Barriers to Self-Admin:

Fear (more often clinical staff rather than patients, sometimes takes time to win people over).

Time (Particularly for TDS & QDS regimes, helped by 24hour infusers.

It **CANT** be safe?!



Our team is made up of 4.5WTE specialist nurses, sometimes with only one nurse per shift, if we had less/no patients self administering, it would be impossible to see all of our patients in a day. Unless we had more staff….(not easy)….unless…

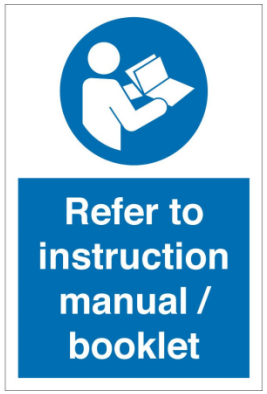
There has been no increase in rates of adverse events related to lines such as infection/occlusion etc. since our self-admin numbers started to rise.

One team shared values

The Future of OPAT Self-Admin @ UHL…

Develop new instruction packs to replace our current ones simply done on Microsoft word. They will include picture instructions (hopefully videos) and be more reader friendly. (joint activity between the OPAT team and the trusts Infection Prevention Team)

Possibility of ward nurses becoming “OPAT Champions” or “OPAT Link Nurse” to assist in the breaking of barriers around self-admin and improve communication with wards.



Finally.. We look forward to our rates of self-administration increasing even further!

Thank you for taking the time to listen to our presentation. If you would like to hear more about how we have achieved our patient self-administration rates or have any questions, various members of the team will be around across both days.

Feel free to come and say hello!