Outpatient intravenous therapy for diabetic foot infections is an effective mode of treatment that can contribute to significant healthcare savings” Malone et al (2015).

Reference:

Abstract:
OBJECTIVE: To determine clinical outcomes in patients with diabetic foot infections (DFI) receiving outpatient parenteral antimicrobial therapy (OPAT), to evaluate cost savings from the use of OPAT, and to analyse demographic, clinical and laboratory data that may predict OPAT failure.

RESEARCH DESIGN AND METHODOLOGY: A retrospective cohort analysis was conducted between 1 January 2007 and 7th July 2012 at a tertiary referral hospital in metropolitan Sydney. Patients with DFI were identified from the OPAT database. Demographic, clinical, laboratory, and operative report data were obtained from patient charts and electronic medical records (EMR). Potential cost savings were calculated on the estimated cost of expenditure versus the expected savings. Linear regression was used to explore outcomes associated with OPAT failure.

RESULTS: 59 patients were identified over the 5-year study period. The OPAT success rate for DFI was 88%. Following the resolution of the primary episode of infection, new infective episodes within the study period were high (n=26, 44%). Regression analysis of variables for OPAT failure failed to indicate any factors reaching statistical significance. A total of 1569 days were saved by using OPAT for an estimated total cost saving of $983,645 or $16,672.
OPAT cost associated with treating foot infections in people with diabetes | 2

per patient.

CONCLUSION: Outpatient intravenous therapy for diabetic foot infections is an effective mode of treatment that can contribute to significant healthcare savings. High re-infection rates associated with diabetes foot ulceration in this population underline the need for close monitoring and management of these patients in multidisciplinary high-risk foot setting.

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