The introduction of a formal medical team to HiTH demonstrated a positive clinical impact on OPAT patients’ outcomes. These findings support the ongoing utility of medical governance in a nurse-led HiTH service” Mace et al (2017).

Abstract:

OBJECTIVE: Despite the many benefits of paediatric Outpatient Parenteral Antimicrobial Therapy (OPAT) programmes, there are risks associated with delivering inpatient-level care outside of hospital. There is a paucity of evidence defining how best to mitigate these risks. We examined the impact of introducing a dedicated medical team to OPAT, to define the role of increased medical oversight in improving patient outcomes in this cohort.

DESIGN: A prospective 24-month pre-post observational cohort study.

SETTING: The Hospital in the Home (HiTH) programme at Princess Margaret Hospital (PMH) for Children, Western Australia.

PATIENTS: All OPAT admissions to HiTH, excluding haematology/oncology patients.

INTERVENTIONS: PMH introduced a dedicated OPAT medical support team in July 2015 to improve adherence to best-practice guidelines for patient monitoring and review.

MAIN OUTCOME MEASURES: Duration of OPAT, adherence to monitoring guidelines, drug-related and line-related adverse events and readmission to hospital.

RESULTS: There were a total of 502 OPAT episodes over 24 months, with 407 episodes included in analyses. Following the introduction of the OPAT medical team, adherence to monitoring guidelines improved (OR 4.90, 95% CI 2.48 to 9.66); significantly fewer patients required readmission to hospital (OR 0.45, 95% CI 0.24 to 0.86) and there was a significant
reduction in the proportion of patients receiving prolonged (≥7 days) OPAT (OR 0.67, 95% CI 0.45 to 0.99).

CONCLUSION: The introduction of a formal medical team to HiTH demonstrated a positive clinical impact on OPAT patients’ outcomes. These findings support the ongoing utility of medical governance in a nurse-led HiTH service.

Reference:

Thank you to our partners for supporting IVTEAM