



These results can inform potential interventions to prevent readmissions through OPAT clinic follow-up and to further assess factors associated with successful care transitions from the inpatient to outpatient setting” Palms and Jacob (2019).

Abstract:

BACKGROUND: Outpatient parenteral antimicrobial therapy (OPAT) programs allow patients to receive intravenous treatment in the outpatient setting. We developed a predictive model of thirty-day readmission among hospitalized patients discharged on OPAT from two academic medical centers with a dedicated OPAT clinic for management.

METHODS: A retrospective chart review was performed and logistic regression was used to assess OPAT and other outpatient clinic follow-up in conjunction with age, sex, pathogen, diagnosis, discharge medication, planned length of therapy, and Charlson comorbidity score. We hypothesized that at least one follow-up visit at the Emory OPAT clinic would reduce the risk for hospital readmission within 30 days.

RESULTS: Among 755 patients, 137 (18%) were readmitted within 30 days. Most patients (73%) received outpatient follow-up care at Emory Healthcare within 30 days of discharge or prior to readmission, including 52% of patients visiting the OPAT clinic. The multivariate logistic regression model indicated that a follow-up OPAT clinic visit was associated with lower readmission compared to those who had no follow-up visit (OR 0.10, 95% CI 0.06-0.17)

after adjusting for infection with enterococci, Charlson score, discharge location, and county of residence.

CONCLUSION: These results can inform potential interventions to prevent readmissions through OPAT clinic follow-up and to further assess factors associated with successful care transitions from the inpatient to outpatient setting.

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Reference:

Palms, D.L. and Jacob, J.T. (2019) Close Patient Follow-up Among Patients Receiving Outpatient Parenteral Antimicrobial Therapy. *Clinical Infectious Diseases*. February 27th. .

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