SCHEDULE 2 – THE SERVICES

A. Service Specifications

Mandatory headings 1 – 4: mandatory but detail for local determination and agreement
Optional headings 5-7: optional to use, detail for local determination and agreement.

<table>
<thead>
<tr>
<th>Service Specification No.</th>
<th>Integrated OPAT service (pilot)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commissioner Lead</td>
<td>Sheena Hennell</td>
</tr>
<tr>
<td>Provider Lead</td>
<td>Service Lead: Sharon Bamber (WUTH) Clinical Leads: Dr John Cunniffe – (WUTH) Dr Paula Cowan – (Community)</td>
</tr>
<tr>
<td>Period</td>
<td>1 April 2015 – 31 March 2016</td>
</tr>
<tr>
<td>Date of Review</td>
<td>Monthly</td>
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1. Population Needs

1.1 National/local context and evidence base

Wirral CCG is committed to providing optimum quality of care across all areas; this extends to patients who require the administration of IV antibiotics in the home or community clinic setting. The aim is to deliver seamless and effective care to patients on Wirral requiring IV antibiotics.

The target audience extends across primary and secondary care areas. This document describes the multidisciplinary team and processes required to access and deliver IV antibiotics. The specification covers inpatient management, referral processes and community management to illustrate a seamless patient pathway.

There is good evidence to suggest that using OPAT – outpatient antimicrobial therapy in adults provides quality assurance supporting high quality, low risk care within all healthcare settings. The OPAT service brings together community nursing and specialist nurses with lead professionals to deliver a seamless service.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

<table>
<thead>
<tr>
<th>Domain 1</th>
<th>Preventing people from dying prematurely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domain 2</td>
<td>Enhancing quality of life for people with long-term conditions</td>
</tr>
<tr>
<td>Domain 3</td>
<td>Helping people to recover from episodes of ill-health or following injury</td>
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<tr>
<td>Domain 4</td>
<td>Ensuring people have a positive experience of care</td>
</tr>
<tr>
<td>Domain 5</td>
<td>Treating and caring for people in safe environment and protecting them from avoidable harm</td>
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2.2 Local defined outcomes

All patients accepted into the service receive OPAT in the community in line with BSAC best practice recommendations – see service indicators

3. Scope

3.1 Aims and objectives of service

- To deliver a quality seamless Integrated OPAT service
- To promote safe and standardised practice to patients receiving IV antibiotics in a community setting
- To promote effective change and embrace development of practice in recognition of the wider health service agenda.
- To assess the suitability of the patient requiring ongoing IV treatment in the home/community setting
- To ensure effective communication between community & secondary care
- To safely facilitate discharge of the patient into a safe environment that promotes safe community care delivery.
- To effectively manage the patient receiving OPAT in the community
- To deliver training and education for all staff as cascade, specialist IV nurses training community nurses, microbiologist training clinical scientist
- To provide telephone, email advice as required
- To undertake audit of patient and service outcomes

3.2 Service description/care pathways

**OPAT Team Structure**

Appendix 1 outlines the OPAT team service and operational structures.

Appendix 2 describes the OPAT service key members, roles and responsibilities.

Appendix 3 outlines the responsibilities of key stakeholders

**Referral Pathways**

See Appendix 4 for referral Pro forma.

Appendix 5 outlines the overall OPAT team referral pathway and service monitoring.
Pathway 1 – Secondary care discharged to community – summary in appendix 6

Pre – referral

- The referring medical team identifies a patient who is willing and suitable for IV therapy at home following OPAT inclusion/exclusion criteria – appendix 7.

- The patient must have a definite diagnosis and a clinician from their specialty willing to take clinical responsibility for discharging the patient as medically fit, and provide ongoing support, whilst the patient is being treated for that condition at home.
  
  - Medical stability is confirmed including a consideration of whether blood pressure is normal (for that patient), patient is haemodynamically stable (for that patient) and patient is apyrexial. Patient is not confused or has any new symptoms at current time.

- All other in patient processes must be complete from a multidisciplinary perspective (Patient may have existing chronic health problems that are being managed).

- Range of conditions and antimicrobials available is detailed in appendix 9.

Referral Process – The referring Clinician should:

- Contact the Consultant Microbiologist to discuss the patient treatment plan and IV access requirements. If the patient is suitable and there is capacity within the OPAT service, the referring clinician completes the referral pro forma (appendix 4) and forwards it to the OPAT Team by fax or email following the secondary care pathway (appendix 6).
  
  - If there is no capacity to accept the patient into the service at the time of referral the referring team should follow the existing arrangements in place outside the OPAT service. If there is capacity within the service at a later date, the patient may be accepted retrospectively for OPAT team monitoring and review.

- Ensure pharmacy clinical review of take home medicines including antimicrobials.

- Obtain informed verbal consent from the patient and document in the patient notes. Provide patient with information leaflet.

- Liaise with GP to discuss roles and responsibilities to the patient on both sides.

- Refer patient directly to SPA.
• Ensure IV access is established

• OPAT team will send pro forma (completed by referring team) to community nursing team and obtain verbal confirmation of receipt.

Refer to **appendix 11** for advice regarding venous access and OPAT team contacts.

**Discharge checklist**

• Appropriate IV access established
• Referral pro forma completed and faxed to OPAT team.
• PMAC completed which includes antibiotic, diluent and flushes
• Discharge prescription/Supply of stock available

**Community Teams will ensure:**

Compliance with all safety procedures by competent and fully trained community nurses and specialist IV nurses, following WCT Procedure for the administration of IV antibiotics (V5).

**Pathway 2 - Primary Care referral to OPAT service**

**Pre-Referral**

• A patient is identified as requiring IV therapy but does not require in-patient care, is willing and suitable for IV therapy at home following OPAT inclusion/exclusion criteria – **appendix 7**.

• There is a clear diagnosis, and all appropriate specimens have been taken.

**OPAT Referral Process**

• Contact the Consultant Microbiologist to discuss the patient treatment plan and IV access requirements. If the patient is suitable and there is capacity within the OPAT service, the referring clinician completes the **referral pro forma** (**appendix 4**) and forwards it to the OPAT Team by fax or email following the secondary care pathway (**appendix 8**).

  - *If there is no capacity to accept the patient into the service at the time of referral the referring team should follow the existing arrangements in place outside the OPAT service. If there is capacity within the service at a later date, the patient may be accepted retrospectively for OPAT team monitoring and review.*

• If appropriate, Microbiology to contact OPAT pharmacist as needed/appropriate via duty bleep. Information to be fed back to referring GP.
If accepted to OPAT service:

- OPAT team will send pro forma (completed by referring team) to community nursing team and obtain verbal confirmation of receipt.
- GP prescribes IV therapy, diluents and flushes and completes drug authorization form (PMAC), (and referral form).
- Informed verbal consent should be obtained and recorded in the medical notes.
- GP takes clinical responsibility
- Information provided to patient (see appendix 7.)
- Initiation is in patient’s own home, complying with all safety procedures by competent and fully trained community nurses and specialist IV nurses, following WCT SOP for the administration of IV antibiotics (V5).
  Patient/patient family to collect from community pharmacist and inform community team??
- Venous access is the responsibility of the community nurse and specialist IV nurse, to ensure the patient has healthy venous access with an appropriate device.
- Refer to appendix 11 for advice and regarding venous access and OPAT team contacts.

The OPAT team role

- Liaise with all teams involved in the management of the OPAT patient
- Assist with line access when required.
- Arrange patient visits with Community nurse as required.
- Give specialist advice to community team as required.
- Liaise with Pharmacy regarding follow up monitoring as required.
- Gather data for weekly MDT from community and referring WUTH team.
- Add patient to OPAT database for MDT team monitoring.
- Provide feedback and monitoring reports to key stakeholders.

Numbers of patient referrals including those rejected will be monitored.
Supply of Antimicrobials:

Patients initiated into OPAT service from secondary care will be supplied with the entire course of antimicrobials along with any necessary flushes and diluents by WUTH Pharmacy. The first 7 days of this is financed from the tariff payment for admission. Any subsequent supply or antimicrobials supplied outside the agreed list in appendix 9, will be invoiced to the CCG.

Patients initiated into OPAT service from primary care will be supplied with antimicrobials by Community Pharmacies (via FP10). Lloyds pharmacy at WUTH may be able to assist with supply if there is insufficient stock at community pharmacist.

WUTH, Wirral CCG and Wirral CT will work towards improving antimicrobial supply to support patient access, flow and a cost efficient service by exploration of different methods to supply.

Patient Monitoring during Treatment

Community Teams:

All patients receiving OPAT (secondary care or primary care initiation) will be monitored on a daily basis by the community teams. This will incorporate assessment of the intravascular access device and the patients overall condition and response to therapy. The assessment will be made at the time of antibiotic delivery, and will be undertaken by a member of staff with relevant competencies. Any deterioration in condition must be identified to the responsible clinician, as a matter of urgency if the patient fulfils the sepsis related exclusion criteria (as this warrants hospital assessment). Conversely, an improvement in condition may allow conversion to an alternative oral agent, following discussion between the responsible clinician and the core OPAT team.

All patients receiving OPAT will have a formal weekly review by the responsible clinician. This review will be brought forward if the daily review indicates deterioration in the patient’s condition.

OPAT MDT Review:

There will be an OPAT team review of all patients on therapy on a weekly basis. It is essential that this MDT review receives input from the responsible clinician. Clinical outcome data (see section B) will be collected and collated by the OPAT team – see Appendix 2.

Pharmacokinetic monitoring will be provided by WUTH pharmacists in communication with the responsible clinician (Primary and Secondary care) and district nurses.

Discharge from OPAT Service

Discharge criteria: Patient treatment completed
Discharge process:
- Patients are fully consulted throughout their treatment of the likely treatment period.
- Mutual consent from patient, clinician and nurse to discharge.
- Patient receives relevant health care information and contact information.
- GP/referring clinician informed of discharge.

3.3 Population covered
The service will be accessible to patients registered, or temporarily registered, with Wirral GP practices, over the age of 18 years.
All pathways of care should be available in the patient’s usual place of residence for example their own home, or a nursing or residential care home, as appropriate. All home circumstances will be assessed on an individual basis to ensure suitability before any exclusion from the service.

Days/hours of operation
The service will be available seven days a week, 24 hour, including bank holidays, however referral and specialist support from the OPAT team will be limited to Monday-Friday 09:00-17:00. Patients excluded from the service outside core hours will be monitored as part of the service review.

3.4 Any acceptance and exclusion criteria and thresholds
OPAT will accept referrals from appropriately qualified health care professionals provided the patient is registered with a Wirral GP.

The following exclusion criteria will apply:
- Patients not registered, or temporarily registered, with a Wirral GP
- Patients with a life-threatening illness for whom only acute hospital care is appropriate
- Patients under 18 years old
(see appendix 7 for full inclusion/exclusion criteria)

3.5 Interdependence with other services/providers
The service will ensure appropriate working with all agencies listed within this specification. However this list is not exhaustive and should be based on patient need.

The service must work with partners to deliver safe, effective pathways of care. Partners will include:
- GPs
- Social Care
- Secondary care
- Community Trust services
- Palliative care services, such as hospices and Marie Curie nursing services
• Care homes (nursing and residential)
• Voluntary, community, faith sector
• Domiciliary care agencies
• Mental Health services
• Safeguarding services
• NWAS
• Community pharmacies

4. Guidance

4.1 Applicable national standards (eg NICE)

• British Society of Antimicrobial Chemotherapy good practice recommendations for outpatient parenteral antimicrobial therapy (OPAT) in adults in the UK: a consensus statement
• NHSLA standards
• Royal College of Nursing Guidelines
• NMC Codes of Conduct and professional guidelines and standards
• Royal College of Social Work guidelines
• Health Care Professionals Council (HCPC) standards
• Directory of Ambulatory Care Sensitive Conditions
• NICE Guidance
• LTC strategy: Improving the health and well-being of people with long term conditions
• End of Life Care Strategy
• National Carers Strategy
• Care Quality Commission regulations

4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

All staff must have undergone sufficient training and competency based assessment.

4.3 Applicable local standards

WCT Procedure for the administration of IV antibiotics (V5).
WUTH Policies and Procedures

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirement – to be determined

5.2 Applicable CQUIN goals – to be determined
6. Location of Provider Premises

The Provider’s Premises are located at:

Wirral University Teaching Hospital
Arrowe Park Road

B. Indicative Activity Plan

OPAT service development and monitoring:

Phase 1 - Development of service design
The OPAT Steering group have worked together to produce a service design in line with The British Society of Antimicrobial Therapy (BSAC) OPAT Good Practice Recommendations. The Good Practice Recommendations are:

1. OPAT team and service structure
2. Patient selection
3. Antimicrobial management and drug delivery
4. Monitoring of the patient during OPAT
5. Outcome monitoring and clinical governance

Phased Implementation – 2nd February 2015 – End of March 2015
Elements of the OPAT service will be introduced as key staff are recruited and trained. The MDT team will provide monthly monitoring data using the OPAT Patient Management database and present these to the OPAT Steering Group Review meetings. During this period baseline data will be collected to enable the setting of service indicator targets.

Evaluation and Outcomes reporting – End of April 2016
Evaluation of the OPAT service will continue to year end. The evaluation will be expected to demonstrate how the service will be sustained for future years and may include the development of further care pathways that utilise the OPAT service.

Evaluation Monitoring Parameters (by MDT):

- Number of referrals to service (primary and secondary care referrals)
- Numbers of patients accepted onto service
- Source of referral
- Number rejected from service/reason for rejection
- Duration, type and frequency of drug being administered for all patients.
- Type of IV access used for each patient
- Team activity including advice/line insertions/community visits
- Patient satisfaction survey
- Untoward incident reporting
- Treatment Outcomes including completion/readmission
- Compliance of OPAT procedures including correct use of profoma
- Training needs and development for OPAT team members.

**OPAT service indicators**

**Description:** The OPAT service will develop a service in line with best practice, to facilitate the safe early discharge or admission avoidance for patients who are appropriate to receive antimicrobial therapy in the non-inpatient setting. Thus contributing to reduction in bed days and 4 hour target.

To establish service indicators, the following baseline data will be gathered pre and during the pilot phase as follows:

**Numerator**
- The number of patients administered IV antibiotics in a non-inpatient setting who are receiving the standards of care outlined in the OPAT good practice recommendations

**Denominator**
- The number of inpatients assessed as appropriate to receive IV antibiotics in an outpatient setting.

<table>
<thead>
<tr>
<th>OPAT Service Indicators</th>
<th>Target - Pilot phase 5 patients per week</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Numbers of patients administered IV antibiotics in a non-inpatient setting who are receiving the standards of care outlined in the OPAT good practice guidelines</td>
<td>&gt;100%</td>
</tr>
<tr>
<td>2. Patients with satisfactory experience of care</td>
<td>80-100%</td>
</tr>
</tbody>
</table>
Appendix 1

OPAT Service Structures / team members / roles and responsibilities

OPAT SERVICE STRUCTURE OVERVIEW

Service Lead
Clinical Scientist
S Bamber

Clinical Leads
WUTH – Dr Cunniffe
Community – Dr Cowan

Pharmacy
CT/WUTH

WUTH Nurses
Professionally report into A Quinn
Deputy ADN at WUTH

Community Nurses
Report Into Community Nursing Manager

OPAT OPERATIONAL STRUCTURE

OPAT Steering Group
Service Review & Monitoring
Key stakeholders from WUTH, WCT and WCCG

Weekly MDT Meeting
Patient Review/Outcome Monitoring & Clinical Governance/Database Management
Consultant Microbiologist
Clinical Scientist
Antibiotic Pharmacist
IV Access Specialist Nurse

OPAT Nurses

Community Nursing teams

Clinical with responsibility for patient (Referring)
Appendix 2

OPAT team members/roles and responsibilities

Core team members:

- **Consultant Microbiologist** (lead clinician)
  - Key Responsibilities – Initiation of patients to service. Advise on patient antimicrobial treatment plans. MDT weekly review.

- **Clinical Scientist**
  - Key Responsibilities – OPAT Service Manager, support for Microbiology Clinical team capacity (in training). MDT weekly review.

- **Clinical Antimicrobial Pharmacist**
  - Key Responsibilities – Oversee clinical management/dispensing of antimicrobials/pharmacokinetic advice. MDT weekly review.

- **Specialist OPAT nurses x 2**
  - Supporting community nursing teams/WUTH IV access service with expertise in parenteral drug administration and intravascular access device selection and placement. Education and surveillance programmes. Co-ordination of initiation of OPAT pathways and feedback for MDT.

- **Community nurses**
  - Key Responsibilities- parenteral drug administration, daily patient care

- **Clinical responsibility for patient receiving OPAT lies with the referring clinician.**

**MDT Weekly meeting:**

Purpose: *Clinical governance including service review and monitoring*

MDT members: Consultant Microbiologist, Clinical Antibiotic Pharmacist, Clinical Scientist, OPAT/IV access nurse as required.

**OPAT Steering Group:**

Purpose: Service Review

Members: Representatives of Key Stakeholders, MDT members.
Appendix 3 – Responsibilities of Key Stakeholders

Wirral Clinical Commissioning Group (CCG)

Wirral CCG will provide funding (equivalent of approx. 400k per annum) to support:

- **Staffing:**
  - 1 x Clinical Scientist post
  - Up to 4 Band 6 OPAT specialist nurses (or equivalent)
  - 1 x Band 8B Clinical Antibiotic Pharmacist (equivalent)
  - 3 x PA’s Consultant Medical Microbiologist
- **Consumables for lines inserted by specialist team (primary care pathway)**
- **IT support/Clerical support/Training**
- **Antimicrobials costs:**
  - Treatment plans initiated in secondary care requiring >7 days. (For those patients were the antibiotics are initiated in hospital, the cost of the drug is included in the patients overall PbR cost for the first 7 days).
  - The cost of antimicrobials for patients initiated in the community and supported by community nursing via FP10 is included in the GP prescribing budgets (current pathway).

Wirral GP Commissioning Consortium:

- **Clinical responsibility for patients treated in the community**

Wirral University Teaching Hospital (WUTH) NHS Trust

WUTH will host and manage the service including:

- Responsibility for Clinical Governance
- Responsibility for delivery of KPI’s
- Supply of specialist staff and staff training
- Providing specialist support to Wirral Community Nursing teams
- Specialist Clinical Microbiology advice
- Provision of pharmacokinetic advice
- Financial management of OPAT budget
- Supply of secondary care initiated antimicrobials

Wirral Community Trust (WCT)

- Administration of antimicrobial therapy
- Compliance with all safety procedures by competent and fully trained community nurses and specialist IV nurses, following WCT SOP for the administration of IV antibiotics (V5)

Wirral Community Pharmacies

- Supply of antimicrobials for treatment initiated in the community
Appendix 4 Care pathway Referral Proforma

This care pathway is intended as a guide to care and treatment and an aid to documenting patient progress. It contains details of the diagnosis, management plan, antibiotic sensitivities, medications, and past medical history. It does not replace the medical notes, but maintains an up-to-date, at-a-glance, record of treatment and progress. Please update it as necessary and leave the copy with the patient. A copy of this proforma should be faxed to the GP responsible for the patient’s care and the district nurses team accepting the patient. On discharge from secondary care a copy must also be faxed to the single point of access team. A copy must also be given to the patient.

Please ensure all appropriate paperwork is sent with this guidance e.g., PMAC
Appendix 5 – OPAT Team Referral Pathway

OPAT Team Referral Pathway (V1) January 2015.docx
Appendix 6 – Outpatient antibiotic therapy (OPAT) service – advice for secondary care early discharge

For the OPAT service to be accessed, the responsible consultant (or a senior member of the team) must:

- provide a summary of the patients diagnosis and relevant past history to the microbiologist
- ensure there has been a pharmacist review of the proposed therapy
- confirm patient is medically stable and meets all eligible criteria
- obtain informed verbal consent from patient and document in case notes
- read the OPAT protocol and understands the ongoing responsibilities eg follow up clinic appointment at the end of planned treatment and weekly review if duration of treatment is >7days
- ensure the pro forma is completed and communicated to all relevant parties
- liaise with the GP to discuss roles and responsibilities on each side
- ensure outcomes from patient follow up are communicated to the OPAT team
- provide input to weekly OPAT MDT review as required

Note – if the above requirements are not met, the patient may be removed from the OPAT service

Please refer to OPAT Referral Pathway Summary for Primary Care (below).
Appendix 7

Inclusion / exclusion criteria (for both GP initiation and secondary care discharge)

Inclusion criteria (All must apply)
- Medically stable and fit for discharge (as assessed by medical team, registrar or above) or medically stable and fit to remain within community setting (as assessed by GP)
- Able to understand and consent to OPAT
- Safe and appropriate IV access
- Registered with a GP on the Wirral
- Age >18
- Definitive diagnosis known.

Exclusion criteria (Any one will exclude the patient)
- History of allergy to agent being administered or related agent
- Known risk of sudden death
- Immunocompromised / neutropenic
- Septic (ie 2 or more of the following; heart rate >90bpm, temp >38.3°C or <36°C, respiratory rate >20 breaths per minute, WCC >12x10^9/L or <4 x 10^9/L or new altered mental state
- Unable to communicate / confusion
- Intravenous drug misuser

*Note – if WCC not available at time of assessment, and any one of the other SIRS criteria are met, OPAT can only be met if arrangements are made for same day FBC. If this is not possible, or the result is outside the recommended range, OPAT is not appropriate

Caution:

Patients with a history of anaphylactic reaction from causes other than the agent being administered should be risk assessed prior to referral.
Appendix 8 - Outpatient antibiotic therapy (OPAT) service – advice for GPs

For the OPAT service to be accessed, the GP must

- provide a summary of the patients diagnosis and relevant past history to the microbiologist
- confirm patient is medically stable and meets all eligible criteria
- obtain informed verbal consent from patient and document in notes
- read the OPAT protocol and understands the ongoing responsibilities
  - eg. follow up at the end of planned treatment and weekly review if duration of treatment is >7 days
- ensure the pro forma (appendix 4) is completed including current and recent medications and communicated to all relevant parties
- ensure outcomes from patient follow up are communicated to the OPAT team
- provide input to weekly OPAT MDT review as required
- issue FP10 for antibiotic, diluents and flushes, issue PMAC for antibiotic, diluent and flushes

Note – if the above requirements are not met, the patient may be removed from the OPAT service

Please also refer to OPAT Referral Pathway Summary for Primary Care (below).

Available on xxxxx

Appendix 9 - Range of conditions / IV antibiotic agents
Range of Conditions

Secondary care initiation: Any patient fulfilling the inclusion/exclusion criteria (See appendix 10), following discussion between ward team and OPAT core team.

Primary care initiation: Patients with a diagnosis of urinary tract infection, skin and soft tissue infection, or lower respiratory tract infection, fulfilling the inclusion/exclusion criteria, following discussion between GP and OPAT core team.

Agreed list of antibiotics

Antibiotics not on the list but clinically indicated for a specific patient may be used if agreed by all relevant parties (OPAT team, community nurses and GP).

Initiation by primary care on advice of OPAT team

- Flucloxacillin
- Co-amoxiclav
- Piperacillin and tazobactam (Tazocin)
- Amoxicillin
- Ceftriaxone
- Ceftazidime
- Meropenem
- Ertapenem
- Temocillin
- Teicoplanin

Discharge from secondary care after OPAT team review

- Flucloxacillin
- Co-amoxiclav
- Piperacillin and tazobactam (Tazocin)
- Ceftriaxone
- Ceftazidime
- Meropenem
- Ertapenem
- Temocillin
- Teicoplanin
- Daptomycin
- Linezolid
- Ciprofloxacin*
- Levofloxacin*
- Metronidazole
- Clarithromycin*
- Clindamycin

Potentially to be added post pilot

- Benzylpenicillin
- Metronidazole
- Clarithromycin*
- Levofoxacin*
- Ciprofloxacin*
- Clindamycin

*For the purposes of the pilot these antibiotics will not be used as they require a pump for delivery. However as the service develops in the future we envisage the pumps will be made available.
Appendix 10

Outpatient antibiotic therapy (OPAT) service – information leaflets for patients

Re: outline of OPAT service, line care advice.

Dave Wynne - to provide line care leaflet

SB/JR to complete general OPAT leaflet for patients
Appendix 11

Outpatient antibiotic therapy (OPAT) service – advice/OPAT contacts for community nurses

Venous Access
It is the responsibility of the nurse in charge of the ward, to ensure the patient has healthy venous access prior to discharge from hospital. (If a cannula is already in situ it must be changed prior to discharge, unless sited that day and checked for patency and infection = 0)

Patients will be discharged with an appropriate device is as follows:

- Cannula: A short radiopaque polyurethane tube inserted into the peripheral veins of the arm. This should be changed every 72 hours (CINS 2012). If treatment is for more than 1 week a mid–line should be considered.

- Mid-line: Longer line inserted into peripheral veins. This line dwells in the auxiliary vein after insertion for treatments lasting up to 2 weeks (up to and including day 14).

- PICC: A longer line again that dwells in the superior vena cava accessed through the peripheral venous system. Dwell time for treatments up to 6 months. (Up to and including month 6).

- Skin tunnelled catheter: similar in length than that of a PICC except this line is much more robust with a much wider gauge and requires surgical insertion using ultrasound guidance. Used typically for chemotherapy or treatments lasting in excess of 1 year. This type of line withstands drugs with increased PH and toxicity and so is favoured for drugs not suitable for peripheral administration.

- Specialist advice, including insertion for specialist lines may be provided by the OPAT team. Line insertion can be performed if required at the Walkin centre at APH.

Contact Details;

Specialist IV access specialist nurse: xxxxxxxxxx

OPAT team:

Microbiology: xxxxxxxxxx
OPAT specialists nurse: xxxxxxxxxxxxxxxxxx
OPAT /Pharmacy: xxxxxxxxxxxxxxxxxxxx
Service lead: xxxxxxxxxxxxxxxx
Appendix 12

Outpatient antibiotic therapy (OPAT) service – Clinical Microbiology department proforma for initial authorisation of OPAT therapy, patient follow up / MDT review, and audit

Document – in progress …. / for use in pilot

To be converted into Microbiology Information System (Telepath) Investigation