

4.1 Optimising hospital discharges through OPAT

OPAT **delivers patient care in greater comfort** and privacy by enabling a faster return to the patient's home environment. This improves patient experience and satisfaction through patients **gaining a sense of empowerment** and control in their healthcare and **prevents socio-economic and psychological problems** associated with lengthy hospital admissions.

OPAT can provide quality healthcare for suitable patients in a non-hospital setting for a fraction of the cost of inpatient care (13-51% of the cost of an inpatient stay)

Whilst on track to deliver the target benefits, the pilot still has significant scope for scaling. Neurosurgery is a key pathway user and learnings are being discussed with SGH.

Flow impacts patient safety and OPAT can help mitigate this by reducing occupancy and improving the UEC pathway.



2. Patients find this **frustrating** as they feel well.

3. These extended hospital stays in hospital correlate with **high costs**.



5. The King's OPAT pilot launched 5 September and has **already saved 305 bed days**.



7. As we prepare for an unprecedented challenging winter, and A&E pressures mount, **OPAT offers a safe and viable solution to decompress hospitals**.

1. Many patients that are **medically and surgically fit for discharge** remain in hospital only for the need of completing long courses of intravenous antibiotics (IVAb).



4. Scoping cardiac and neurosciences pathways identified potential to save an average of **28 days per patient** through OPAT. There are **further opportunities for medical pathways, including GP referrals** for stable patients who would otherwise require hospital admission.

With increasing demand in both elective and non-elective activity, OPAT becomes a crucial tool to release beds.

6. In addition, the OPAT team have **converted a number of patients referred to oral antibiotics**, facilitating discharge without the expense of home care.

As well as decreasing the risk of nosocomial infections, OPAT contributes greatly to antimicrobial stewardship (AMS) by providing specialised advice on rationalisation of antibiotic use.

NHSE is asking hospitals to reduce the number of patients in hospital who do not meet the criteria to reside - Trusts should consider OPAT as part of the solution.

Examples of these patients include; Infective Endocarditis, Brain, abdomen and lung abscesses, infection of the spine, diabetic foot infections, cellulitis, pyelonephritis and other medical conditions.