BACKGROUND

- Outpatient parenteral antimicrobial therapy (OPAT) allows safe delivery of IV antibiotics in ambulatory settings to facilitate hospital discharge.
- Within the Veterans Affairs (VA) system, OPAT programs face the unique challenges of large geographic coverage areas and referrals for veterans from non-VA hospitals.
- Optimal logistical and structural implementation of OPAT program management has not been established.

STUDY DESIGN & OBJECTIVES

Study Design

 Patients enrolled in the VA North Texas Health Care System OPAT program during fiscal years 2016 to 2018 had data collected on demographics, comorbidities, OPAT indications, antimicrobials used, pharmacist interventions, and complications during therapy. Data were collected from retrospective chart review as a quality improvement project. All enrolled OPAT patients required either an inpatient infectious disease (ID) consult or, for patients from non-VA facilities, required medical records review and telephone consultation with approval by a VA ID clinician. A thirdparty infusion company provided all medications and line care. Weekly laboratory monitoring and follow-up telephone visits were conducted by ID-trained pharmacists.

RESULTS



Tak **CIS**

Disclosures:

Jodlowski, Tomasz. Independent contractor. IPRO. IPRO Antibiotic Stewardship Project. August 2017- present

Outpatient Parenteral Antimicrobial Therapy Program Evaluation within a Large Veterans Affairs Health Care System

Michael Kent, PharmD¹; Marcus Kouma PharmD, BCPS¹; Tomasz Z. Jodlowski, PharmD, BCPS-AQ ID¹; James B. Cutrell, MD^{2,3} ¹Pharmacy Service, VA North Texas Health Care System; Dallas, TX; ³Assistant Professor, Department of Medicine, UT Southwestern; Dallas, TX;

RESULTS





168 miles

ole 1: OPAT Patient Demographics and Outcomes				Table 2: Complications in Patients Receiving OPAT			
mber of OPAT enrollments	FY 2016	FY 2017	FY 2018	Number of OPAT	FY 2016	FY 2017	FY 2018
r year	(N= 145)	(N= 149)	(N=191)	enrollments per year	(N= 145)	(N= 149)	(N= 191)
edian Age (Range)	62 (41-73)	66 (46-78)	65.5 (26-92)	Readmissions during	20 (13.7%)	20	26
nder, Male	143 (98.6%)	145 (97.3%)	185 (96.9%)	OPAT therapy		(13.4%)	(13.6%)
edian Length of Therapy	29 days	33 days	34 days	Readmissions due to	10 (6.9%)	8 (5.4%)	8 (4.2%)
mber of OPAT extensions	11 (7.5%)	11 (7.4%)	24 (12.6%)	underlying infection			
mber of Pharmacist	75	58	227	Readmissions due to	5 (3.4%)	3 (2.0%)	6 (3.1%)
erventions				ADR			
mber of pharmacist Notes	59	127	496	# of ADRs	19 (13.1%)	10 (6.7%)	10 (5.2%)
mber of patients admitted to	40 (26.8%)	66 (44.3%)	58 (30.3%)	Intravenous Line	4 (2.8%)	4 (2.8%)	6 (3.1%)
AT services from OSH				Complications			
ys of OPAT (Time from	2063	2057	3138				
charge to end of therapy)							
charge to end of therapy)							





- During the evaluation period, 485 unique OPAT encounters (425 patients) were completed, with 164 patients (33%) directly admitted to OPAT upon referral from non-VA hospitals.
- Most common OPAT indications were osteomyelitis/diabetic foot infections (40.4%), bacteremia (17.3%), prosthetic joint infections/septic arthritis (12.4%), and urinary/intrabdominal infections (11.7%). Following standardization of pharmacist documentation, the volume and consistency of documented notes and interventions increased.
- Readmission rates while on therapy were similar, ranging from 13.4% to 13.7% each year. Patient demographics and OPAT outcomes demonstrated steady growth in the program (Table 1) with low rates of complications on therapy (Table 2). The program served patients in 35 counties and 158 zip codes across a broad geographic region in North Texas and southern Oklahoma (Figure 1).
- The most commonly used antibiotics are shown in Figure

DISCUSSION

This implementation of an OPAT program may not relate to non VA facilities. The most common pharmacist interventions involved patient follow up, notifying a provider to an adverse drug reaction or OPAT complications, and recommendations for dose adjustments.

CONCLUSION

• Our program has demonstrated the ability to safely and effectively provide OPAT across a large geographic region from a central location. ID-trained clinical pharmacists are critical to the care coordination and safety monitoring of OPAT in this unique setting.