



# OPAT NURSE SSTI WARD ROUNDS IN ACUTE RECEIVING UNITS

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## Introduction

Patients with Skin and Soft tissue Infection (SSTI) contribute a significant proportion of clinical activity to the NHS Greater Glasgow and Clyde (GGC) OPAT service (approximately 25% of all patients referred and 4% of associated OPAT days). Patients are referred from wards, receiving units, Emergency departments (ED), GPs or clinics. This has been a specialist nurse led service since 2001 when a specific patient group direction was developed [1]. The nurse-led service has been associated with significant benefits in both efficiency of patient management and shorter duration of intravenous antibiotic therapy [2].

In 2015 the OPAT service moved from Gartnavel General Hospital to the Queen Elizabeth University Hospital (QEUH) leading to unintended disruption of the well established SSTI referral pathway. In 2017 a daily SSTI ward round of the receiving Units in QEUH was commenced to actively "pull" appropriate patients into the OPAT service.

## Methods

The OPAT Clinical Nurse Specialist (CNS) attended the 6 receiving units in the QEUH (approximately 140 beds) on a daily basis between Monday and Friday with the purpose of:

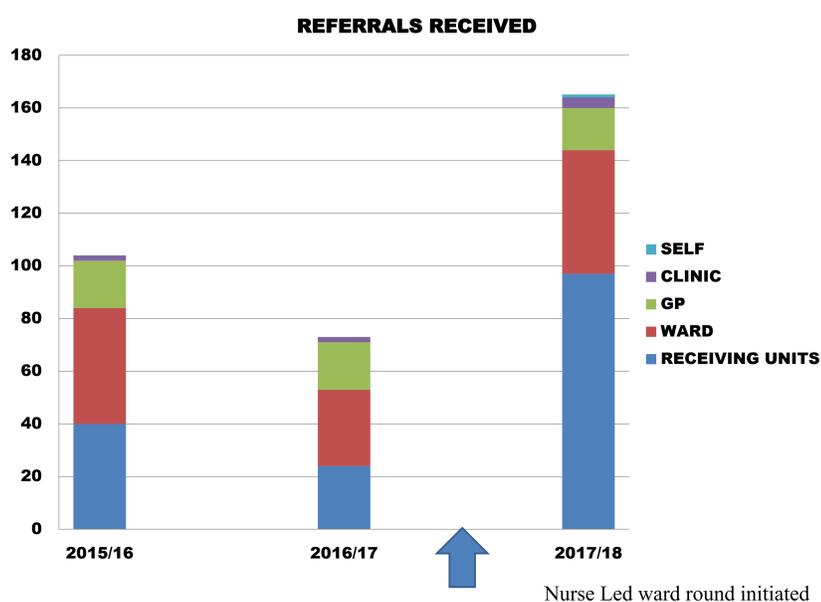
1. Identifying suitable patients with moderately severe SSTI who could be safely managed as an outpatient via OPAT or with oral therapy.
2. Ensuring that patients with SSTI were receiving the correct antibiotic (choice, dose and route) as per NHS GGC clinical guidelines.
3. Discussing patients who after review were judged to have an alternative diagnosis such as varicose eczema.
4. Directing patient care to the appropriate inpatient ward if not ready for discharge.
5. Educating and familiarising receiving unit staff with OPAT service.

## Results

Data were collected over 3 years on all SSTI patients referred to the OPAT service at QEUH. 2016/17 represents a year where OPAT staffing levels/ service availability were reduced. Significant increases in referrals and bed days saved were observed (see figures below) following implementation of this service. In addition significant nurse-led stewardship (IVOST, de-escalation and stopping of therapy) was enabled through this initiative (data not shown but see example case study1)

Results gathered over the 3 years show:

- The number of bed days saved from SSTI patients increased from 294 to 511 days per year, an increase of 43%.
- The number of patients referred increased from 108 in the first year to 177, an increase of 39%.
- The percentage of SSTI referrals to OPAT from the receiving units also increased from 38% to 59%.
- The proportion of SSTI patients referred from the total number of OPAT patients increased from 25% to 36% and proportion of bed days saved increased from 4% to 8%.



### CASE STUDY 1

A 49 year old man was admitted to ARU via ED overnight. Patient had a SSTI and was reviewed by OPAT CNS the following morning. The CNS review concluded the SSTI non-severe and IV to oral switch was recommended. The patient was discharged that day on oral therapy thereby avoiding admission to inpatient ward. The patient was reviewed one week later and the SSTI was noted to have resolved.

### CASE STUDY 2

An 86 year old lady was referred by her GP with SSTI and was reviewed by the OPAT CNS. There was good support from her daughter and following discussion with the family, it was agreed to transfer care to OPAT where she was treated with IV Ceftriaxone via OPAT and admission was avoided.

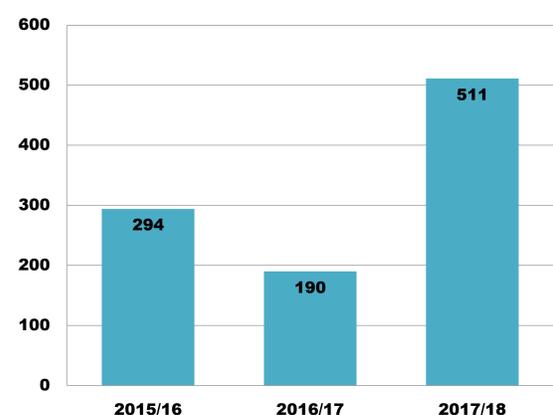
### CASE STUDY 3

A 73 year old man with moderately severe SSTI and no systemic upset was reviewed in the acute assessment unit. Due to co-morbidity and mobility issues, he was unable to attend OPAT daily. IV Dalbavancin 1g was given and he was discharged that day and reviewed in OPAT once week later with marked clinical improvement. He was switched to oral Flucloxacillin to complete a further week.

## Conclusions

- Regular OPAT specialist nurse led ward rounds have significantly increased the number of SSTI patients discharged via OPAT from the medical receiving unit and increased bed days saved.
- Additional benefits include specialist input into complex SSTI at the front door even if OPAT not suitable, to optimize antibiotic choices and improve antimicrobial stewardship. OPAT service awareness has improved with increased referrals out with ward rounds.

## BED DAYS SAVED



[1] Seaton, RA et al, 2005 'Nurse-led management of uncomplicated cellulitis in the community: evaluation of a protocol incorporating IV ceftriaxone', *Journal of Antimicrobial Chemotherapy*, vol. 55, pp764-767.

[2] Seaton, RA et al, 2011 'Factors associated with outcome and duration of therapy in OPAT patients with SSTIs', *International Journal of Antimicrobial Agents*, vol. 38, pp243-248.