OUTPATIENT PARENTERAL ANTIMICROBIAL THERAPY (OPAT) CARE COORDINATION IN PATIENTS DISCHARGING FROM AN ACADEMIC HOSPITAL TO HOME INFUSION

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BACKGROUND
- Outpatient Parenteral Antimicrobial Therapy (OPAT) has become standard of care for patients who are medically stable but still require IV antimicrobial therapy.
- Care coordination involves multiple providers, including infectious disease (ID) physicians, pharmacists, infusion nurses, and care coordinators.
- Effective care coordination and communication can shorten length of stay (LOS), decrease healthcare costs, and eliminate unnecessary discharge delays.

OBJECTIVES
- To evaluate the OPAT workflows for patients discharged from the University of Minnesota Medical Center (UMMC) to home infusion.
- To identify barriers in care coordination that prolong inpatient LOS.

METHODS
- Single center, retrospective, observational review.
- Chi-squared tests and Kruskal-Wallis compared variables across presence or absence of barriers and dichotomized LOS.

RESULTS
- The number of barriers was found to be correlated with an increased LOS.
- The most common barriers were related to insurance approval, waiting on cultures, and transportation.
- A correlation was not seen between identified OPAT barriers and hospital LOS.

CONCLUSION
- OPAT care coordination, minimize the frequency of OPAT barriers, and improve transitions of care.

REFERENCES
- Fairview Pharmacy Services, Minneapolis, MN.

DISCLOSURES
- None to declare.

Figure 1: Timeline of Key Care Coordination Elements During Hospitalization.

Figure 2: Number and Description of OPAT Barriers.