# IMPLEMENTATION OF OPAT IN HOST PLEXUS
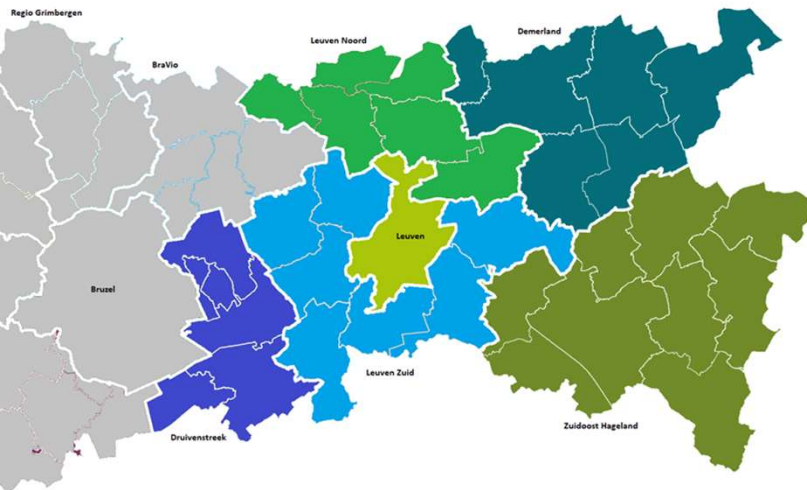
**Multimodal strategy - 2023**

Zorgnetwerk Oost-Vlaams-Brabant

AZDIEST  Regionaal ziekenhuis Heilig Hart Leuven  rz tienen  UZ LEUVEN

# Plexus network East Flemish Brabant

o 4 acute care hospitals

- UZ Leuven (coordination) – HH Leuven – AZ Diest – RZ Tienen
- 2 570 beds
- 12 000 employees

o 6 first-line areas

o 96 residential care centres

o 42 multifunctional centres

# Outpatient Parenteral Antimicrobial Therapy (OPAT)

## Pilot project in UZ Leuven (2017)

- Shorter hospital stays: possible reoccupation of beds
- Prevention of hospital-associated conditions
- Increase of patient satisfaction

**However**: **lack of guidelines, standards and funding**

## Home hospitalisation agreement (July 2023)

- After 6 years in UZ Leuven:
  - >500 OPAT discharges
  - Clinical cure in 93% of patients
    ➔ Safe and effective

**However**: **limited experience in regional hospitals**

## Objective of Plexus: uniformisation of OPAT protocol

- According to home hospitalisation agreement
- According to national standards ('interHOST workgroup')

# Multimodal strategy: implementation of OPAT in HOST Plexus

# 1. BUILD IT: system change

*1. What infrastructures, equipment, supplies and other resources are required to implement the intervention?*

**Creation of a common OPAT care protocol**
- Defined inclusion and exclusion criteria
- Patient and antimicrobial management
- Cooperation with primary care teams
  e.g. service level agreement with homecare service
- Follow-up and monitoring procedures

➜ Based on home hospitalisation agreement and existing individual protocols

➜ **Standardized at network level**

# 1. BUILD IT: system change

## With focus on **digitalisation**

➔ **Registration** of OPAT discharge and follow-up in electronic health records

   ➔ Virtual ward

   ➔ Electronic orders in pharmacy

   ➔ Digital contact with home care services

➔ **Same electronic health record** in network

# 1. BUILD IT: system change

2. *Are certain types of health workers needed to implement the intervention?*

➔ **Multidisciplinary collaboration** with OPAT team per hospital
   I.e. pharmacists, microbiologists,…


➔ **Involvement local antibiotic policy committees**

# 2. TEACH IT: training and education

**AT HOSPITAL LEVEL**
- **Training** of included caregivers in OPAT team
    - **Implementation of generic protocol** for network
    - **Education** on hospitalisation wards
    - **Adaptation of information leaflets** for patients and primary care

**AT PRIMARY CARE LEVEL**
- **OPAT e-learning** (home care service and GP)
    - Inclusion of **implementation in residential care centres**

- **Practical training** of home care services

# 3. CHECK IT: monitoring

o **Unformisation on network-level:**
- o Check-list for home care service (monitoring)
- o Checklist for OPAT coordination (follow-up)

o **Follow-up of OPAT pathway on network-level**

o **Regular feedback per hospital**
- o At common joint antibiotic policy group meeting
- o At VZA workgroup 'antimicrobials' meetings

# 4. SELL IT: communication

Communication at network-level

o **Newsletters** by common antibiotic policy committee

o **Repeated education and training** of home care services

o **E-learning for primary care**
  o Provided by different HOST networks
  o Supported by Department Zorg

# 5. LIVE IT: culture change

o **High demand of OPAT**
- o Growing experience (both in primary and secondary care)
- o Funding since 2023: cost-neutral for patient
- o Several advantages

o **HOST team responsible for implementation of generic OPAT care protocol within network**
- o In collaboration with local OPAT teams

o **FURTHER: Transversal collaboration between different HOST networks**
- o To harmonise OPAT care pathways and protocols across Belgium
- o Sharing expertise

# Thank you for your attention!

Any questions or remarks?