Healthcare Organization Commitment

Contact Details

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Commitment Details

Commitment Name
Expansion of Self-Administered Outpatient Parenteral Antimicrobial Therapy Model

What Patient Safety Challenge does your Commitment address?

Commitment Start Date
01/07/2016

How Many Hospitals Will This Commitment Represent
1
Commitment Summary

Population-driven innovation:
In 2009, on any given day, Parkland memorial Hospital (a large safety-net hospital serving Dallas County residents) had about 20 patients who were in the hospital solely to complete a four- to six-week course of intravenous antibiotics. If they had Medicare or other insurance, they would go home and receive their medications with the assistance of a home health nurse or complete therapy in a skilled nursing facility or at an infusion center. We developed a self-administered outpatient parenteral antimicrobial therapy (OPAT) program to train uninsured patients and families to administer IV antibiotics at the bedside and then transitioned their care post-discharge from hospital to home, with regular follow-up in an outpatient clinic.

By 2014, more than 1,100 Parkland patients had been safely treated this way. And the 30 day hospital readmission rate was found to be 47% lower among the patients who have been trained to self-administer IV antibiotics than among patients with insurance who receive home health care assistance. The uninsured patients go home earlier than they used to and are able to get back to work and activities of daily living reporting higher levels of satisfaction. Along with improved resource utilization from freeing >27,000 hospital bed days in the first 4 years of operation, the hospital has saved nearly $40 million.

In addition, we have observed an increasing number of patients "opt out" of having home nursing assistance stating preference to self-administer antibiotics as a means of regaining some independence and autonomy rather than having to wait for the nurse to come to their home.

Increased levels of patient satisfaction, safety and efficacy of the program as well as reduced cost of care make this ideal for expansion to other hospitals and settings to further the "triple aim" of population health initiatives.

We would like to see this cost savings if we applied this program nationally to all patients who need prolonged IV antibiotics.

Commitment Description & Detail

We have developed population specific health literacy material for patients to be trained at a 4th grade literacy level to safely and effectively self-administer IV antibiotics at home in lieu of traditional OPAT services. We have also developed a teaching video that can be accessed on YouTube for patients to have access to real-time continual education and re-enforcement of appropriate technique at home. Screening tools have been developed to select appropriate patients for training in this "self-care" method. For uninsured patients—this is an important alternative to current care in the hospital where prolonged stays can lead to potential harm and patient safety issues including exposure to hospital acquired infections etc.

Our patients are taught to self-administer their antibiotics by gravity using a wire coat hanger anchored to the wall on a nail as a makeshift IV pole and then hang their antibiotic above their head and count calculated drip rates to complete a self-administered dose. We can modify this teaching material for patients who have insurance and have access to
pumps etc.

**Action Plan**
We will partner with organizations locally and nationally who have expressed interest in implementing this program for their ACO’s and individual hospital settings. We will work with IT group to streamline the work-flow in a population specific fashion using specific data platforms and predictive analytics where applicable. After performing an initial needs assessment, we will modify teaching material and create population specific work-flow to implement the program and then monitor progress and outcomes at regular intervals.