Developing OPAT for infective endocarditis

OPAT can provide quality healthcare for suitable patients in a non-hospital setting for a fraction of the cost of inpatient care (13-51% of the cost of an inpatient stay)

OPAT also decreases the risk of nosocomial infections and contributes greatly to antimicrobial stewardship (AMS) by providing specialised advice on rationalisation of antibiotic use.

Patients feel safer at home

2. These extended hospital stays in hospital correlate with **high costs (typically £40k)**

4. Patients find this **frustrating** as they feel well.

5. Using an OPAT service is a safe way of delivering this **care outside of a hospital setting**.

8.. and **prevents socio-economic and psychological problems** associated with lengthy hospital admissions

1. Patients with infective endocarditis have a **long hospital admission,** on average lasting **48 days (7 weeks).**

3. Delivery of **IV antibiotics is the main reason** for the long LOS

6. OPAT **delivers patient care in greater comfort** and privacy by enabling a faster return to the patient's home environment

7. This improves patient experience and satisfaction through patients **gaining a sense of empowerment** and control in their healthcare..

With increasing demand in both elective and non-elective activity, OPAT becomes a crucial tool to release beds.

The safety and efficacy of OPAT is well studied and recognised as a cost-effective way to safely manage a range of infections in a non-inpatient setting. Including; patients with skin and soft tissue infections, complex urinary tract infections, orthopaedic infections, diabetic foot infections, exacerbations of bronchiectasis, and intra-abdominal infections