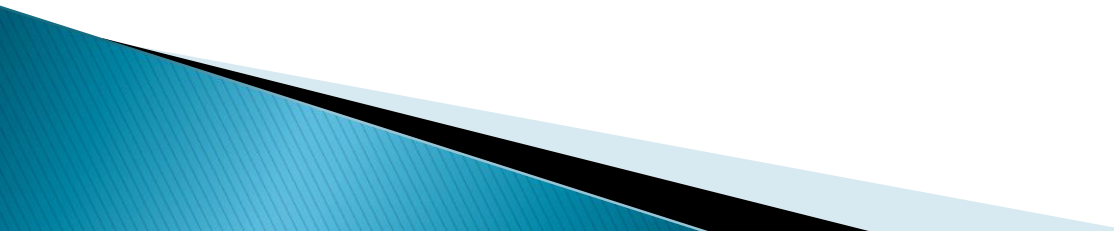


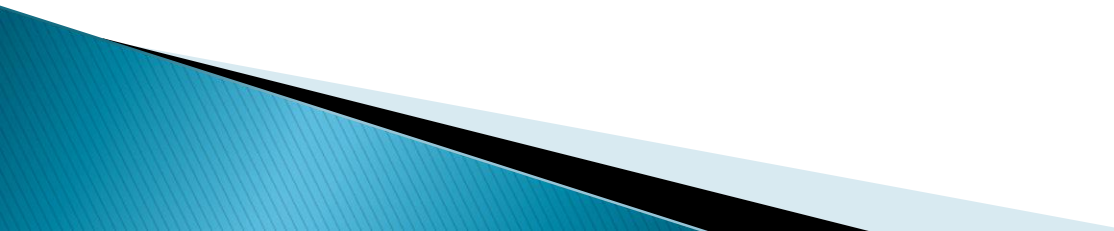
**GP REFERRAL FOR IV
ANTIBIOTICS TO TREAT
CELLULITIS.**

PILOT

RAPID RESPONSE

- ▶ Admission avoidance/
intermediate care.
 - ▶ Community IV access.
 - ▶ Out of hours nursing.
 - ▶ Right care.
- 

IV THERAPY SERVICE

- ▶ Developed over the last 16 years.
 - ▶ Cannulation, CVAD care.
 - ▶ Links with Microbiology.
 - ▶ Established referral pathways between secondary and intermediate care.
 - ▶ Changes in prescribing practice to OD treatment rather than QDS; benefits patient and service.
- 

ADVANTAGES

- ▶ Patient satisfaction/convenience.
- ▶ Prevents avoidable hospital stay.
- ▶ Minimises incidence of infection.
- ▶ Allows completion of preferred course of treatment.
- ▶ Barnsley has 33% above the national average of episodes of care for DFU, however 30% lower length of admission and 32% fewer major amputations (roughly 1 /3 of iv patients have DFU).

Data is accessible at: <http://yhpho.york.ac.uk/diabetesprofiles/foot/default.aspx>

- ▶ Cost effective.

Cost effective ;

RRT IV ACCESS WORKLOAD FOR THE PERIOD W/C 27/08/12 TO W/E 01/09/13

- ▶ Finance calculated typical cost of RRT visit to administer £23.96.
- ▶ BNHFT general office state tariff for a night stay ranges from £344 for a general medical to £1001 for an ENT bed. The team visited 279 patients requiring IV therapy at home.
- ▶ During this period the team carried out in the order of 10,521 visits.
- ▶ By providing treatment at home the team saved 4918 days that patients would otherwise have needed to stay in hospital.
- ▶ When compared to the cost of a days stay in hospital (as given by the hospital general office) this represents a saving of £1,982,057.

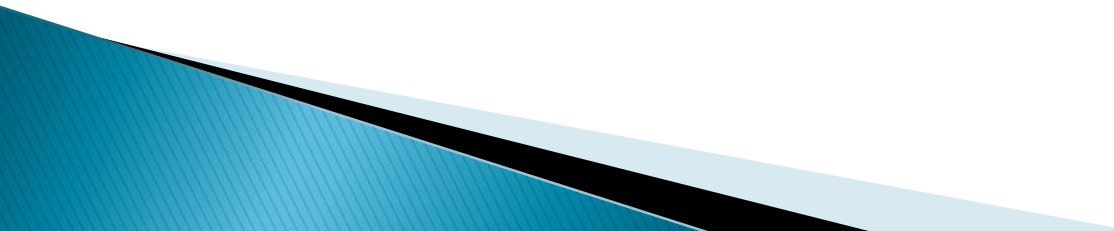
Cost effective;

- ▶ Over the 4 weeks to 7/12/14 the increase in number of referrals received would represent an annual figure in the region of 715 referrals (256% increase on previous slide); 12,590 bed days or £5,074,066 saved.

Unfortunately current staffing levels would not permit this level of activity.

- ▶ In the 1st quarter of this year we had 122 episodes of care for IV patients and 2000 visits.

PILOT SO FAR

- ▶ So far we have had 10 referrals for the pilot.
 - ▶ We were unable to gain vascular access for one patient.
 - ▶ The remaining 9 patients all completed the course of treatment with no ill effects.
- 

Classification of cellulitis

- ▶ **Class 1:** Patients have no sign of systemic toxicity, have no uncontrolled co-morbidity and can usually be managed with oral antimicrobials on an outpatient basis.
- ▶
- ▶ **Class 2:** Patients are either systemically ill or systemically well but with co-morbidity such as peripheral vascular disease, chronic venous insufficiency or morbid obesity which may complicate or delay resolution of their infection
- ▶
- ▶ **Class 3:** Patients may have significant systemic upset such as acute, confusion, tachycardia, tachypnoea, and hypotension or may have unstable co-morbidities that may interfere with a response to therapy or have a limb threatening infection due to vascular compromise.
- ▶
- ▶ **Class 4:** Patients have sepsis syndrome or severe life threatening infection such as necrotising fasciitis.