



PROMPT SWITCHING OF INTRAVENOUS TO ORAL ANTIBIOTICS- A quality improvement approach

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Background

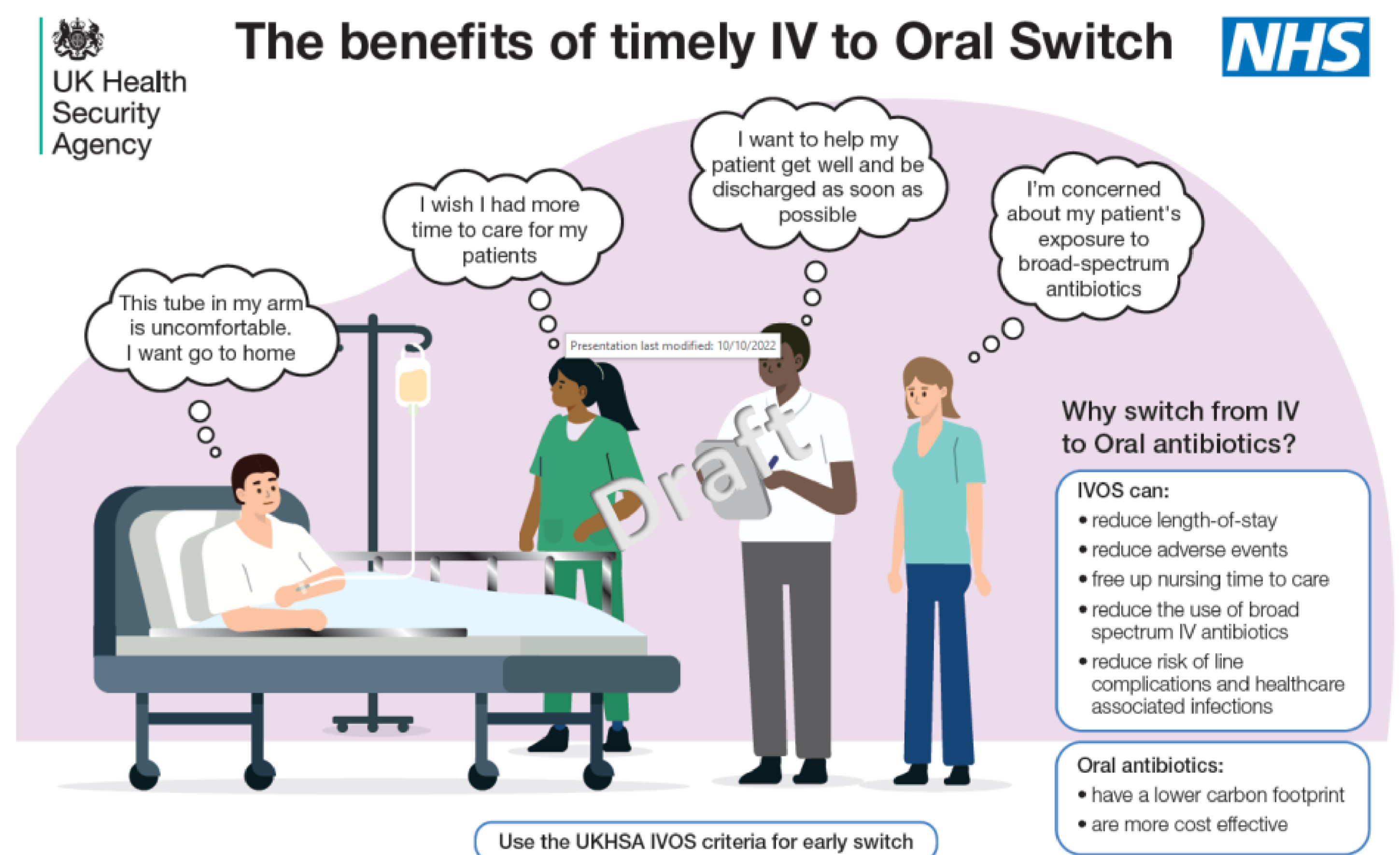
NHS England identified a Commissioning for Quality and Innovation (CQUIN) indicator for Intravenous antibiotics to oral switch (IVTOS).

After the pandemic the use of antibiotics increased in our Trust.

Evidence shows benefits to IVTOS: increase bed capacity, optimise administration nurse's time in preparing and administering antibiotics as well as reducing carbon footprint of medicines and reducing infections from the IV site.

Objective

To identify the number of patients on intravenous (IVA) antimicrobials that could be eligible for oral switch, aligning with Commissioning for Quality and Innovation (CQUIN) indicators, as per national recommendations about IVTOS to be considered within 48 hours of the first dose of IV antimicrobial being administered



Method

Snap tool designed to conduct audit on adult wards quarterly (aiming to include 100 patients' each quarter).

Patients had to be on IVA for a minimum of 48 hours.

Collaboratively auditors were clinical nurses, pharmacist and junior doctors at each quarter.

Collaborators were asked to identify and review 3-5 patients on IV antibiotics per ward at the three Hospitals in EKUHFT.

The patients were considered eligible for IVTOS if they met below criteria of:

- **A FEBRILE** Temperature 36-38 for past 24 hours
- **CLINICALLY IMPROVING** Clinical signs and symptoms of infection are improving, reduction in NEWS score, WCC trending normal, CRP decreasing
- **EATING AND DRINKING.** Patient is tolerating oral food or enteral feeding. No vomiting within last 24 hours. No evidence of malabsorption.
- **NO DEEP SEATED INFECTION.** Not at high risk of deep seated infection i.e. endocarditis, blood stream infection, empyema, meningitis, severe or necrotizing soft tissue infection, septic arthritis or undrained abscess.

Results

A total of 443 patients were audited.

Figure 1 shows the percentages found in each quarter of patients eligible for IVTOS under the defined criteria.

The patients receiving IVA that met criteria for IVTOS were reduced.

One in 4 patients remained on IVA past the criteria for switching in Q1. At the end of quarter 4, there were 1 in 6 patients remaining on IVA past the criteria for switching.

Q1	Q2	Q3	Q4
25.4%	18.1%	14.3%*	15.8%

Figure 1. percentage of patients eligible to IVTOS per quarter in the three hospitals of EKUHFT where the audit was implemented multidisciplinary.

Conclusion

Collaborative approach auditing in a multidisciplinary way showed engagement and a reduction of patients eligible to IVTOS.

Reference

National antimicrobial intravenous-to-oral switch (IVOS) criteria for early switch - GOV.UK (www.gov.uk)

