

CLINICAL IMPACT AND COST SAVINGS OF AN OUTPATIENT ANTIMICROBIAL THERAPY PROGRAMME: A FOCUS ON SELF-ADMINISTRATION

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BACKGROUND AND IMPORTANCE

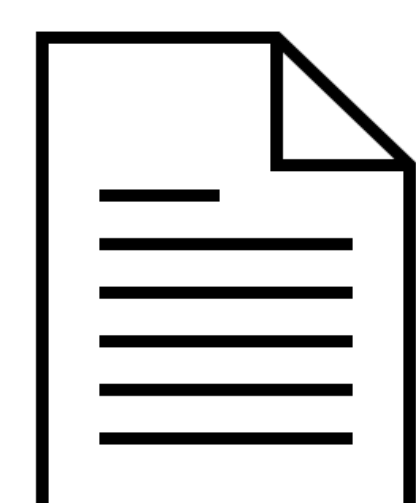
Outpatient antimicrobial therapy (OPAT) programs are increasingly used to reduce hospitalisation costs in health care facilities.

AIM AND OBJECTIVE

To analyse the clinical impact and cost savings of an OPAT program focused on self-administration by the patients of antibiotic elastomeric pumps (AEP) prepared in the pharmacy service.

MATERIALS AND METHODS

Observational, retrospective study. Patients who received OPAT from 2022-05-01 to 2023-07-31.



- Number of patients
- Episodes and AEP prepared
- Sex and gender
- Start and end of treatment
- Self-administration episodes
- Source of infection

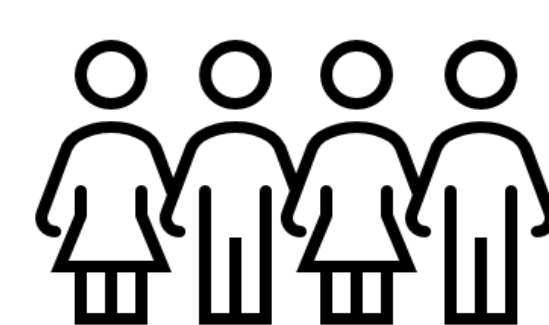


- Resolution of the infectious syndrome
- Hospital readmission at 30 days



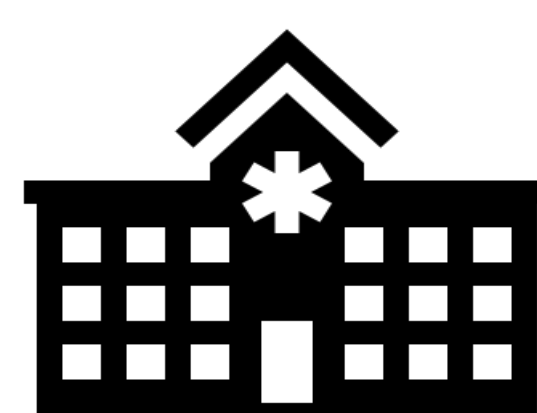
Cost savings:
 (Daily hospital-at-home stay + AEP used + pharmacy technicians' preparation) -
 (Hospital stay + physician and nurse visits)

RESULTS



- 161 patients
- 172 episodes
- 1,442 AEP prepared
- 57.7% men
- Median age 68 years

- Duration of treatment: 9 days
- Hospital-at-home stay: 8 days
- 64 patients with self-administration
- Respiratory (25.5%), intraabdominal (24.8%) and urinary (10.8%) infection



Pharmacy technicians' preparation: €4,952.2

Hospital stay and visits: €1,583,109

OPAT and hospital-at-home stay: €386,344.6

Cost savings: €1,196,764.4

CONCLUSION AND RELEVANCE

OPAT programs pose significant advantages in terms of clinical and economic impact, for the management of patients needing longer antimicrobial treatments. Self-administration of AEP is a promising option to optimise their results in clinical practice.

