

755. Comparison of Outpatient Antimicrobial Therapy (OPAT) in a Physician Office Infusion Center (POIC) vs Traditional Home Health Care (HHC)

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Background. OPAT allows patients (pts) with moderate to severe infections who do not require hospitalization to complete treatment using a POIC or traditional HHC. Safety and efficacy in both settings has previously been reported. Objective parameters in both settings as well as hospital (hosp) readmissions were evaluated based on location of care.

Methods. Medical records of 3 Infectious Disease (ID) practices for pts treated with OPAT from October 1 to December 31, 2013 were reviewed. Data extracted were demographics, diagnosis, comorbidities, antimicrobial usage, length of therapy (LOT), pathogens, laboratory monitoring, follow-up visits with ID physician, and 30-day hospital admission rates. Significant differences were determined using Chi square or Fisher's exact test ($p \leq 0.05$, significant).

Results. 172 pts in the POIC group were compared to 23 pts in the HHC group. The most frequent diagnosis in POIC was skin and soft tissue infections (SSTIs), (51%), respiratory (7%) and intra-abdominal (7%) infections; in HHC was SSTI (39%), osteomyelitis (22%) and septic arthritis (13%). Overall LOT was 24 and 26 days for the POIC and HHC group, respectively. Predominant antibiotics in POIC vs HHC pts were vancomycin (34% vs 26%), ceftriaxone (23% vs 39%) and ceftazidime (20% vs 17%). Polymicrobial pathogens were reported for 11/99 pts in the POIC group and 3/18 in the HHC group. Laboratory monitoring was performed as ordered for 95% of POIC pts in contrast to 67% of HHC pts ($p < 0.001$). 96% of POIC pts complied with scheduled follow-up physician visits as opposed to 53% of HHC pts ($p < 0.001$). Hosp admissions within 30 days of OPAT initiation were reported for 12 POIC (7%) compared to 4 pts in the HHC group (17%) ($p = 0.03$). POIC admits included 5 worsening infections (3%), 2 catheter complications (1%), 2 drug-related adverse events (1%) and 3 conditions unrelated to infection (2%). In contrast, the HHC group had one worsening infection (4%), 2 unrelated to infection (9%) and one endocarditis patient (4%) was admitted with dehydration who eventually expired due to multi-organ system failure.

Conclusion. OPAT through POIC offers a closely supervised setting with significantly higher compliance of laboratory monitoring and follow-up physician visits accompanied by a significantly lower 30-day hospital admission rate compared to the HHC setting.

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