Accesso venoso e OPAT

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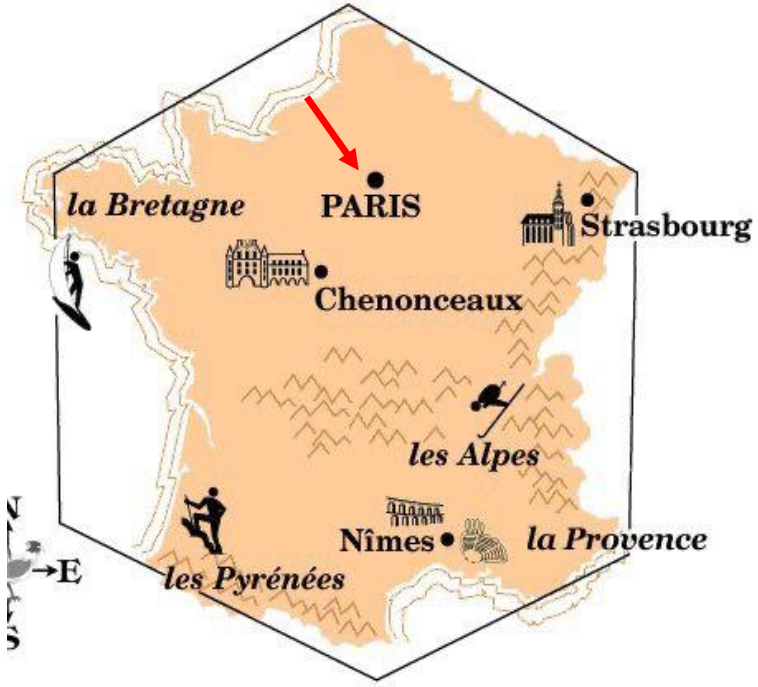
12th GAVeCeLT congress

NO DISCLOSURES ON THIS TOPIC

Accesso venoso e OPAT

HOW TO CHOOSE THE CORRECT VASCULAR ACCESS FOR OPAT?



Outpatient Parenteral Antibiotic Therapy (OPAT)

- Treatment effectiveness is known

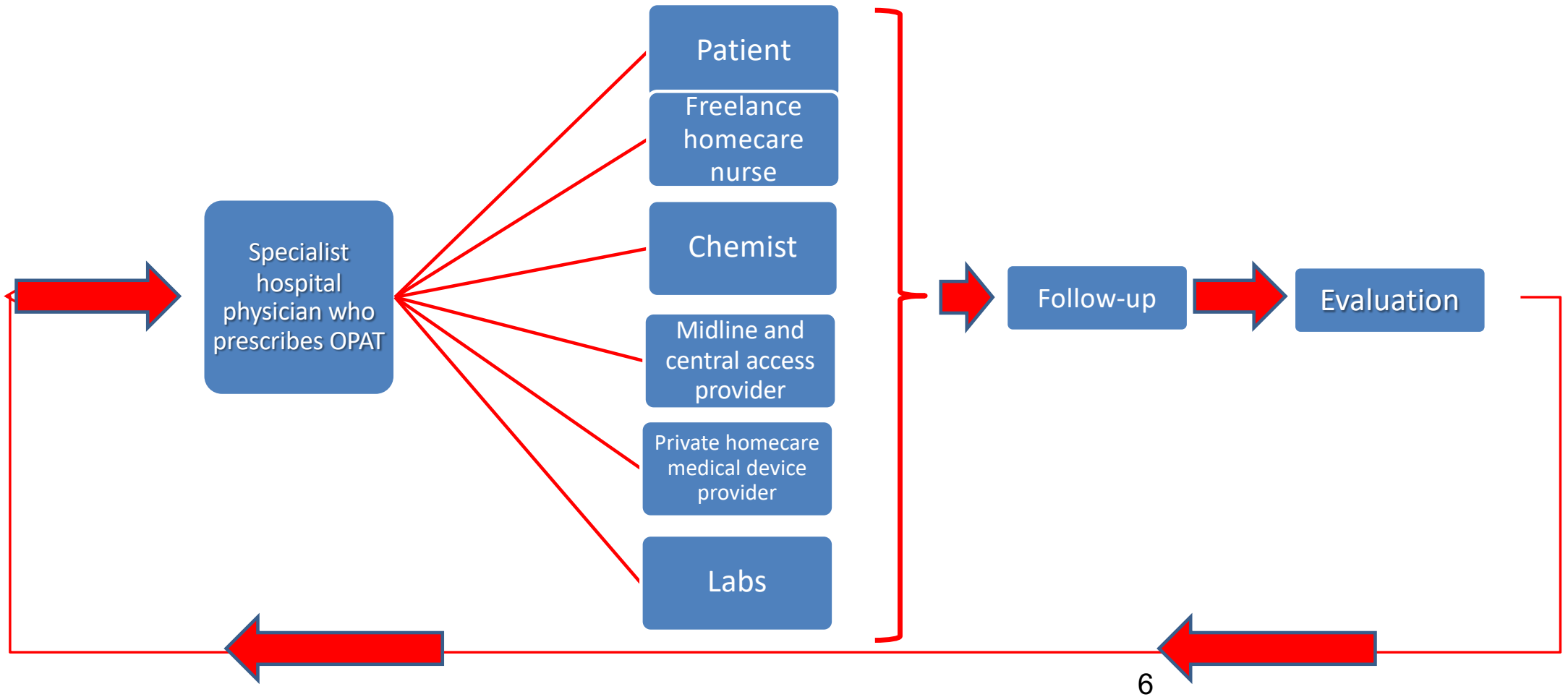
- Population is getting older and with more chronic diseases
- Healthcare spending is out of control
- Chronic patients are exposed to social isolation

- Post COVID Pandemic reflexion about the organization of care (cross-contaminations, bed avaibility)

A FRENCH EXPERIENCE IN THE FRENCH CONTEXT

- National employer-funded insurance
- 100% coverage of costs for chronic diseases & cancer
- Out of hospital home based care provision is widespread : nationwide network of private HCW, medical device providers & pharmacies

OPAT ORGANIZATION IN MY UNIT



CRITICAL ROLE OF THE HOSPITAL NURSE COORDINATOR

PROCESS EFFICIENCY – PATIENT SAFETY & COMFORT – COST SAVINGS

Characteristics

- Has no conflict of interest
- Provides personalized patient care
- Allows direct access to the health care team (telephone hot-line for patients and home care nurses)
- Belongs to a multidisciplinary team
- Coordinates an efficient home care network
- Can adapt the prescription to the patient's needs (treatment protocol, device, service)
- Identifies relevant criteria for home care evaluation
- Ensures complication prevention and management (central line occlusion, thrombosis, infection…)
- Provides easy hospital access if necessary
- Updates home care nurse knowledge (10 training sessions in 2021)
- Reduces costs : OPAT is 4x less expensive than in hospital treatment
- Participates in research

OPAT TO TREAT RESPIRATORY INFECTIONS COCHIN HOSPITAL RESPIRATORY UNIT IN 2021

- **204 OPAT courses in 134 patients**
- Patient age : mean 65 years

- Non CF bronchial infection

- First OPAT prescribed by Cochin pulmonology unit : 85 patients.

VASCULAR ACCESS

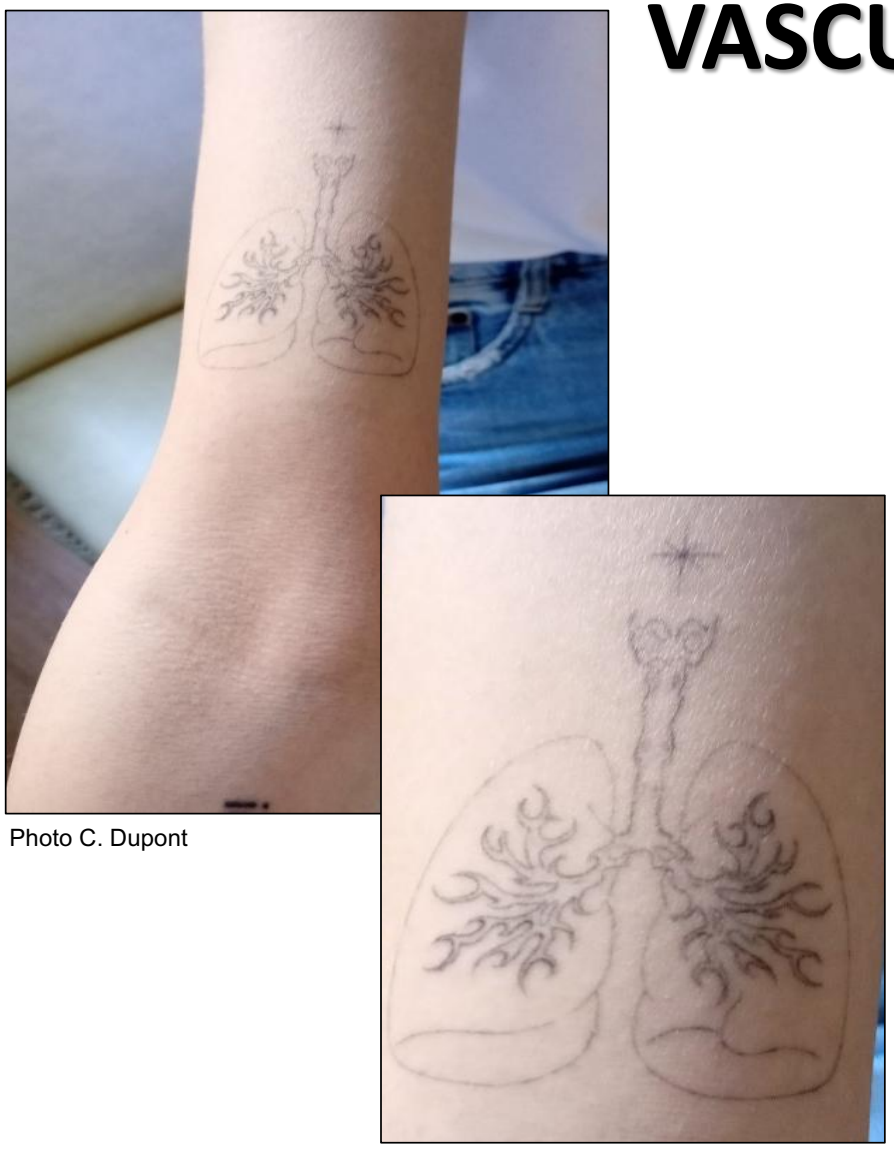


Photo C. Dupont

- VA is an **important tool** but it is only a tool
- The pros and cons of the device should be considered at each OPAT
- VA should **be accepted** by the patient
- VA **should be manageable outside the hospital**

POLICY ABOUT VASCULAR ACCESS

- Not DIVA or new patient :

SPC → MIDLINE → **PICC** → **PORT (+/- brachial)**

- Not DIVA or new patient with 1 month OPAT:

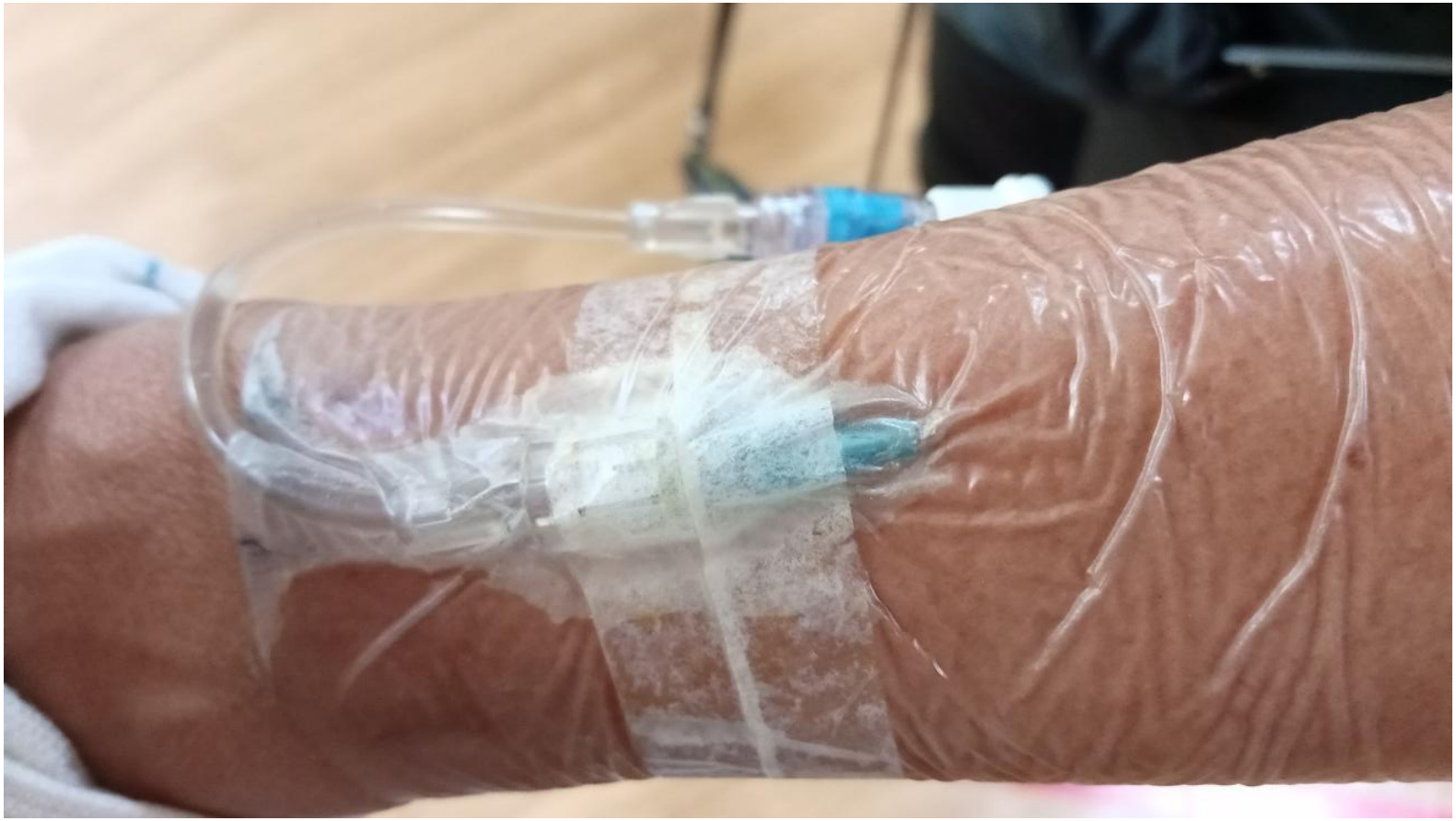
PICC secured by SecurAcath

- DIVA patient :

+/- MIDLINE → **PICC** → **PORT**

- In case of self-administered OPAT in chronic patient : **CHEST PORT**

The best offer = 1 spc for 14 days

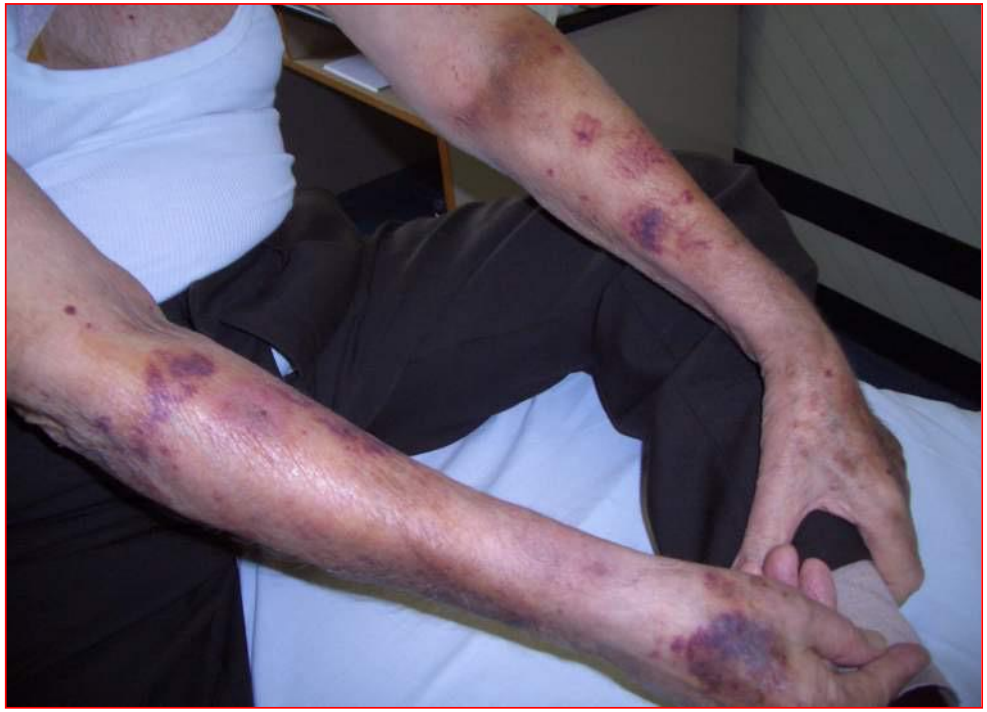


10ème congrès du GIFAV

Suivi des Cathéters Périphériques Courts (CPC) en secteur libéral. A. Gaillard et al. 2019

Photo by C.Dupont

The pros and cons of the choice of catheter should be considered in each situation



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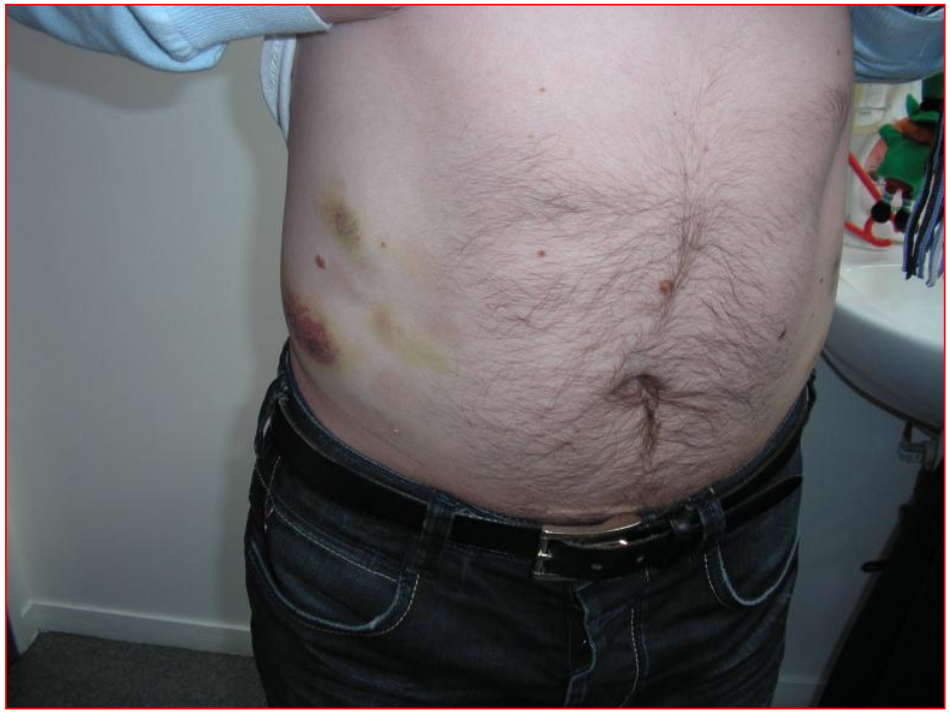


Photo by C.Dupont

Complications of peripherally inserted central catheters in adults with cystic fibrosis or bronchiectasis. P.-R. Burgel, C. Dupont et al. JVA 2015

VASCULAR ACCESS IN 2021

- **81/204** OPAT with **SPC** (62 OPAT were a 24 hours infusion)
- **16/204** OPAT with **Midline**
- **48/204** OPAT with **PICC**
- **55/204** OPAT with **Port-A-Cath** (in 23 patients)

- **4/204 VA change during OPAT:**

- **SPC -> PICC** in 2 patients (outpatient PICC line insertion)

- **Midline -> SPC** (thrombophlebitis of the humeral vein and of the beginning of the right subclavian vein that required a LMWH treatment for 1 month)

- **PICC -> SPC -> PICC** (accidental removal in patient's home, outpatient PICC line insertion)

OPAT IN 2021

>2300 hospital days saved

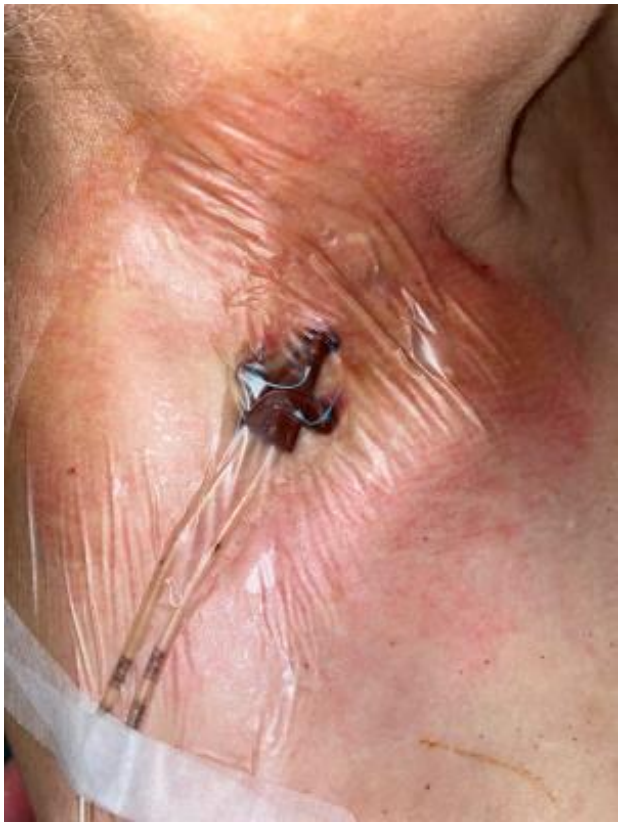
FUTURE IMPROVEMENTS

- To centralize all prescriptions
- To compare SPC to Mini-midlines and midlines
- To facilitate the financing of mini-midlines and midlines
- To have the possibility to insert long peripheral catheters in the patient's home
- To improve HCW training

HOW TO CHOOSE THE CORRECT VASCULAR ACCESS FOR OPAT?

- There is no consensus except ….

DON’T USE A CVC FOR OPAT !!!!!!!



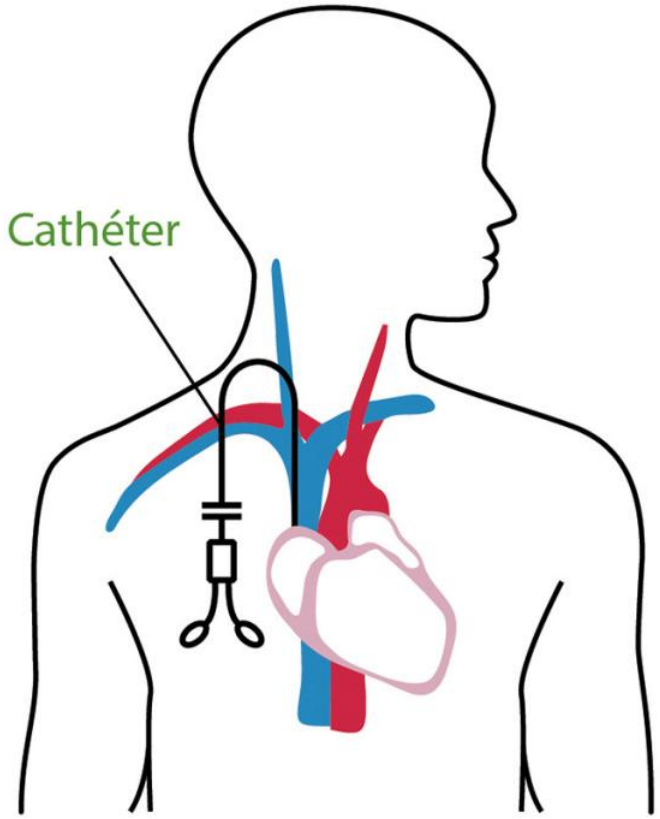


Photo by A. Gaillard

HOW TO CHOOSE THE CORRECT VASCULAR ACCESS FOR OPAT?

1. CONTEXT (socio-economic, geographical)

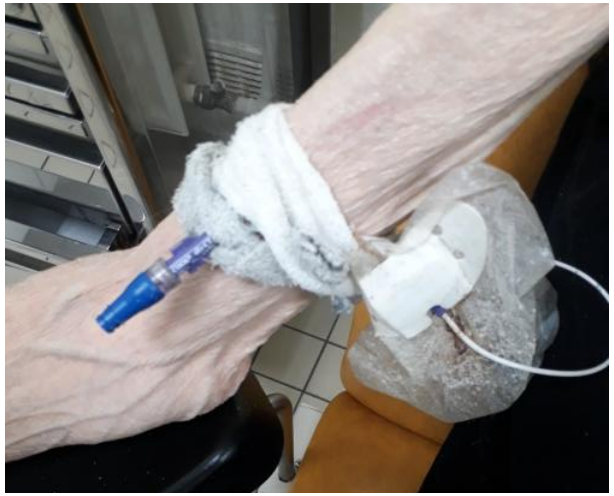
Patient autonomy? Care for free? Distance from emergency unit? Internet and phone?

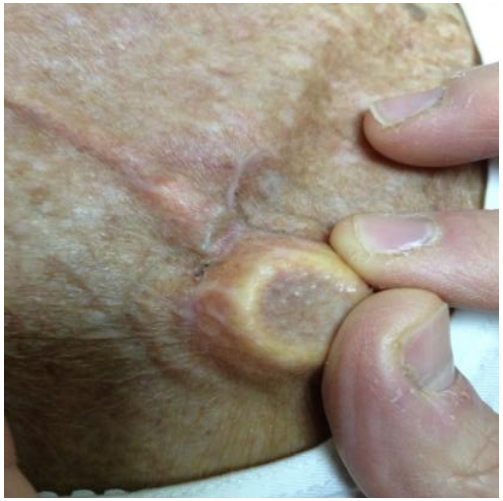
2. ANTIBIOTIC AND OTHERS TREATMENTS

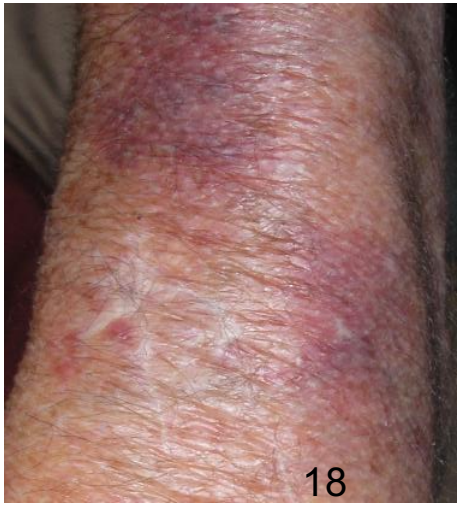
Available for homecare? Toxicity? Stability? Dilution?

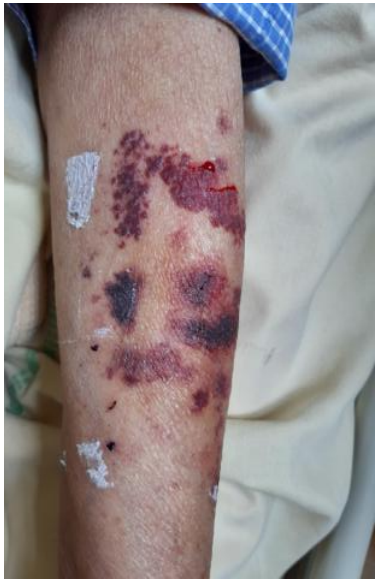
3. PATIENT VEINS/SKIN

DIVA or not DIVA? Fragile skin ? Experience in OPAT? Treatment duration?









Photos by C.Dupont

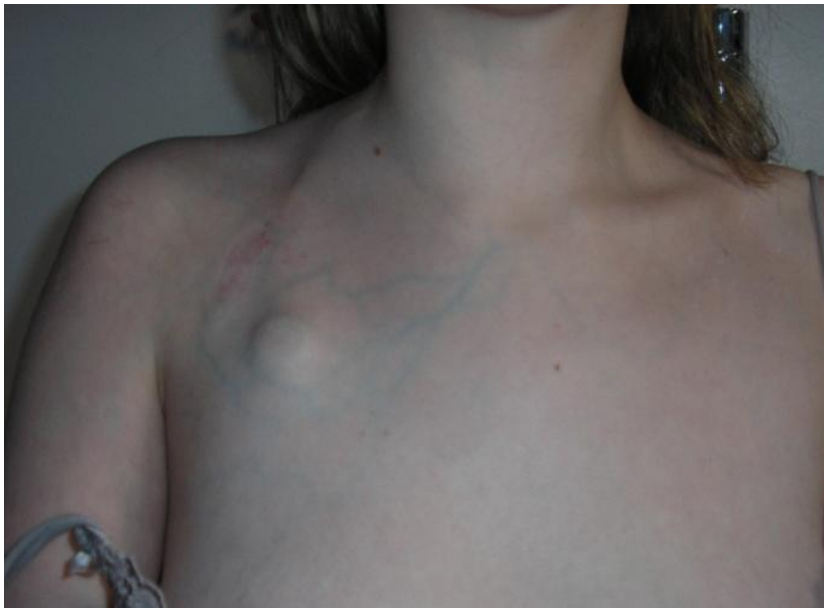
HOW TO CHOOSE THE CORRECT VASCULAR ACCESS FOR OPAT?

4. MEDICAL DEVICES

Which MD are available in and outside hospital? Which insertion delay?

5. HCW SKILLS AND PRACTICE

Is HCW experienced in all VA management (including possible complication management)?



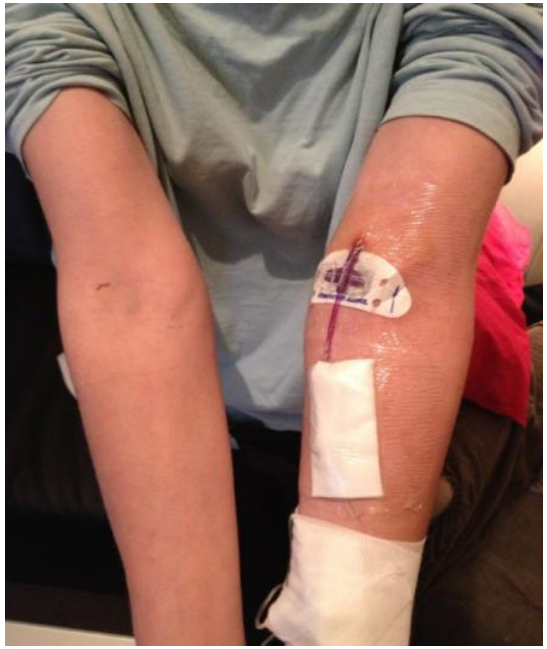


Photo by B. Lipuma, patient and C.Dupont

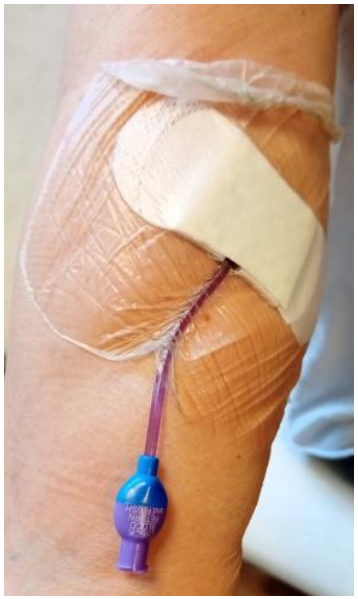
HOW TO CHOOSE THE CORRECT VASCULAR ACCESS FOR OPAT?

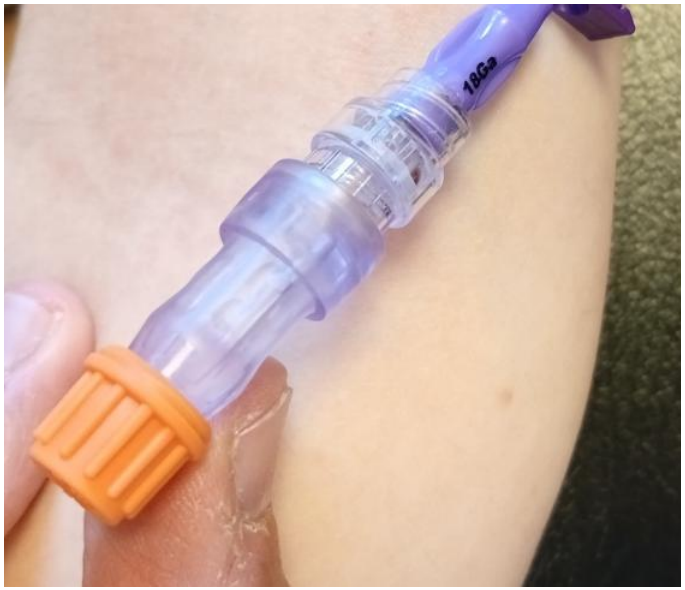
6. USER EXPERIENCE

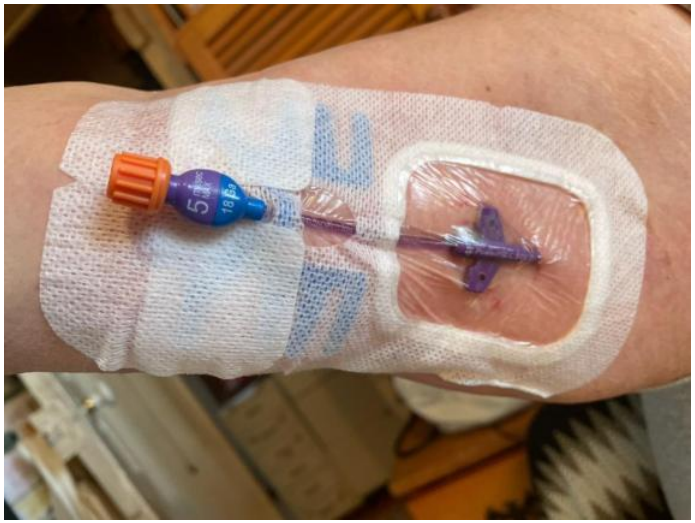
Is HCW experienced in all VA (including possible complication management)? Is HCW experienced in SPC insertion ?

7. PATIENT AGREEMENT

Feelings about device? Management of the VA in daily life. Able to detect a complication and to react effectively?







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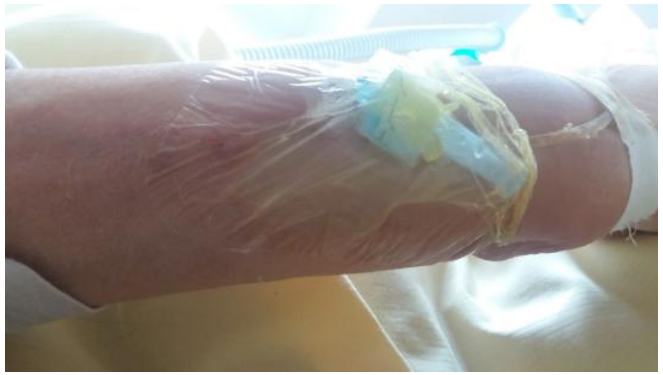
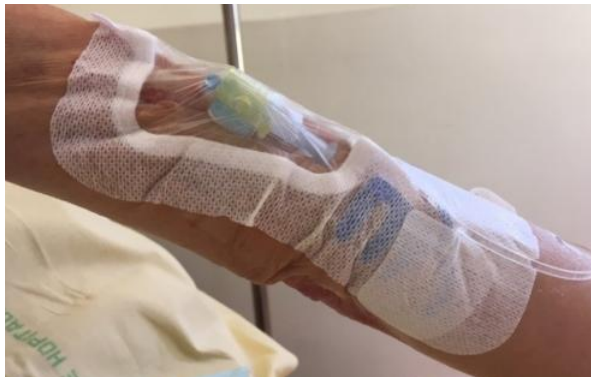
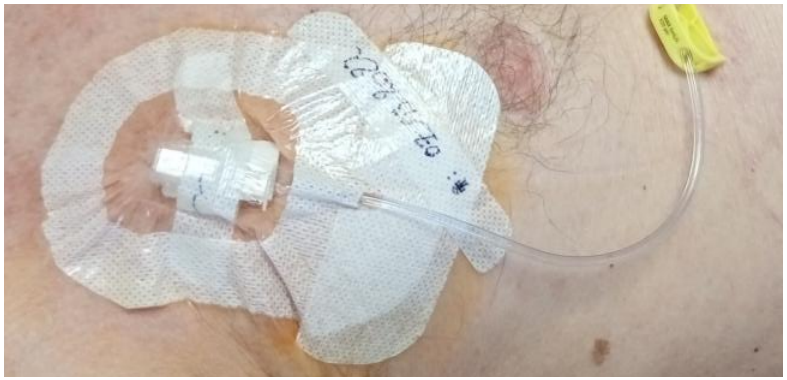
CONCLUSIONS

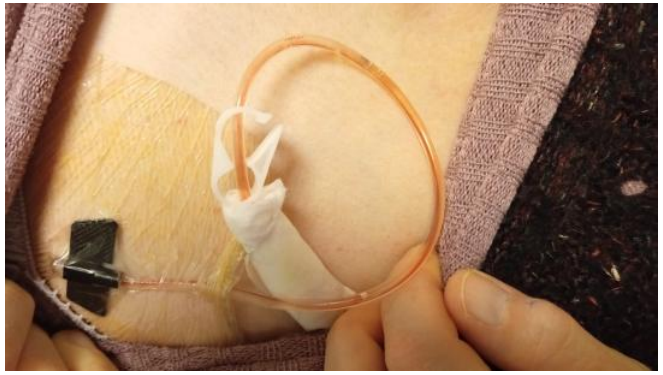
Our aim is that HCW needs meet patient expectations while protecting **limited resources**:

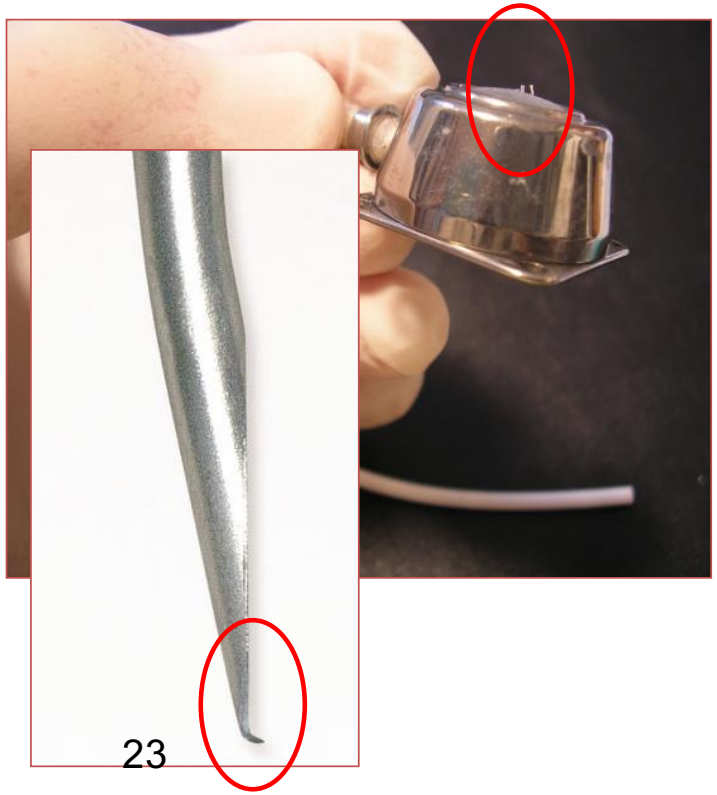
- Patient veins
- Healthcare worker time
- Medical device availability
- Money
- … enthusiasm

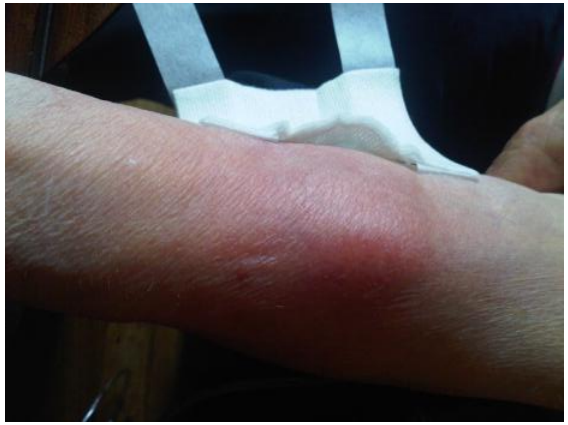












ORGANIZATION, TRAINING, INFORMATION and EVALUATION ARE KEY

Photo by A. Debonne, C. Dupont

Thanks to

- Esperie Burnet, Rosy Panzo and the entire team of Cochin Pulmonology unit for their trust

- My colleagues outside the hospital