OUTPATIENT PARENTERAL ANTIBIOTIC THERAPY (OPAT) – A QUALITATIVE STUDY OF PATIENT PERSPECTIVES IN PATIENTS CHOOSING NOT TO SELF-ADMINISTER – CP - 018

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Background

Outpatient administration of intravenous (IV) antibiotics (OPAT) is well established, evidence based treatment. Models of administration include home self-administration by the patient or carer, or attendance at a clinic/local hospital for administration by a healthcare professional (HCP). Despite home administration offering numerous advantages, statistics indicate that less patients in the Grampian region of Scotland home self-administer compared to other Scottish centres, where the uptake of home self-administration is increasing.[1]

Objective

To explore the understanding and beliefs around home self-administration in a cohort of patients who chose not to home self-administer.

Methods

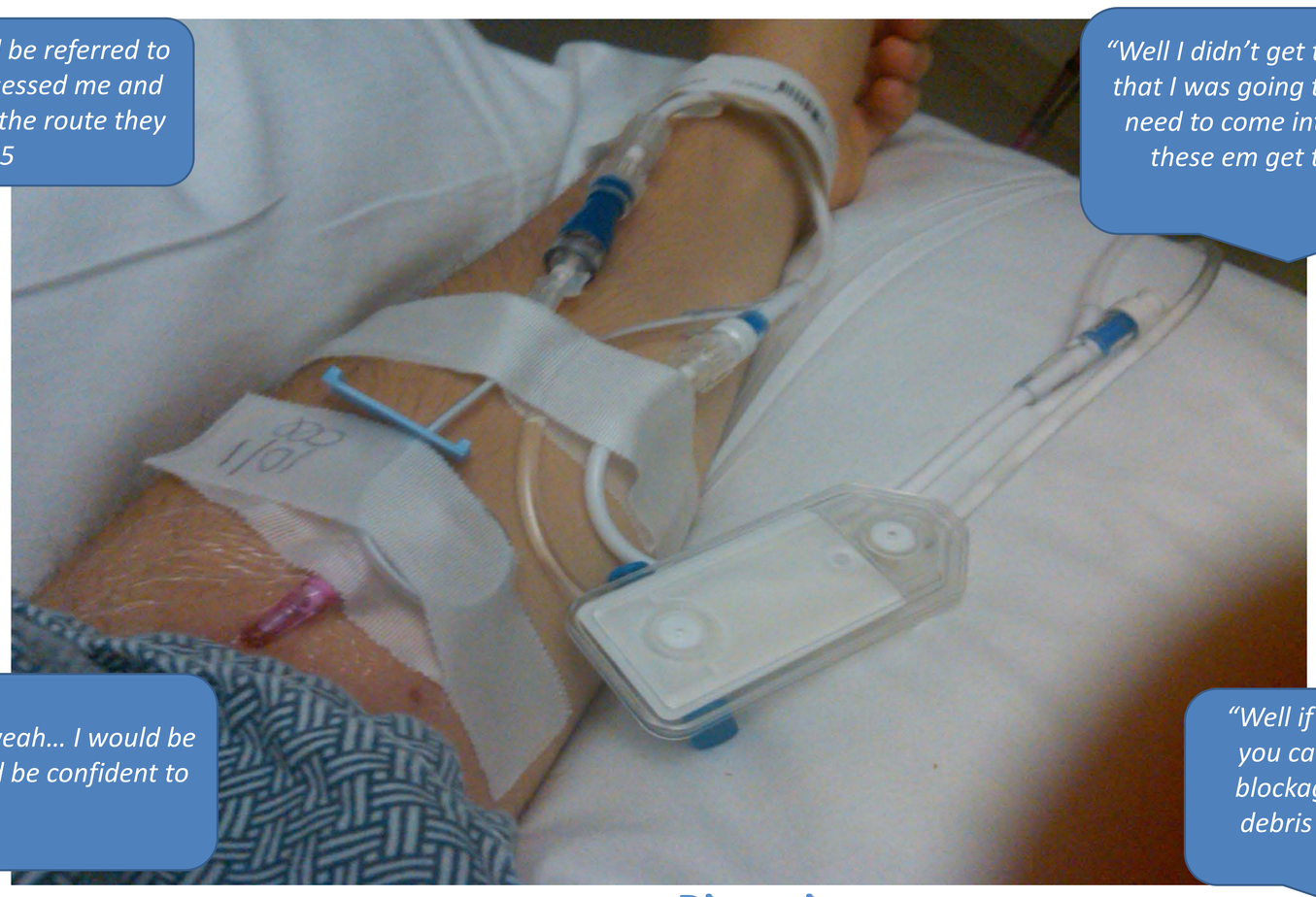
Qualitative, semi-structured in-depth interviews were undertaken with a purposive sample of patients. Included patients were those who were attending the outpatient clinic for IV antibiotic administration during the recruitment period, had received more than seven days of antibiotics, were aged 16 years or over, and had been deemed by OPAT staff to be suitable for home IV antibiotic administration.

A semi-structured interview schedule, underpinned by the theoretical domains framework (TDF), was developed, reviewed for credibility and piloted. Interviewees were initially approached by the OPAT nurse who provided an information pack. Interviews, lasting approximately 60 minutes, were conducted by an experienced qualitative researcher at the clinic between February and May 2015. Interviews were audio-recorded, transcribed verbatim and reviewed independently for transcribing accuracy. Data were analysed thematically by several researchers independently using TDF as the coding framework [2], with consensus reached by discussion. The study was approved by NHS ethics and research and development committees.

"No she suggested I should be referred to this department. T hey assessed me and agreed that this would be the route they would take".P5

"Eh well yes if somebody showed me but for some reason they told me to come here and get them done here". P16

"Yeah yeah if I was shown how to do it yeah… I would be confident and keen to get skilled up and be confident to do them myself".P19



"Well I didn't get to make that choice. Em I was just told that I was going to get this treatment and that I would need to come into hospital three times a week to get these em get these infusions and that was it just accepted it" P13

"….but certainly now I could take it from here and do them myself at home…" P20

"Well if it is blocked then there is not much you can do as a patient cause it maybe a blockage in the cannula or there could be debris stuck in the tube that transfer the antibiotics" P8

Results

- **20 potential participants were approached with all interviewed.**
- **Mean age was 54 years (SD ±17.6); 13 were male and most were in their 2nd or 3rd week of IV antibiotic treatment.**
- **Themes mapped to almost all of the TDF behavioural determinants, with the exception of reinforcement.**
- **The key behavioural determinants were knowledge, beliefs about capabilities, beliefs about consequences, and environment context and resources.**
- **Patients were very knowledgeable about their disease and its management with good procedural knowledge for IV administration.**
- **Few had any knowledge about the options available to them to administer IV antibiotics, particularly home self-administration.**
- **Most were very positive about their capabilities and abilities to home self-administer, provided they were given the appropriate training and support. Concerns around home self-administration included adequate hygiene, risk of infection, a blocked line and ensuring safe storage of medication and equipment at home.**

Discussion

Findings indicate that the main barrier to not self-administering is the lack of knowledge about options available to them for IV antibiotic administration. Themes relating to the other behavioural determinants may in fact be facilitators to self-administration. While it must be acknowledged that patients may have been given this information about alternative options, findings indicate that they do not understand such options. There is an opportunity, therefore, to review practice and develop an intervention to educate, train and support patients around home self-administration. This could ultimately impact patient behaviour and increase uptake of home self-administration of IV antibiotics. Introducing such an intervention will require initial investment to enhance resources within the current OPAT clinic set-up.

References

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2. Cane J, O'Connor D, Michie S. Validation of the theoretical domains framework for use in behaviour change and implementation research. Implementation Science. 2012:7:37. Available at: http://www.implementationscience.com/content/7/1/37

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