

Being 'at-home' on OPAT: A qualitative study of parents' experiences of paediatric Outpatient Parenteral Antimicrobial Therapy (OPAT)

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Background

Outpatient parenteral antimicrobial therapy (OPAT) for children is the parenteral administration of antimicrobials for at least two consecutive days without an intervening hospitalisation¹. Reported benefits of OPAT include cost-effectiveness, and child/parent satisfaction and well-being^{1,2}. However, there is a lack of consensus about what constitutes success, the definition and reporting of adverse events, and the evidence base for the economic benefits of paediatric OPAT. Across all OPAT literature, patient experience is mostly limited to survey data.

Methods

As part of a larger mixed methods study, this exploratory qualitative study based on Interpretive Description was undertaken. Parents of children (0-16 years) referred to the OPAT service at one UK-based tertiary children's setting and who had participated in Phase 1 (survey) of the study were invited to participate in face-to-face, audio-recorded interviews. These were undertaken in the family home. Four core domains were addressed: sufficiency of information; effect on family life; worst/best things about OPAT; and advice for other parents/children. All interviews were transcribed verbatim. Thematic analysis¹⁸ supported by an innovative serial-memoing step was undertaken.

Results

Twelve parents (10 mothers, 2 fathers) of 10 children (6 male, 4 female; aged between 5 weeks and 15 years) participated. The children had been in hospital and receiving antibiotics from 1-21 days. The duration of OPAT ranged from 1-21 days (mean 8.3 days). Reasons for OPAT varied; four children did not have an associated disorder. Three children had previous experience of OPAT. Four themes and one meta-theme were identified (see Figure 1).

Parents' descriptions resonate with Seamon's³ classic work on 'at-homeness' and explain why, despite the hospital being perceived as the right place for a sick child, it was equally perceived as a place that could not easily meet the needs of a recovering child and their family. 'At-homeness' is comprised of five domains: rootedness, appropriation, regeneration, at-easeness, and warmth.

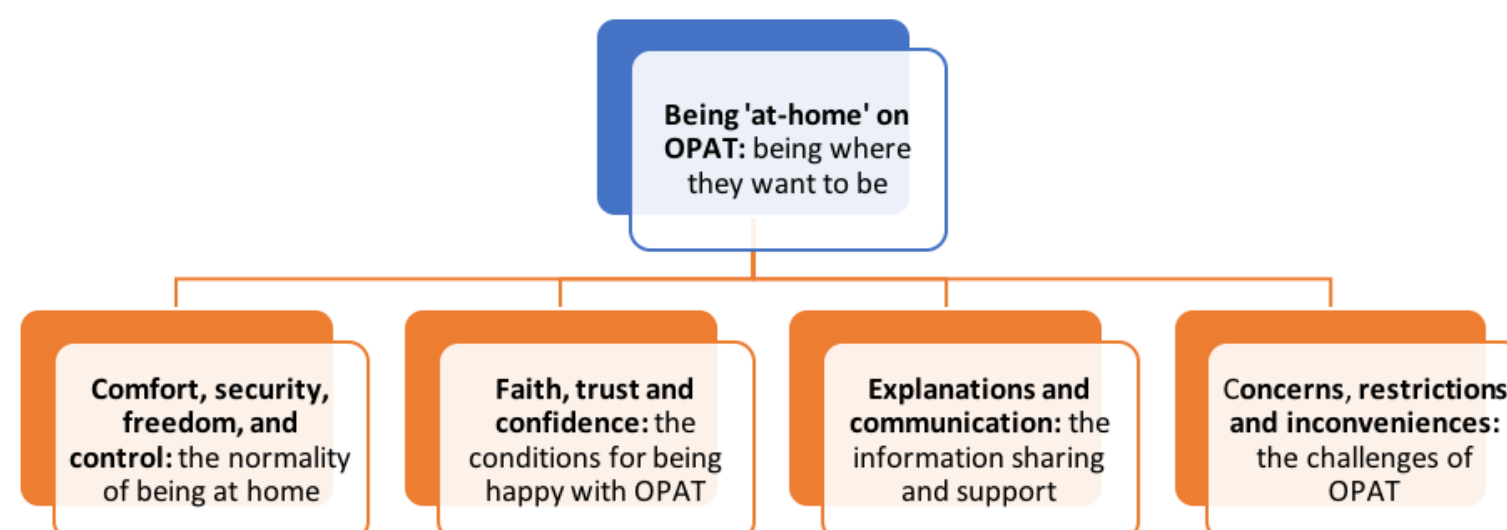


Figure 1: Overview of Themes

Comfort, security and freedom
Home was a place parents felt created the best conditions for their child to: *"recuperate better, be comfy.....less bugs, less infections, easier for the family"*

Explanations and communication
Many parents had little recall of being given information about possible adverse events and explained that *"information went in one ear and out the other to be completely honest ... we were tired ... absolutely exhausted"*.

Conclusions

Despite the challenges inherent in OPAT, being at-home was perceived by most parents to be the best place for treatment, in terms of comfort and recuperation. Improvements to preparation and information about OPAT, the medicines and negotiation of treatment times are important ways of improving the experience of parents and children being at-home on OPAT. Adopting an improved 'whole-system' approach focusing on the child being able to live a full life on OPAT would be beneficial.

Faith, trust and confidence
Parents had implicit *"faith in the medical professionals" (M46)*; this trust and confidence was engendered and sustained by the technical competence and emotional literacy of the health professionals at each step of the OPAT journey.

Concerns, restrictions and inconveniences
Most home-based concerns were perceived as being minor and manageable; most were line-related with worries about their child *"knocking"* their longline/cannula and the line *"failing"*. Being available for the nurse's visit was a *"bit tricky"* for some parents.

- Key recommendations to support parents**
1. Improved information sheets for parents about OPAT, developed with parents to provide key information in a very accessible form and clearer emphasis on parental choice about OPAT.
 2. Clearer emphasis within information sheets and clinical discussion about OPAT being predicated on parental choice and option to decline.
 3. Clearer recognition within information sheets and clinical discussion that parents and child may feel anxious about OPAT until they have settled into the routine.
 4. Clearer direction for parents to standardised and parent-friendly information about OPAT drugs (for example, through extension of content of medicinesforchildren.org.uk).
 5. More tailored dose timing to help streamline administration of medication within family routine
 6. Information sheets for parents to be able to give to teachers, nursery staff etc. to help them understand OPAT and the implications for their staff/organisation.

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