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
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.

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
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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