







# Patient and parent experiences of a Paediatric Outpatient Parenteral Antibiotic Therapy (p-OPAT) service in a regional children's hospital

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# Background

- There is compelling evidence to support the rationale for managing children receiving intravenous antibiotics at home (1 - 4).
- Benefits include:
- patient and parent satisfaction
- psychological well-being earlier return to school/employment

## **Patient and Parent Feedback**

"My son said it was much better than being in hospital and believes this should be offered to all children because it makes life easier for everyone"

"This service is invaluable. It allowed my son to spend Christmas at home".

- reduction of healthcare-associated infections
- cost savings.
- A p-OPAT service was introduced at Southampton Children's hospital in July 2012. On average 4 children a month are discharged under the p-OPAT service for long term IV antimicrobial therapy at home.



 Currently, data regarding the individual experiences of children and their carers regarding p-OPAT in comparison to inpatient treatment are lacking.

### Methods

- During an 21-month period (July-2012 to March 2014 updated figures), 80 patients were treated by Southampton Children's Hospital p-OPAT team.



**"The OPAT service is definitely preferable to inpatient** treatment. My son was able to rehab in the comfort of his own home, surrounded by family and friends".

**"Outstanding - information, coordination, follow up,** support, kindness and understanding in all areas. Have never experienced this kind of service before. Brilliant -

- After completing treatment, 70 standardised feedback questionnaires were sent out, of which 54 (77%) were returned. The questionnaire is embedded into the patient management system (PMS) which can be found on the British Society Antimicrobial Chemotherapy e-OPAT website (5).
- 2 patients remain under the p-OPAT service and therefore have not yet completed a questionnaire.
- 8 patients were not given questionnaires; 2 patients had completed a questionnaire from a previous p-OPAT episode and for 6 patients it was not deemed appropriate due to non-infectious complications.
- Children and parents were asked to jointly complete the questionnaire.

#### Results

All 54 (100%) families agreed or strongly agreed that p-OPAT was preferable to inpatient treatment and would accept this form of treatment again. Table 1 and 2 provide a summary of the responses.

## keep up the good work".

#### Conclusions

- This audit clearly demonstrates that p-OPAT can offer a high quality service acceptable to patients and parents and is the preferable option compared with extended inpatient stays.
- Managing children on home intravenous antibiotics should be considered whenever possible within a structured governance framework.
- **Good practice guidelines for p-OPAT have been developed by the** British Society for Antimicrobial Chemotherapy (BSAC) / British **Paediatric Allergy, Immunology and Infection Group (BPAIIG) and have** been circulated for national consultation. The guideline is currently available on the BSAC e-OPAT website (6).

### References

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2. Madigan, T. and Banerjee, R. (2013) 'Characteristics and outcomes of outpatient parenteral antimicrobial

#### Table 1 - Response to questions 1-5

			Satis-		Very	Not	
Question	Excellent	Good	factory	Poor	Poor	Applicable	Total
1. How do you rate the information provided about the							
OPAT service?	45	9	0	0	0	0	54
2. What is your opinion of the OPAT service?	40	14	0	0	0	0	54
3. How do you rate the support provided by the OPAT							
service?	53	1	0	0	0	0	54
4. How do you rate the support provided by the community							
team / local hospital?*	38	8	2	2	1	3	54
5. If you needed to contact the out-of-hours support, how							
do you rate the response?	16	8	1	0	0	29	54

\*Those who rated the support provided by the community or local hospitals teams as satisfactory/poor/very poor outlined this was due to long waiting times on the wards for medication administration or absence of community services so they had to attend the local hospital once daily.

#### Table 2 - Response to questions 6-8

				Not	
Question	Yes	No	No view	Applicable	Total
6. Do you think the OPAT service is preferable to inpatient treatment?	53	0	1	0	54
7. Was your child able to return to education whilst under the OPAT					
service?*	12	3	0	39	54
8. Would you accept this form of treatment if the need arose again?	54	0	0	0	54

\*Those who answered not applicable (regarding their child returning to education) all had children of preschool age (<4 years of age).

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6. Patel, S., Abrahamson, E., Goldring, S., Green, H., Wickens, H. and Laundy, M. (2014) 'Good practice recommendations for paediatric outpatient parenteral antibiotic therapy (p-OPAT) in the UK: a consensus statement '. Available from: <u>http://e-opat.com/workstreams/workstream-four</u> (Accessed 29 April 2014).

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