

## PEER REVIEW HISTORY

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### ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	Quality of outpatient parenteral antimicrobial therapy (OPAT) care from the patient's perspective: a qualitative study
<b>AUTHORS</b>	Berrevoets, Marvin; Oerlemans, Anke; Tromp, Mirjam; Kullberg, Bart Jan; ten Oever, Jaap; Schouten, Jeroen; Hulscher, M

### VERSION 1 – REVIEW

<b>REVIEWER</b>	Dr Maureen Twiddy Hull York Medical School, University of Hull, HULL HU6 7RX United Kingdom
<b>REVIEW RETURNED</b>	14-Jun-2018

<b>GENERAL COMMENTS</b>	<p>This paper describes patient experiences of OPAT services in the Netherlands. It uses as its theoretical lens the Picker principles of 'patient centredness'. However, the authors do not set this out very well in the introduction (which is very short). They define patient centredness and claim patient satisfaction and patient centredness are different, but do not justify this claim. These claims need to be set out more clearly as there are several papers that address the themes that encompass patient centred care, such as respect for patient preferences, co-ordination and integration of care, and information and communication, but this literature is not described or referenced in the introduction (e.g. Bamford 2011; Lehoux 2004) as well as our paper Twiddy et al 2018. Instead, the authors claim this is the first paper to examine the needs and preferences of OPAT patients, when in actuality, it is the first to use the Picker principles as the guiding framework.</p> <p>There needs to be another paragraph in the introduction that sets out how this paper fits with what is known about this issue - ie papers which describe patient experiences &amp; perceptions, including autonomy and safety. These papers do not conceptualize these issues around the Picker principles, but they are relevant here.</p> <p>The abstract needs to state the number of participants.</p> <p>Grammar and syntax is largely OK, but some idiosyncratic turns of phrase and so the paper would benefit from a proof read.</p> <p>Although the authors have used a qualitative checklist, and ticked to say they have met these criteria, I was not able to see how they had fulfilled some of the criteria listed.</p> <p>The paper uses terminology from grounded theory, but it is not clear what theoretical approach they have used - this is not stated, but it is certainly not GT. Thematic content analysis appears to have been used, no reference provided to demonstrate the 'type' of content</p>
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	<p>analysis. For example, did the authors use deductive or inductive approach to their analyses? it states 2 researchers independently coded all transcripts and discrepancies agreed by consensus, but it is not clear how the coding/labels/themes decided. it says that they collected data to saturation, but it feels unlikely that the breadth of views from female participants could be saturated by 5 interviews! it would be useful to the reader to know who the quotes are from ie male/female patient aged X, on long/short term antimicrobials.</p> <p>The FG were led by AO, an experienced moderator, but no details are provided about their characteristics (eg profession, years experience) and how this might affect how the FG was conducted or the data analysed.</p> <p>The results section flowed well, until I read the accompanying tables of quotes, most of which are not alluded to at all in the body text. The quotes should support the analyses, but given that the Picker principles are said to guide the study, and this is the USP of this paper, I would have expected to see more integration of these concepts into the write up of the results.</p> <p>The discussion presents the findings well, but there needs much more linkage to existing literature. Only 2 papers are brought into the discussion to compare to the paper's findings.</p> <p>Overall, we need papers on this topic and with a little more work this will add to the body of literature. There are no fundamental flaws but details are missing.</p>
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<b>REVIEWER</b>	S. de Vallière Infectious Diseases Service, and Department of Outpatient Care and Community Médecine University Hospital of Lausanne Switzerland
<b>REVIEW RETURNED</b>	19-Jun-2018

<b>GENERAL COMMENTS</b>	<p>This is a useful addition to the existing OPAT literature. The research question is novel and of interesting.</p> <p>The main limitation of the study is the very small sample size (16 patients and 2 caregivers interviewed). This could be acknowledged and discussed.</p> <p>It could also have been interesting to discuss in more details if other types of OPAT delivery should be envisaged in the Netherlands considering the study results.</p>
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### VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Reviewer Name: Dr Maureen Twiddy

Institution and Country: Hull York Medical School, University of Hull, United Kingdom

Please state any competing interests or state 'None declared': none declared

Please leave your comments for the authors below

***This paper describes patient experiences of OPAT services in the Netherlands. it uses as its theoretical lens the Picker principles of 'patient centredness'.***

1. However, the authors do not set this out very well in the introduction (which is very short). They define patient centredness and claim patient satisfaction and patient centredness are

different, but do not justify this claim. These claims need to be set out more clearly as there are several papers that address the themes that encompass patient centred care, such as respect for patient preferences, co-ordination and integration of care, and information and communication, but this literature is not described or referenced in the introduction (e.g. Bamford 2011; Lehoux 2004) as well as our paper Twiddy et al 2018.

Instead, the authors claim this is the first is the first paper to examine the needs and preferences of OPAT patients, when in actuality, it is the first to use the Picker principles as the guiding framework.

**Answer:** Our literature search was limited to OPAT patients, unfortunately we missed the suggested articles which indeed describe patient-centered care of patients receiving OPAT. We adjusted the text in our manuscript so it does justice to the literature that is already available based on the reviewer's suggestions (page 4, line 71-87) We thank the reviewer for suggesting to promote the Picker principles as a central guiding framework in our paper

2. There needs to be another paragraph in the **introduction** that sets out how this paper fits with what IS known about this issue - ie papers which describe **patient experiences & perceptions**, including **autonomy and safety**. These papers do not conceptualize these issues around the Picker principles, but they are relevant here.

**Answer:** Based on the suggested literature, we adapted the introduction and added the necessary information as the reviewer suggested. (page 4, line 71-87)

3. The abstract needs to state the number of participants.

**Answer:** As suggested by the reviewer, we added the number of participants to the abstract (page 2, line 29-30).

4. Grammar and syntax is largely OK, but some idiosyncratic turns of phrase and so the paper would benefit from a proof read.

**Answer:** A native speaker was involved in the preparation of the manuscript. We screened the current version for idiosyncratic turns as suggested and made corrections when necessary. Whenever we missed some phrases, please feel free to report, so we can make additional adjustments to the text.

5. Although the authors have used a qualitative checklist, and ticked to say they have met these criteria, I was not able to see how they had fulfilled some of the criteria listed.

**Answer:** To be able to provide additional details on our qualitative methodology we added a column to the checklist with the relevant information (COREQ checklist).

6. The paper uses terminology from grounded theory, but it is not clear what theoretical approach they have used - this is not stated, but it is certainly not GT. Thematic content analysis appears to have been used, no reference provided to demonstrate the 'type' of content analysis. For example, did the authors use deductive or inductive approach to their analyses?

**Answer:** Our analysis included elements of a deductive and an inductive approach: we used the theoretical framework of the Picker principles to guide our analysis as well as additional thematic analysis with open coding to answer our research question.

7. **it states 2 researchers independently coded all transcripts and discrepancies agreed by consensus, but it is not clear how the coding/labels/themes decided.**

**Answer:** After reaching consensus at code level, two researchers together agreed on a provisional categorization and overarching themes. The categories and themes were subsequently presented to and discussed with a third researcher (MH). This deliberative process resulted in the analysis presented in the manuscript. We added details to the methods section shedding light on this issues (page 7, line 142-145)

8. it says that they collected data to saturation, but it feels unlikely that the breadth of views from female participants could be saturated by 5 interviews!

**Answer:** In the focus groups we did not find pronounced differences between male and female patients regarding their needs and preferences for OPAT care. Differences in needs and preferences we did encounter, were not split along gender lines. Other studies on OPAT and patient experiences did not show a gender difference either. If not hindered by financial and time constraints, we would – of course- have liked to interview even more patients to be unequivocally certain that no new information could be retrieved. Based on our analysis process however, we feel confident to have reached data saturation: we were confirming existing codes, but were adding no new codes and themes.

9. it would be useful to the reader to know who the quotes are from ie male/female patient aged X, on long/short term antimicrobials.

**Answer:** We added the necessary information to the tables and the main manuscript (Tables 2,3 and 4)

10. The FG were led by AO, an experienced moderator, but no details are provided about their characteristics (eg profession, years experience) and how this might affect how the FG was conducted or the data analysed.

**Answer:** We added this information to the COREQ checklist, which is provided as a separate file.

11. The results section flowed well, until I read the accompanying tables of quotes, most of which are not alluded to at all in the body text. The quotes should support the analyses, but given that the Picker principles are said to guide the study, and this is the USP of this paper, I would have expected to see more integration of these concepts into the write up of the results.

**Answer:** We agree that ideally, quotes should be integrated into the main body of the text. However, due to the word limit we were only able to integrate a small part of the quotes. We added additional references to the tables in the main article to provide a stronger connection between text and quotes.

12. The discussion presents the findings well, but there needs much more linkage to existing literature. Only 2 papers are brought into the discussion to compare to the paper's findings.

**Answer:** Based on the suggested references and a new literature search we added sections to the discussion with linkage to existing literature (page 11, line 248-251; page 11, line 264-266; page 12, line 280-283).

**Overall, we need papers on this topic and with a little more work this will add to the body of literature. There are no fundamental flaws but details are missing.**

Reviewer: 2

Reviewer Name: S. de Vallière

Institution and Country: Infectious Diseases Service, and Department of Outpatient Care and Community Medicine University Hospital of Lausanne Switzerland

**This is a useful addition to the existing OPAT literature. The research question is novel and of interesting.**

1. The main limitation of the study is the verysmall sample size (16 patients and 2 caregivers interviewed). This could be acknowledged and discussed.

**Answer:** We thank the reviewer for this remark. We acknowledge that the sample size is quite limited however that is often the case in qualitative research (Guest 2017). More importantly, albeit the reduced numbers, data saturation was reached. Nonetheless it would be useful to revisit these findings in a larger study. We are currently performing a questionnaire study to address the patient-centeredness of OPAT patients in a larger study population. With this endeavour, we hope to confirm the main findings from this study (Page 13, line 314-317).

2. It could also have been interesting to discuss in more details if other types of OPAT delivery should be envisaged in the Netherlands considering the study results.

**Answer:** This is certainly a good topic to discuss. The self-administration model could enhance feelings of autonomy and freedom, nevertheless some patients in our study addressed the importance of a visiting nurse, and would not dare to deliver 'life-saving treatment' to themselves. Although self-administration has been found safe in small cohort studies, this should be a subject for further studies. We added this topic to the discussion of our manuscript (page 12, line 289-295).