“Patients receiving home parenteral nutrition (HPN) deserve a high-quality and patient-centered care. Patient-centered care can be delivered only if the patient’s priorities and concerns are known. Therefore, the aim is to identify the top 3 most important outcome indicators according to patients’ perspectives and the differences between several centers, HPN regimen, and HPN experience.” Dreesen et al (2014).

Reference:

Abstract:
Background and Aims: Patients receiving home parenteral nutrition (HPN) deserve a high-quality and patient-centered care. Patient-centered care can be delivered only if the patient’s priorities and concerns are known. Therefore, the aim is to identify the top 3 most important outcome indicators according to patients’ perspectives and the differences between several centers, HPN regimen, and HPN experience.

Methods: A questionnaire, based on previously developed outcome indicators, was translated into the mother tongue using forward-backward translation and distributed to adult HPN patients with benign disease in March 2013. To identify differences, a Kruskal-Wallis or Mann-Whitney test was performed with GraphPad Prism (significance level <.05) when applicable.

Results: Nine centers over 8 countries (300 patients) participated. The top 3 outcome indicators for patients were (1) incidence of catheter-related infection (CRI), (2) survival, and (3) quality of life (QoL). Between the participating centers, significant differences on rating were found for 5 outcome indicators (catheter obstruction, .015; weight, .002; energy, .010; fear, <.001; and independence, .010). The independence outcome indicator (.050) was considered less important for experienced (>2 years HPN) vs less experienced patients. For this outcome indicator, patients’ view also differed significantly based on number of HPN days per week (.0103).

Conclusion: A cohort of HPN patients identified incidence of CRI, survival, and QoL as the most important outcome indicators for their care; however, there were significant differences between the participating centers. For one outcome indicator (independence), there were
significant differences based on experience and regimen.

Other intravenous and vascular access resources that may be of interest (External links - IVTEAM has no responsibility for content).

- [Guide for intravenous chemotherapy and associated vascular access devices from Macmillan](#).
- [CancerUK IV chemotherapy information](#).