

Evaluation of patient satisfaction with the discharge medication list (Medi-list).



ST VINCENT'S HOSPITAL
MELBOURNE

A FACILITY OF ST VINCENT'S HEALTH AUSTRALIA

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Background

A discharge medication list (Medi-list) is given to patients upon discharge from hospital. The Medi-list provides a summary of current medications and any changes made in hospital. Medi-lists are a tool intended to improve patient compliance and understanding of their medications.

The Australian commission on safety and quality in Health Care provides standards for Medi-lists provision.

Standard 4.12.2: A current and comprehensive list of medicines is provided to the patient and/or carer when concluding an episode of care

Standard 4.15: Providing current medicines information to patients in a format that meets their needs whenever new medicines are prescribed and dispensed.

Aim

To measure patient satisfaction with the discharge medication list (Medi-list) and to obtain feedback on proposed improvements.

Method

Patient interviews investigating satisfaction with the Medi-list and proposed improvements were conducted. A total of 101 patient interviews were successfully conducted between the 7th and 19th of December 2016.

Patients were interviewed if they met the following criteria:

- History of multiple unplanned hospital admissions (≥ 2) in the past two years
- ≥ 4 regular medications prescribed prior to admission (excluding PRN medications)

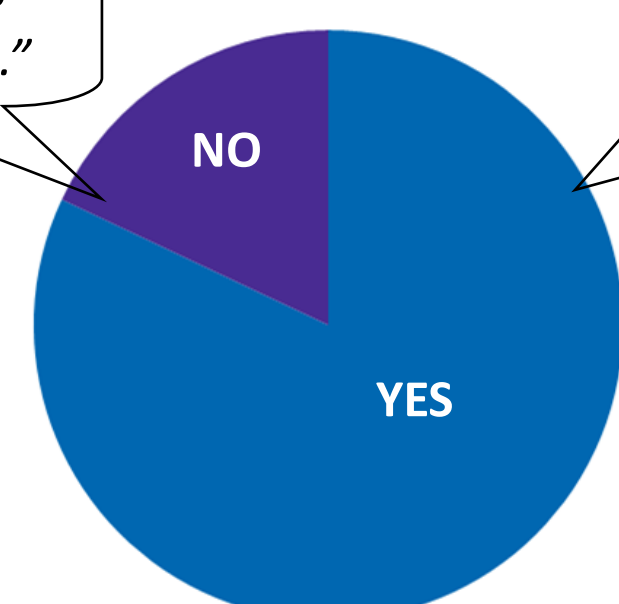
Patients were not subject to age, race, gender or medical condition exclusions. The patients were a mixture of inpatients and outpatients managed by the specialty units including Geriatric Medicine, Cardiology, Cardiothoracic, Surgery, General Medicine, Musculoskeletal and Neurosciences.

Results

Three quarters of patients had received a Medi-list from previous discharges, with 82% of them receiving education on its use.

Two thirds of these patients followed the Medi-list at home. Those who didn't said it became outdated quickly, conflicted with recommendation from other health professionals or they didn't understand it.

"It was left in my bag with my medications."



"The Pharmacist explained it very clearly, but it was pretty much self explanatory, so I would call it a waste of their time and mine."

Figure 1: The percentage of patients given an explanation of the Medi-list.
■ Explanation given ■ No explanation given

Results

Patients who followed the summary at home said they used it as a packing tool for dose administration aids, a refresher if they became confused about their medication, as an education tool for themselves or family and they use it when they came into hospital to advise hospital staff of their current medications. The Medi-list was rated as important or somewhat important to 83% of patients.

When shown a sample Medi-list with simplified special instructions, 65% of patients preferred the simple version.

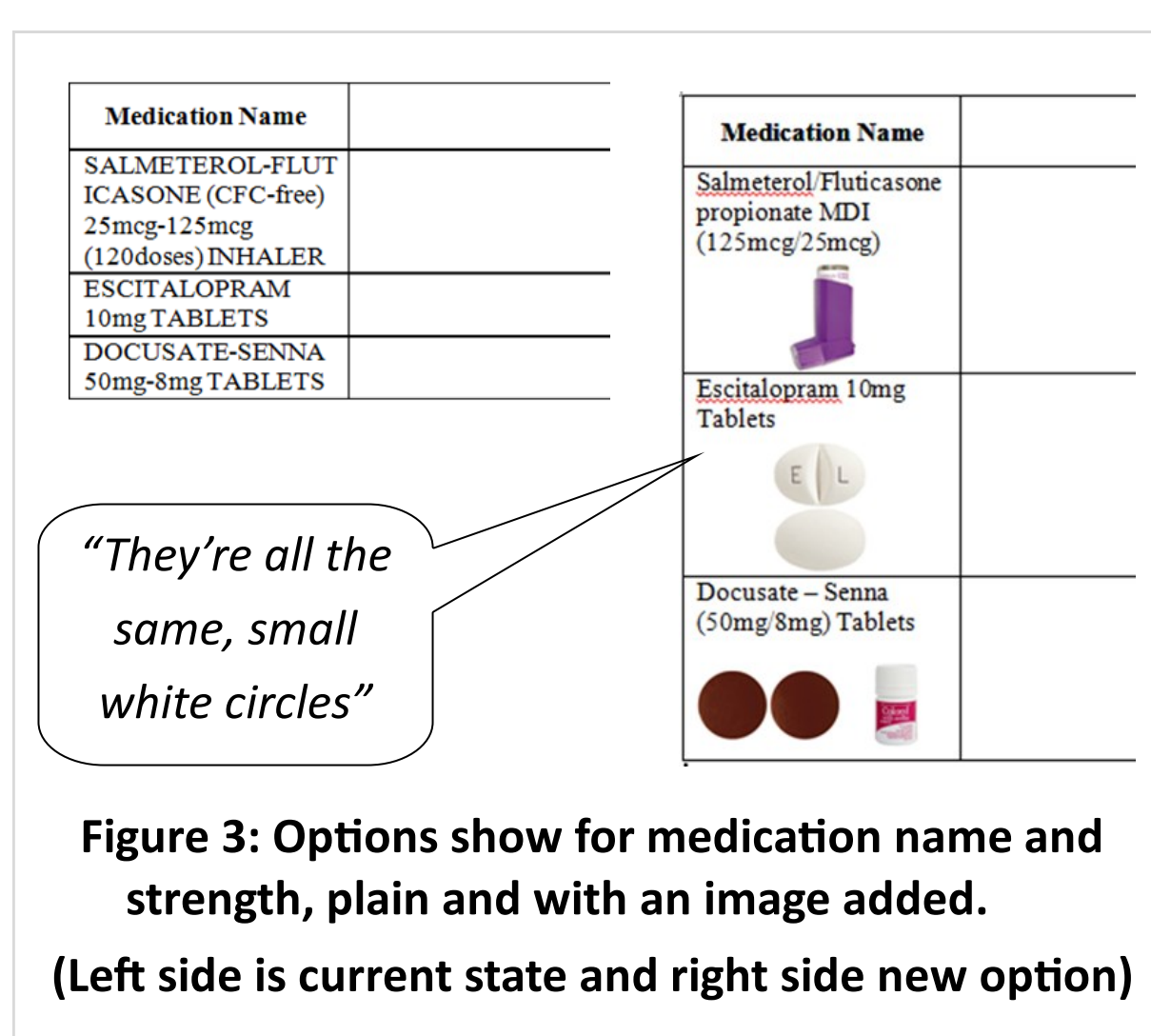


Figure 3: Options show for medication name and strength, plain and with an image added.
(Left side is current state and right side new option)

Reducing the number of brand names listed was preferred by 67% of patients. These patients said too many brands were not relevant and pharmacist generally tells them if the product is a "generic". Patients who preferred a complete list of brands noted substitution caused confusion and the list gave them greater awareness of the products on the market.

When shown options for dose timing, patients preferred words over specific times or images. Patients said the words were general terms and allowed the patient to adapt timing to their lifestyle. Most patients found the images unnecessary, however, non english speaking patients preferred the colour images option.

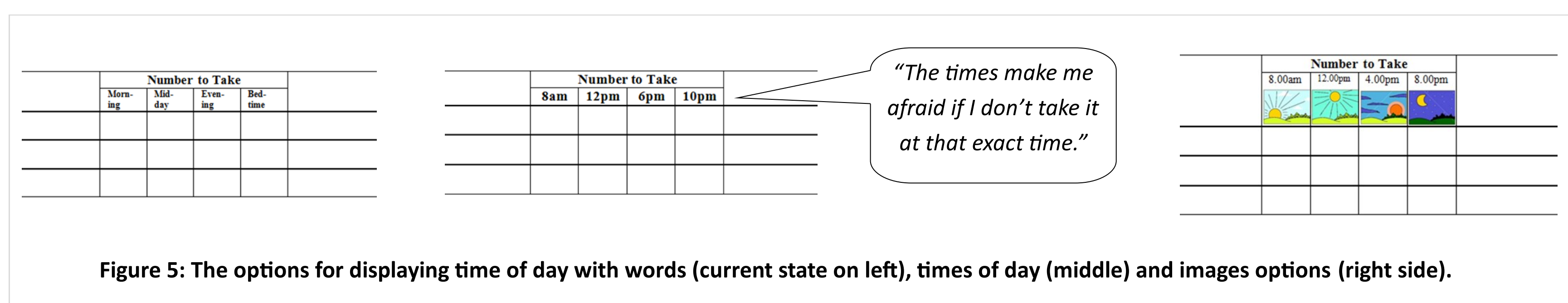


Figure 5: The options for displaying time of day with words (current state on left), times of day (middle) and images options (right side).

Using bigger, bolder text for directions was preferred by 76% of patients, especially patients aged 75 and over. When shown a categorised Medi-list with regular medicines for particular indications grouped and when required medications separated, patients were split. Only half preferred this change and half found it unnecessary and confusing. Five patients aged over 95 took part in our study and they preferred to not change the format of the Medi-list at all as they were familiar with it and change could lead to confusion.

Results



Figure 6: Word cloud depicting the first languages spoken by the 29% of patients whose first language was not English

Seventy one percent of patients interviewed said English was their first language. Two thirds of the patients whose first language was not English said they would prefer to be given a Medi-list translated into their own language. These patients also preferred the addition of images to the medi-list, however, most responded that they could understand the current format and had English speaking relatives who could translate for them.

Results

Ninety percent of patients requested to receive a Medi-list in the future.

"I've always got one in my bag! I know if I run out I'll look at it and see what tablets they are and get them from the pharmacy."

"It saves me from running back and forth from the Doctor."

Conclusion

The Medi-list is an important tool for our patients. Engaging patients has identified simple changes which increase their satisfaction with the Medi-list.

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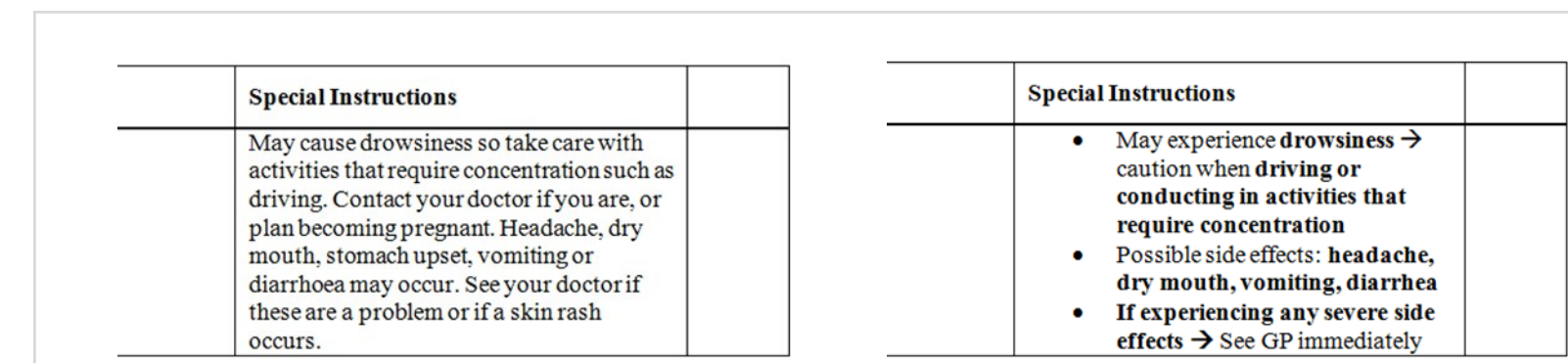


Figure 2: The special instruction options shown to patients.
(Left side is current state and right side new option)

Adding medication images was preferred by 55% of patients, particularly those patients from non-english speaking backgrounds. Patients who did not like the images found it confusing and were aware that different brands can look different which may lead to errors.

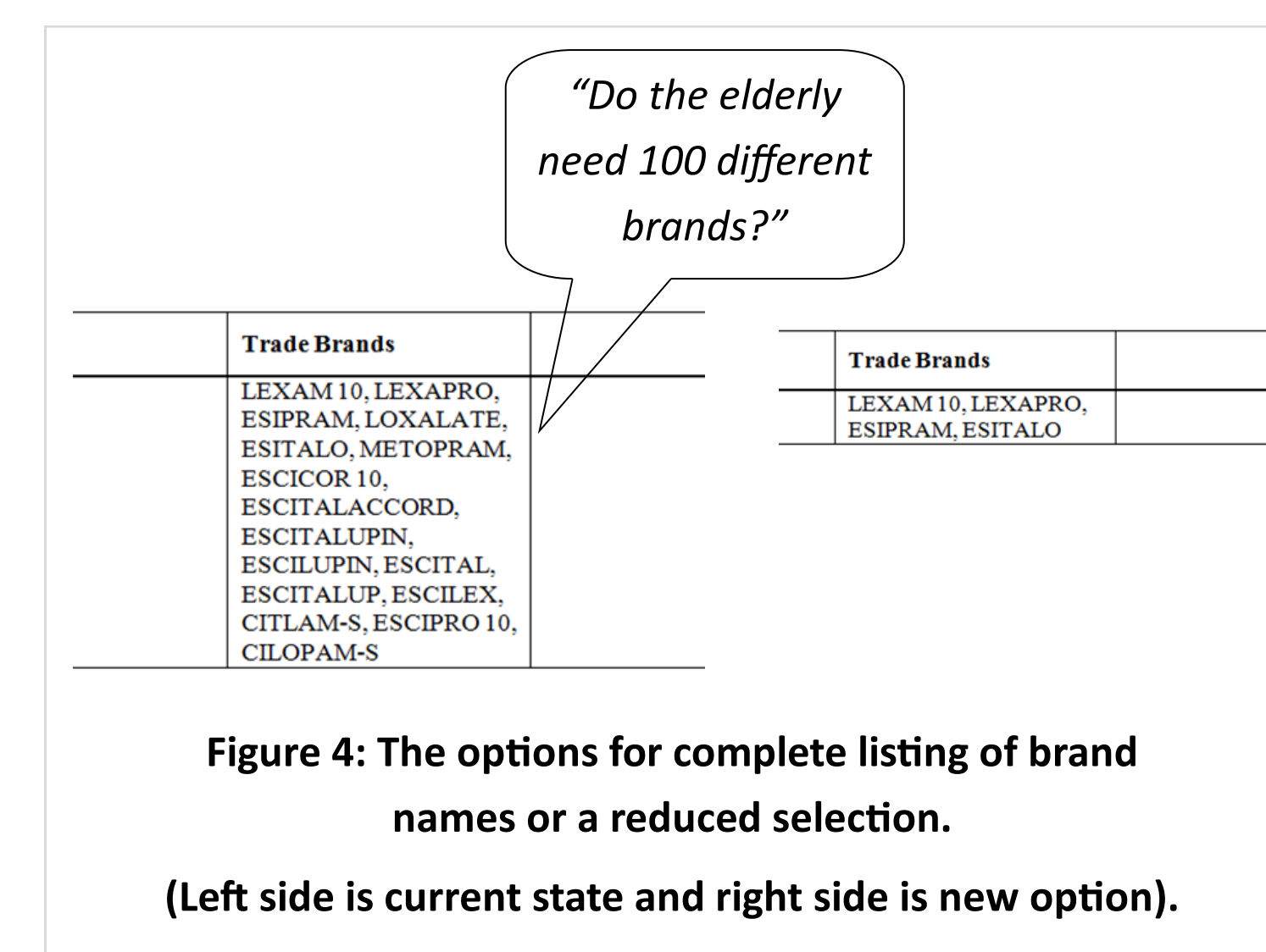


Figure 4: The options for complete listing of brand names or a reduced selection.
(Left side is current state and right side is new option).