

# Do we know what patients want? Evaluating feedback on the provision of medicines information

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## Background

Lack of knowledge about medications is a cause of patients' non-adherence<sup>1,2</sup>. Ensuring patients understand the purpose of medications, when and how to take them, is more likely to lead to safer use and better health outcomes<sup>2,3</sup>. Informed patients can make decisions about their care and treatment which are the components of patient-centred care<sup>3</sup>.

## Aim

- To collate responses from current patient feedback sources
- Evaluate the HappyOrNot® system as a method of obtaining feedback regarding the delivery of medicines information



## Methods

### 1. Current feedback sources

Responses relating to medications/health information collated from:

- The Point of Care Audit (POC)- Jan to Mar 2016;
  - Audit of a random selection of inpatients by nurse surveyors
- Alfred Health Patient Experience Survey (PES)- Jan to Mar 2016
  - Survey administered to inpatients by volunteer surveyors
- Complaints and Compliments (CC)- Jan to Mar 2016;
  - Collated by Alfred Clinical Governance Unit
- Victorian Health Experience Survey (VHES)- April to June 2016;
  - Postal survey of patients on behalf of the Victorian Department of Health<sup>4</sup>



Figures 1 & 2: Using HappyOrNot®; Machine positioned near Alfred Centre Pharmacy



### 2. HappyOrNot®

Questions were developed with consumers, research team and clinic pharmacists, regarding medication information delivery<sup>5</sup>.

From 11 July - 30 September, one question per week was presented using the HappyOrNot® system. (Fig 1) Written feedback was also encouraged. The machines were placed near:

- Outpatient Medication Services Pharmacy
- Alfred Centre Outpatient Pharmacy (Fig 2)

## Results

### 1. Current feedback sources

- POC data: 74% (n= 431) inpatients agreed that they received information about their medications
- PES: 93% (n=685) patients felt comfortable asking a nurse, doctor or pharmacist questions about medications
- CC: (n~100) No specific comments regarding medication information was identified
- VHES: 68% (n=217) patients felt they received sufficient information (not specific to medication) to manage their health at home before discharge<sup>4</sup>. (Fig 3)

Figure 3: VHES Q 69 graphed results



## Results cont.

### 2. HappyOrNot®

- Outpatient Medication Service sees approximately 200 patients per week. Over the 6-week period, 209 patients responded to the questions posed, giving a response rate of 17%.
- Alfred Centre sees approximately 80 patients per week. Over the 6-week period, 117 patients responded, a response rate of 24%.

The HappyOrNot® software calculates a score and presents data graphically. For example,

- Question 1: *Please rate how satisfied you are with the explanation of changes to your medications.* 98% of patients were very satisfied or satisfied.



- Question 3: *How confident do you feel in managing your own medications?* 93% of patients felt confident or very confident.



- Overall responses were positive. Over 90% responses rated 'very satisfied' or 'satisfied' for all 6 questions at both sites. (Fig 4)

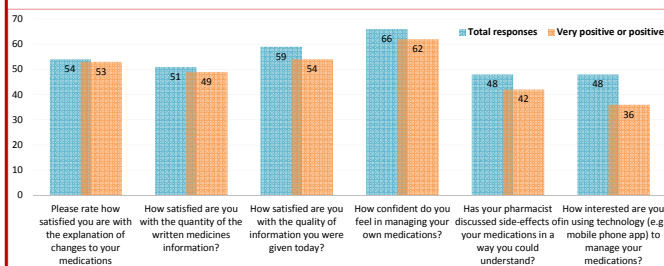


Figure 4: Summary of responses for all six questions

- Seven written comments were received. One patient commented on confusion around generic and brand names, one requested more staff and five were very positive.

*'The pharmacy staff are always patient and extremely helpful in making sure that you understand how and when to take medications'*

## Discussion

- Analysing existing patient feedback available from POC, PES, CC, VHES and written feedback showed overall positive responses and general satisfaction from patients.
- HappyOrNot® is a novel approach<sup>6</sup>. Overall, it was an efficient and rapid method of collecting feedback.
- However, there was a low number of responses. This limited the evaluation and generalisability of data.
- The lower than expected numbers could be due to: positioning of machine; pharmacy staff needing to inform patients to answer survey; patients may not be confident on how to provide feedback.
- We will consider re-using HappyOrNot® in the future after determining the barriers to patient use.

## Conclusion

Existing surveys provided an opportunity for patient feedback. However, they were not specific to medication information provision. The HappyOrNot® machine allowed a snapshot of patient satisfaction. Overall the device provided ready-made collation of feedback. However, consumer response rate was low. Further investigation with consumers, for example in focus groups, would inform future use of this technology.

## References

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