

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^{1,2}. 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^{2,3}. Informed patients can make decisions about their care and treatment which are the components of patient-centred care³.

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 Health⁴



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 delivery⁵.

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:

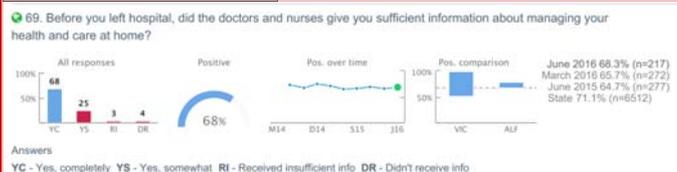
- Outpatient Medication Services Pharmacy
- Alfred Centre Outpatient Pharmacy (Fig 2)

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 discharge⁴. (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)

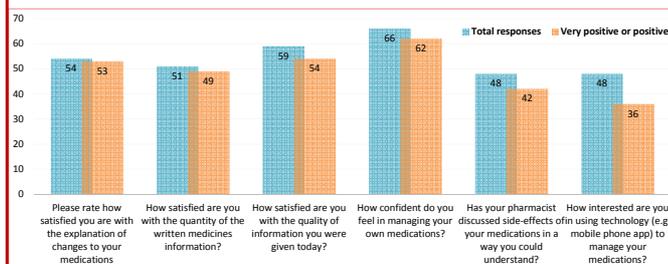


Figure 4: Summary of responses for all six questions

- 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 approach⁶. 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.

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