

Inpatients education about newly prescribed medications during hospitalization - Mohamed Raouf- King Faisal Specialist Hospital and research center

Mohamed Raouf

King Faisal Specialist Hospital and research center - Jeddah, KSA

Abstract

Background: Patients insufficient knowledge or misinformation about their medications may lead to poor treatment outcome. Inpatient pharmacist of KFSHRC-J developed a structured process to educate eligible patients in selected units about their newly prescribed medications (indications and side effects) during hospitalization. Should patients be educated about the medications they are getting, or that are available to them, while they are in the hospital?

The researchers asked 50 cognitively intact adult general medicine inpatients to list medications they believed had been prescribed for them. The researchers asked 50 cognitively intact adult general medicine inpatients to list medications they believed had been prescribed for them within the hospital. Ninety-six percent omitted one or more of their inpatient medications. On average the patients omitted 60% of their medications—which came to almost seven forgotten drugs per patient. At the same time, more than three-quarters of the patients said they would like to have received a medication list, but only 28% said they had actually seen one in the hospital. Ninety-six percent omitted one or more of their inpatient medications. On average the patients omitted 60% of their medications—which came to almost seven forgotten drugs per patient. At the same time, more than three-quarters of the patients said they would like to have received a medication list, but only 28% said they had actually seen one.

Those patients who have the capacity and interest to find out about their inpatient medications should be educated, said Dr. Cumbler, an professor of general medicine at the University of Colorado. Such patients could also be ready to catch potential medication errors—a significant explanation for in-hospital medical mistakes, he noted.

Yet other hospitalization experts say an excessive amount of education about medication can actually make patients more confused than insufficient education. This may occur, for instance, if the medications a patient was on reception were stopped within the hospital, or if certain in-hospital medications got for fewer than 24 hours, noted Allen Vaida, PharmD, executive vice chairman of the Institute for Safe Medication Practices.

Some patients—such as those with dementia, severe conditions or poor health literacy—also might not be willing or ready to keep track of the medications they're getting, Dr. Vaida said. Indeed, 38% of the admissions in Dr. Cumbler's study were excluded from the study for reasons like not knowing their outpatient medications, not speaking English, and having a history of dementia.

Educating every patient may not be realistic, Dr. Cumbler acknowledged, and there's a danger in educating patients within the wrong way. "There is completely potential to introduce confusion if you are trying to supply an inventory of medicines without explanations and without a mechanism to stay the patient as current changes," says Dr. Cumbler.

Still, the practice holds promise. In a pilot study, Dr. Cumbler's group had hospital staff educate 20 patients about their inpatient medications. A research assistant translated medication lists into consumer-readable language. About half the pilot patients gave feedback or asked questions on their medication, and during a few instances, the patient feedback resulted in minor changes to their medication regimen. In a minimum of one case, a patient identified a potentially major safety problem before it caused harm, Dr. Cumbler said.

Method: Daily report generated by pharmacy informatics for the newly prescribed medications in the selected units. Inpatient pharmacists are checking the daily reports and then reviewing patient's profiles, followed by educating patients about their newly prescribed medication. Education is done through patient rooms extensions due to Covid 19 precautions. Pharmacist documented patient education through Microsoft form designed for this purpose. Inpatient pharmacist target to educate more than 50% of eligible inpatients about their newly started medication in selected units and more than 70% of eligible patients educated within 24 hours from starting new medication (to educate most of patients before discharge).

Results: On weekly basis data extracted from excel sheet generated by the Microsoft form, and analyzed to determine the percentage of educated patients. Percentage of educated eligible patients in selected units during September and October 2020

was 64 % (190 patients) educated for the newly prescribed medications. Percentage of patients received education within 24 hours of prescribing medications was 75% (142 patients).

Conclusion: inpatient education increase patient's knowledge about their medications and compliance. Efforts will be continued by inpatient pharmacists and more resources will be allocated to expand for more units and to improve medication education service.

Biography

Mohamed Raouf has completed his master degree in clinical pharmacy at the age of 35 years from Minia University. He is pharmacist I in medical critical care pharmacy of King Faisal Specialist Hospital and research center - Jeddah, KSA.