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Inpatient participation in medication safety: Competing priorities

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Supported by the Health Foundation, an independent charity working to improve the quality of health care in the UK.

Background

- Patient involvement in safety increases satisfaction and health outcomes, and reduces avoidable harm (Weingart 2011)
- **BUT...** patients largely ignored in studies of medication safety in the inpatient setting
- Electronic prescribing (EP) is becoming more widespread
 - 69% English hospitals have some form of EP
 - 13% use inpatient EP for all medical and surgical ward
- **BUT...** evaluations of EP to date have focused on safety, efficiency and effects on healthcare professionals

Aim

- We aimed to explore how healthcare professionals facilitated hospital inpatient engagement with medication safety-related behaviours, and how this differed between paper-based and electronic medication records.

Methods








□ **Setting**

- ❖ Site A: roll out of electronic prescribing started Spring 2015
- ❖ Site B: in-house electronic prescribing since 2007
- ❖ Focus on inpatient areas with patients taking medication for long term conditions

□ **Methods**

- ❖ Ethnographic observations of pharmacists' ward rounds, MDT ward rounds, nurses' drug rounds - by lay and pharmacist researchers
- ❖ Semi-structured interviews with patients (8), carers (4), pharmacists (8), nurses (8) and doctors (8)
- ❖ Used thematic analysis, based around the London Protocol's factors influencing clinical practice

Research questions and methods

Research question	Interviews	Observe	Patient panel	Stakeholder
What medication safety behaviours do healthcare professionals & patients believe are appropriate for inpatients?				
What are patients' and healthcare professionals' views on patients accessing inpatient medication records?				
How do healthcare professionals use inpatient medication records to facilitate patient understanding of their medication & involvement in safety?				
How do findings differ between paper based prescribing and electronic prescribing?				
What interventions do patients feel would be useful?				
How can we implement these interventions?				

Vignettes

- 1. What is going well?**
- 2. What is going wrong?**
- 3. What would you improve?**

PATIENT-CENTERED CARE



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Use of drug charts

- ❑ For the majority (98%) of healthcare professional-patient interactions: drug charts were not shown to patients
- ❑ Where they were shown to patients, formats included: paper chart, print out from electronic record.
- ❑ Healthcare professionals accessed drug charts during patient interactions and used them to answer patients' questions
- ❑ If drug charts not available during consultations, healthcare professionals were not always able to answer questions accurately or respond to concerns raised.

Paper vs electronic prescribing

- Whether electronic or paper, if charts were located away from patients, discussions about medicines were more likely to take place away from patients.
- Environmental factors affected whether or not EP acted as a barrier to patient involvement.
- Patients were more likely to access paper based records than electronic records.

System contradictions



- Involve patients
- Be open and honest
- Inform patients of errors



- Make sure patients take medicines exactly according to the doctors' prescription
- Do not allow patients anywhere near their medication without a full risk assessment
- See patients at a time that suits the hospital

Patient involvement: Whose responsibility is it?

- ‘Maybe just more a nurse engagement with their medicines ... just to discuss, “This is your medication ... and this is what it’s for, this is why you’re taking it,” actually at the point of actually giving it, and maybe doctors discussing it a bit more when they make changes to medicines.’ (pharmacist)
- ‘I think it’s good that we have pharmacists because they can definitely help with that, but doctors on a ward round... there’s lots of patients to see and time constraints.’ (doctor)
- We then kind of push a bit of the responsibility on to the nurses; so they think it’s our responsibility, we think it’s their responsibility and it kind of falls between the gap.
(pharmacist)

Who has the knowledge to answer patients' questions?

- ❑ 'There's some tablets that I'm giving that I don't know enough about and I can say, "Okay, this is what this is for," but if they ask other questions I don't know the answer to them.' (nurse)
- ❑ And I also think there's a thing where you feel on the ward round ... like the patients think that doctors are in charge. That's not really how it works, we're certainly not in charge of medications. ... We don't give medications and we don't screen them we write them up we prescribe them, And I think it can be disempowering because ... when the questions come then they do come back to you and you're like, "Oh, I don't know. (doctor)"

Is anyone going to take the risk of increasing patient involvement?

- Well I think if people were having discussions as to whether they should have this treatment or that treatment I would have thought it would be easier to have that conversation away from the patient's bedside, because ... you don't want the patient then to maybe feel, 'Oh, am I getting the best option or not?' Or, you know, 'If those two can't decide between them' then it might not give them the best view of the doctor's capability perhaps.' (nurse)
- It's not that I think it's theoretically inappropriate ...I don't know if that's practical. Like, what happens if the patient is not feeling very well and then you're feeling like you're being compelled to go and check your own medication, is that a good place to be as a patient? (doctor)

Carers



- We observed that doctors' and pharmacists' ward rounds and the main morning drug administration round are often conducted outside visiting hours which can limit carers' involvement.
- Carers reported that healthcare professionals do not always know the role of the carer or identify that they come as part of the package with the patient.
- The findings indicated that carers can sometimes take responsibility away from patients.

Thank you!!