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Aim

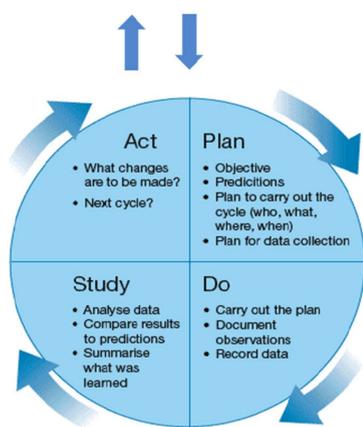
Increase patient understanding by 25% through the utilization of a standardized approach to patient education with respect to DAPT/AT in percutaneous coronary intervention (PCI or angioplasty with stent) patients admitted to N42 at Surrey Memorial Hospital by June 2019.

Background

- Risk factors for medication related adverse events:
 - number of medications patient is taking (> 5)
 - multiple changes to patient's medication regimen
 - patients on high-risk medications
- 24% of heart attack patients do not fill their medications within seven days of discharge (Jackevicius, C., Li, P., & Tu, J., 2008)
- 34% of heart attack patients with multiple prescriptions stop taking at least one of them within one month of discharge (Ho, P. et al., 2006)
- Patients with clear understanding of their after-hospital care instructions are 6-8% less likely to be readmitted <30 days after index hospitalization than those who are unclear (Jack, B. W. et al., 2009)

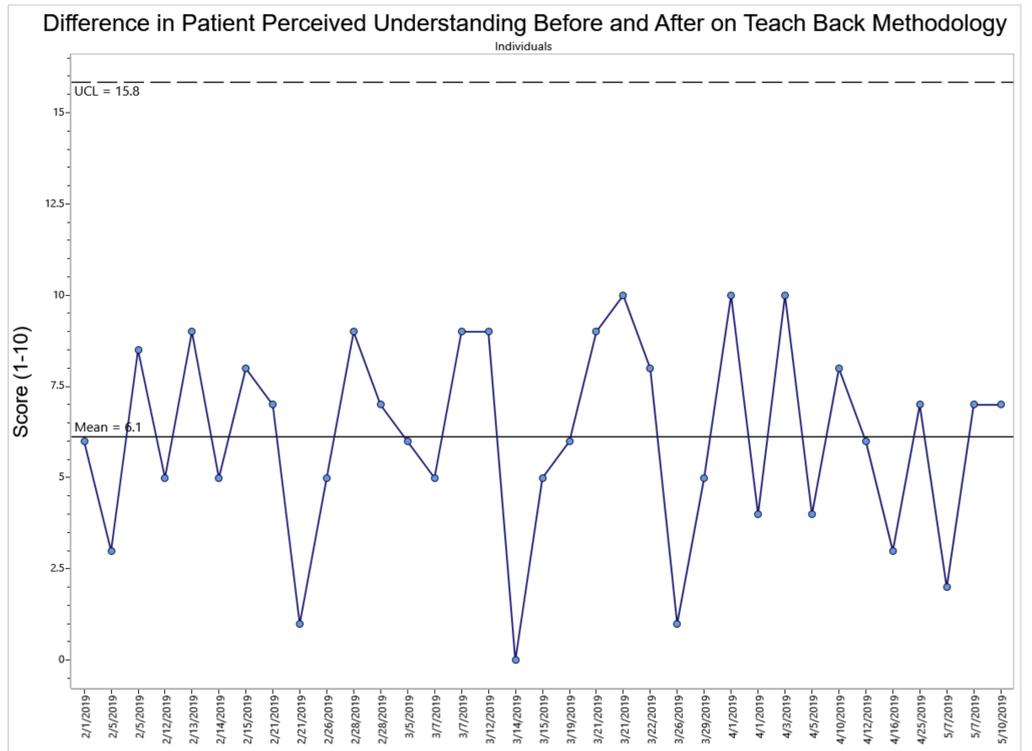
Project Design & Strategy

- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What changes can we make that will result in an improvement?

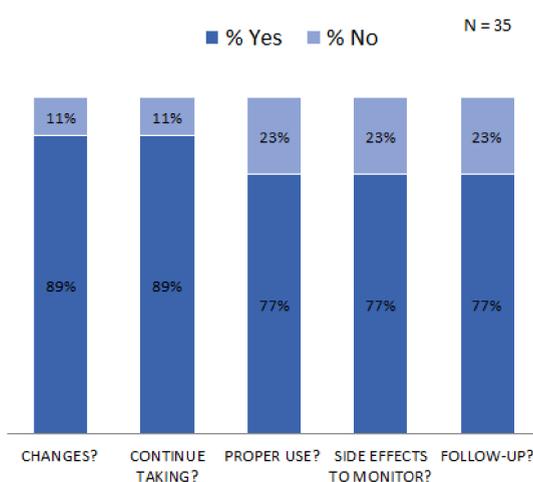


Type of measures	Measure
Outcome	1. Increase patient understanding of medications (Likert scale)
Process	1. Increase number of questions patient understands from "5 questions to ask about your medications" after education
Balance	1. Number of readmissions (<30days of index hospitalization) secondary to re-thrombosis 2. Time (min) spent with patient per education session

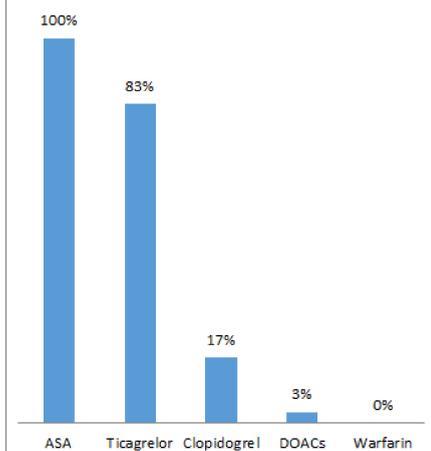
Results



Teachback Methodology



Medications Prescribed



Changes Made

- Patient admitted post PCI prescribed DAPT/AT— likely had some teaching from interventional cardiologist
- Rx Technician – verify Pharmicare registration, identify any medication needing SA (e.g PPI, Carvedilol, ARBs), print patient education handouts on DAPT/AT, start medication calendar
- RN / Rx technician – provide DAPT/AT post PCI patient education handouts, begin standard medication calendar, and identify community pharmacy
- Rx – provide discharge counselling , reinforce patient education handouts and uses teach back methodology

The following questions were used with the Teach Back Methodology to evaluate the patient's understanding of their medications.

5 QUESTIONS TO ASK ABOUT YOUR MEDICATIONS when you see your doctor, nurse, or pharmacist.

- 1. CHANGES?** Have any medications been added, stopped or changed, and why?
- 2. CONTINUE?** What medications do I need to keep taking, and why?
- 3. PROPER USE?** How do I take my medications, and for how long?
- 4. MONITOR?** How will I know if my medication is working, and what side effects do I watch for?
- 5. FOLLOW-UP?** Do I need any tests and when do I book my next visit?



Visit safemedicationuse.ca for more information.

Lessons Learned

- Patient partners are key for success of your QI Project

Next Steps

- Awaiting approval of FH specific medications handouts
- Add adherence assessment questionnaire
 - Do you fill all of your medications you were prescribed regularly?
 - Assess Pharmanet
 - Do you understand why you are taking you medications? Y/N
 - If no, refer to clinical pharmacist
 - Do you use more than one pharmacy to fill your prescriptions? Y/N
 - Do you ever forget to take your medications? Y/N
 - Clinical pharmacy technician to assess dexterity, discuss tips to remember (e.g. blister pack or dosette)
 - Do any of your medications make you sick? Y/N
 - If yes, refer to clinical pharmacist
 - If you feel worse, do you stop taking them? Y/N
 - If yes, refer to clinical pharmacist)
 - If you feel better, do you stop taking them? Y/N

References

- Ho, P., Spertus, J., Masoudi, F., Reid, K., Peterson, E., Magid, D., . . . Rumsfeld, J. (2006). Impact of medication therapy discontinuation on mortality after myocardial infarction. *Archives of Internal Medicine*, 166(17), 1842-1847.
- Jack, B. W., Chetty, V. K., Anthony, D., Greenwald, J. L., Sanchez, G. M., Johnson, A. E., . . . Culpepper, L. (2009). A reengineered hospital discharge program to decrease rehospitalization: a randomized trial. *Annals Of Internal Medicine*, 150(3), 178-187.
- Jackevicius, C., Li, P., & Tu, J. (2008). Prevalence, predictors, and outcomes of primary nonadherence after acute myocardial infarction. *Circulation : Journal of the American Heart Association*, 117(8), 1028-1036.

Acknowledgements

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