The use of outcome data monitoring in the quality assurance of MI services
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Abstract:
Focal Points
- Patient outcome data for individual MI centres could be a powerful QA tool.
- It is feasible to collect such data for both professional & patient enquiries.
- Subject to validation, this approach to QA could be easily rolled out nationally.

Introduction
In recent years, the effects of Medicines Information (MI) services on patient outcome have become a focus for research. Positive effects of an MI enquiry answering service for healthcare professionals (HCPs) have been demonstrated & small scale projects have found similar benefits for patient helplines. If patient outcome data could be collected through routine MI quality assurance programmes, they might provide a powerful tool for monitoring the quality & worth of an individual MI service.

Method
Two key patient outcome questions for HCP enquiries were validated in a recent national study: how did the advice from MI affect your patient’s care or outcome? & how did the advice from MI affect the safety of your patient’s drug therapy? These questions were added to the standard national user survey for the MI centre at the RUH, Bath. In other regards, the user survey remained unchanged for the next 15 months.

When the same centre opened a patient helpline, there was no equivalent validated tool to measure patient outcomes for the new service. Therefore, a simple survey was devised & distributed by post (including a paid return envelope) to every caller for the first 6 months of helpline operation & subsequently to two randomly selected callers each week.

Results
The HCP survey response rate for the two years prior to the introduction of patient outcome questions was 78%. This fell to 68% in the first 15 months after the introduction of patient outcome questions. Over this time, 61% of respondents answered the patient outcome questions. 86 responses to the outcome questions were received over the first 2.5 years. A positive impact on patient care or outcome was reported for 90% of patients, with 17% of patients experiencing improved outcome. A positive impact on medicines safety was reported for 87% of patients, with 22% of patients avoiding a major risk. These figures are comparable with data from the original national study.

A response rate of 49% was achieved for the patient helpline survey, giving data from 29% of callers. 100% of responders stated that they found the advice they received helpful & that they followed it. 98% of responders stated that calling the helpline had improved their experience of the hospital. The following patient benefits were reported: medicines problem solved or avoided (74%), reassurance (38%), patient changed how they take their medicines (19%) & a change was made to a prescription (13%). Patients reported that calling the helpline had increased their understanding of interactions (31%), side effects (17%), safety (17%) & dosage (15%). Respondents stated that if they had not been able to phone the helpline, they would have contacted their GP surgery (65%), community pharmacy (40%), someone else at the hospital (31%), NHS Direct/111 (10%) or searched the internet (10%). A medication error was identified and corrected following 19% of calls.

Discussion
Questions regarding patient outcome can be included in regular MI user surveys whilst still achieving good response rates. The data obtained can be used to ensure the MI centre in question is working to a high standard & to demonstrate the patient value obtained from the provision of the service. HCP enquiry patient outcome questions have already been validated & could be quickly incorporated into the national MI user survey. Further research is required to validate patient helpline outcome questions. This should be a high priority for future research.