Examing the impact of hospital-based patient medicines helpline services. A systematic review with narrative synthesis.

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METHODS

Eligibility criteria: Any type of study design, any type of participant, any type of hospital-based PMHS, any type of outcome that fit the RE-AIM framework.

Information sources: Literature databases (Medline, EMBASE, CINAHL, Scopus, Web of Science); forward and backward citation searches; grey literature (databases: Opeengrey, ProQuest; Google and Google Scholar; targeted websites/conference proceedings; consultation with experts).

Search strategy: Designed by MW; checked by MJ and a subject librarian at UoB.

Study screening and selection: Titles/abstracts of literature search results were screened using Covidence. Full text reports were then attained and checked (all screening/selecting done by two researchers; disagreements resolved through discussion).

Quality assessment of included studies: The 20-item Axis tool was used to assess risk of bias and quality [5].

Narrative synthesis: Findings were synthesised in a narrative synthesis around the study objectives [6].

RESULTS

AIM: to examine the evidence as to the impact of PMHS, using the RE-AIM framework [4]. RE-AIM comprises five dimensions that are considered important for evaluating the public health impact of interventions.

- Need to improve the adoption and implementation of PMHS (e.g. available from all Trusts)
- Need to improve the patients' knowledge and use of PMHS
- However, more up-to-date and high quality research is needed (high risk of bias found in studies)
- Studies show that PMHS may improve people's knowledge and use of their medicines

CONCLUSIONS

REFERENCES


