

## A comparison of medication supply between public referral hospitals: is there room for improvement?

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**Background:** Variability exists between inpatient medicines supply processes worldwide, often despite many similarities within systems. This variability may lead to inconsistency between the efficiency of resources used.

**Aim:** To identify and describe the differences in medicines supply processes and activity between four Western Australian public referral hospitals.

**Methodology:** Information from four hospitals (A–D) was obtained from a standardised data-collection form and shared dispensing software. Data included; Dispensing activity, service provision, capital/infrastructure, and supply processes present. Data collection occurred in June 2015, with information from March–June 2015. Investigators also conducted in-depth interviews with hospital representatives in order to map supply processes.

**Results:** All hospitals used ward imprest systems to supply medicines to inpatients. In three hospitals (B–D) non-impresed medicines were dispensed for individual patient use only. Automation was present at one hospital (D). Patient's Own Medicines were used inconsistently between hospitals, with no hospital encouraging regular use. Variation was observed for discharge dispensing activity between hospitals. The proportion of admitted patients who received medicines on discharge varied by 34% (20–54%), and the proportion of medicines dispensed on the Australian Pharmaceutical Benefits Scheme varied by 15.5% (67–82.5%). There was also up to 55% variability in total inpatient medicines supplied per patient, per day (0.74–1.14).

**Conclusion:** The extent to which process variability leads to differences in activity is unclear, and whether this results in inefficiencies. Methods to both identify inefficiencies in medicines supply processes, and test and implement interventions to improve cost-effectiveness may result in the ability for hospitals to significantly reduced costs.

## The challenge with teach-back: learning from negative results from the health literacy in pharmacy (HeLP) RCT in Australia

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**Introduction:** Limited health literacy (HL) is highly prevalent in Australia with a consensus that services must adapt to meet patient needs. A dearth of interventions in pharmacy needs to be addressed.

**Methodology:** The HeLP educational programme for pharmacy staff was developed to enhance services and reduce the impact of medicines misadventure. evaluated by a cluster-randomised controlled trial, conducted in 77 pharmacies. HeLP was designed and delivered over 9 months by a consortium of 6 universities, which introduced HL concepts and effects and then strategies to minimise risk. A core HL strategy is using 'teach-back' during counselling to determine and reinforce patient understanding. This, with other behavioural strategies, was assessed by observation, self-report, patient interviews (pre /post intervention) and focus groups with pharmacy staff.

**Results:** Use of teach-back decreased significantly after the intervention. Focus groups described greater awareness of the significance of teach-back and its risks, particularly if appearing to test or judge patients. After the intervention previous, subconscious use of teach-back evolved to a conscious and considered action, which could be withheld. Subsequently only those comfortable with it used the technique managing impact on patient relationships. Sustainability of behavioural change was not assessed but needs consideration.

**Conclusion:** 'Textbook' examples of teach-back techniques were not well adopted. Participants understood the importance of teach-back to assess patients' understanding following intervention, but recognised it may upset or offend patients. Increased opportunity to explore variations of this strategy would allow staff to develop processes and phrases that suit their confidence level, personality and clientele. Peer feedback is also recommended.