



Home Medication Review by Hospital Tuanku Fauziah: Carers' Perspectives

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Introduction

Home Medication Review (HMR) is a patient-oriented service involving continuation of patient's care from health facilities to their home to assess patients' pharmacotherapy.¹

HMR is implemented by Pharmaceutical Services Programme, Ministry of Health Malaysia in 2004¹ and was integrated into Hospital Outreach Programmes (HOPs), Hospital Tuanku Fauziah (HTF) since 2010.

HMR activities are conducted by Medical Outreach Team (MOT), a part of HOPs which is a multidisciplinary team of healthcare professionals (HCPs) including pharmacist.

This service are provided mainly to bedridden patients.

HMR has positive impacts on patients' care.²

Problem statement :

The awareness and understanding of patient's carer towards this extended hospital service have been limited.

To improve the provision of HMR, we need to understand carers' viewpoints of the current service.

Justification of Study :

No published study conducted to evaluate the carers' perspectives of HMR in Malaysia.

Objective : To explore the carers' perspectives of HMR conducted by Medical Outreach Team (MOT) of HTF.

Methods

Study design : Qualitative study by in-depth interview

Inclusion criteria :

Carers of patients who were involved in the HMR programme for more than 6 months

Carers aged 18 years old or above

Exclusion criteria :

Carers of patients who have discharged from HMR programme.

Carers who are unable to communicate in Malay or English language

Sampling method : Purposive sampling

Data collection & analysis:

1. Carers were approached during routine follow-up of HMR.

2. Upon informed consent, another session was arranged to be conducted at patients' home.

3. Audio recordings (with prior informed consent) were transcribed verbatim into Microsoft Word. Responses in Malay language were back translated into English.

4. Transcripts were subjected to inductive thematic analysis by all researchers independently.

5. Discussions until a consensus on common themes were reached and no more new emerging themes.

Results

Nine carers were interviewed.

Four themes :

1. Understanding of the Services

Subtheme 1 : Details on the programme - received very brief explanation

"only told that the visit will be done once per 3 months." (C1)

"We are explained that we'll be visited every 6 months." (C3)

Subtheme 2 : Assumption on reason of recruitment – difficult to bring patient to hospital

"since it is quite difficult to bring patient to the hospital." (C5)

"Maybe because he is an elderly patient." (C6)

Subtheme 3 : Healthcare professionals' recognition – recognised based on experience

"Got dietitian, physiotherapist aside from the MO and the nurse in charge. At one time, 8 health care providers came..... Health & safety, hmmm I'm not sure and pharmacist" (C9)

"Doctor, MA, staff nurse, driver... From the pharmacy ... A physiotherapist ..." (C3)

2. Perceived Benefits on the Services

Subtheme 1 : Convenience of not having to go to the hospital

"It's hard to get an ambulance here." (C7)

"Before this, I also need to call an ambulance in order to bring the patient to the hospital for follow up." (C8)

Subtheme 2 : Engagement with healthcare providers

"I felt relieved knowing that there are people who wants to take good care of her." (C4)

"If he knows the date your team will come, he will look forward." (C9)

3. Difficulties Faced During the Programme

Generally no major problems except few having issues in collecting newly add-on medications from the hospital.

"I need to ask somebody else to bring me to the hospital to collect medicine." (C2)

"I went to MOPD clinic to ask for a new prescription, but they asked for many things that I don't really know." (C4)

4. Suggestions for Improving the Services

Subtheme 1 : Frequent visit by physiotherapist

"If possible, we want physiotherapist. Now, patient don't want to exercise by himself." (C8)

Subtheme 2 : Hope for more financial aids

"But if possible, we want a bed for our mom" (C5)

"We want help from anyone for his diapers, wet tissue, dry tissue and other necessary things. Patient already got help from JKM, but still not enough." (C6)

Discussions / Conclusions

Carers are chosen as the unit of analysis as patients are having impaired cognitive function and/or cannot communicate nor cooperate in in-depth interview.

1. Factor to poor understanding : Limited explanation by the doctors to patients, which was supported by other HMR study.³

Having good understanding on the programme will improve patients' preparedness and became actively engaged in decision making during the home care visits.⁴

In term of healthcare recognition, respondents answered the presence of Medical Assistant (MA) during home care visit, which is not true. This proves that awareness of HCPs' recognition especially allied healthcare professionals was still low.

2. For perceived benefits, other studies reported more perceived benefits from the participants, medication improvement, increased health-seeking behaviour and strengthened self-management.^{3,4}

3. In term of difficulty faced in HMR, a proper communication between healthcare workers and patients or carers is important to improve their knowledge as to manage the health and to keep professionalism of healthcare workers.⁴

4. Our participants were overall satisfied with current service. Participants' satisfaction will serve as an indicator to measure the quality of health service.⁵

In conclusions,

Carers' understanding of HMR was generally poor.

Difficulties encountered by carers may due to their poor understanding, which then lead to miscommunication or misapprehension.

The convenience of not having to go to the hospital was perceived as the major benefit of the programme.

Carers were overall satisfied with the current HMR programme provided by the MOT, HTF.

References

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