BACKGROUND AND IMPORTANCE

Measuring health care quality and performance is a major challenge in improving health systems efficiency. Patient experience is an important health care quality measure; thus, use of questionnaires reporting patients’ experience perceptions whilst receiving care is recommended. Patient-reported experience measures (PREMs) are questionnaires measuring the patients’ perceptions of their experience whilst receiving care.

The health unit certification model (ACSA model) addresses quality in an integral way, as it aims to the different areas and typologies of units that frame health care. In its core, a set of standards are mandatory to ensure the respect of citizens fundamental rights such as their right to privacy, confidentiality, information and dignity, participation in decision-making, respect for their values, beliefs and accessibility to care.

The COVID-19 pandemic has accelerated the establishment of proximity dispensation models and ambulatory care redesign, aligned with the ACSA accreditation model, implemented in 2019 at the Pharmacy Department.

AIM AND OBJECTIVES

Evaluate patient reported experience regarding outpatient care in a central hospital pharmacy, during the COVID-19 pandemic.

MATERIALS AND METHODS

Single-centre cross-sectional study (March-June 2021). Outpatients were invited to answer a survey, consisting of 14 questions: access to care, waiting time, communication and information about medication, pharmaceutical care provider (pharmacist in charge), privacy/confidentiality and unmet needs. The survey was made available to patients in paper or digital format at the pharmacist consultation office, teleconsultation, medicines home delivery and pharmedrive delivery.

RESULTS

A total of 11,225 patients were attended in ambulatory care during the study period. 2194 home deliveries, 1939 teleconsultations and 91 face-to-face consultations were carried out. Outpatients answered 148 surveys.

Most patients were pleased and felt safe to continue picking up their medication at the hospital pharmacy (86%) and 48% of patients knew they could schedule their medication delivery outside of working days.

Patients considered that there was availability to listen/ sympathy (99%) and privacy (96%) during the service. Waiting time was rated as appropriate (90%). Outpatients knew their reference pharmacist in 37% of the cases and, of those, 75% had already contacted their hospital pharmacist.

Delivery at the community pharmacy was as free service implemented mainly in the first months of the Pandemic. Afterwards, a contract with a certified Medication Distribution Company was established, favoring other proximity models. Nonetheless, 57% of patients were unaware of the possibility or did not need to receive their medication at the community pharmacy.

CONCLUSIONS

Pharmacist’s effort in pandemic times, implementing strategies to improve patient-centered care, ensured outpatients continuity of medicines and pharmaceutical care. In order to engage patients and improve their experience, awareness and retention to reference pharmacists needs to increase. As improvement measures we have enhanced our outpatient care guide with more detailed information, updated pharmacist training and conducted one clinical audit to pharmaceutical consultation and ambulatory care procedures.