Background and Importance

• Pharmacists can utilise teach-back as a method to enhance patients’ understanding of medication counselling at hospital discharge.
• However, the evidence regarding its impact on patient outcomes is inconsistent, and there is no standardised approach in the literature to implement pharmacist-led discharge medication counselling, with limited descriptions of pharmacist training reported.

Aim and Objectives

• To develop and implement a standardised discharge medication counselling service utilising teach-back in an acute university teaching hospital, and to evaluate feedback from patients and pharmacists regarding the service.

Materials and Methods

• This was a prospective feasibility study conducted at a 600-bed acute university teaching hospital in Dublin, Ireland.
• Figure 1 outlines the study processes of designing the intervention procedure and materials, training provision, pharmacists conducting the intervention, and attaining feedback from the pharmacists and patients involved.
• The open-ended feedback survey questions were analysed using thematic analysis.

Results

• 32 patients participated (mean age of 57 years; range 19-91) and mean Charlson Comorbidity Index score of 3 (range: 0-8).
• 9 pharmacists counselled on 94 medications (mean 3/patient; range 1-9), most of which were new (n=79; 84%), with the remainder involving medication changes (n=15; 16%).
• Two thirds of patients received counselling on antithrombotics.
• The mean counselling time was 24 minutes (range: 7-60).

Patient Survey

• All patients responded to the survey, whereby:
  ➢ 94% had increased confidence with medication knowledge,
  ➢ 91% understood what potential side effects to be aware of, and
  ➢ 94% were satisfied overall with the discharge medication counselling experience and the information provided.
• In the open comments, patients valued the clarity of information and recognised the value of teach-back and repeating instructions.
• Too close to discharge may not be the most suitable time for information provision, but patients found the written information useful as a point of reference at home.

Pharmacist Survey

• All respondents (n=8) agreed they were given adequate training for the intervention, that teach-back was feasible to apply in practice, and that it is an important and effective communication method to help ensure patients understand their medication.
• Pharmacists enjoyed the extra contact time with patients, but noted the added workload burden. The need for accompanying discharge medication reconciliation was also emphasised.

Conclusion and Relevance

• This is the first study to evaluate patients’ perspectives on teach-back medication counselling by pharmacists.
• Despite the small sample size, the included patients were diverse in terms of age and comorbidities, and most patients experienced positive outcomes from the discharge medication counselling.
• With this study’s standardised approach and comprehensive description of the training, larger-scale multi-centre randomised controlled trials can use this research in future to guide the development of discharge medication counselling services using teach-back.

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None.

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