

Optimising Anticoagulation Counselling

Using Video Media

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What was done and why?

The trust has a checklist of **complex** counselling requirements for anticoagulants, completed in **lengthy** consultations with patients before discharge. It is suggested that 40-80% of information provided by healthcare professionals are forgotten immediately by patients (1).

Thus, we sought to assess the use of pre-recorded anticoagulation counselling videos for use at ward level and as a resource for patients to refer to post-discharge.

The two primary aims were to (1) improve information provided to patients and (2) optimise pharmacists' time undertaking counselling.

How was it done?

A series of short and digestible video clips (1-2 minutes each) that reflected the trust checklist were recorded. Videos were played to patients and then a follow-up face-to-face consultation was undertaken to answer any questions.

Patient satisfaction was assessed using an 8 point questionnaire covering several consultation outcomes using a Likert scale. Consultation time was also compared to those without using the pre-recorded videos.

What has been achieved?

Over 4 weeks, 126 patients received anticoagulation counselling. 82 patients were counselled using videos and compared to 45 patients counselled without videos.

- ✓ The video-assisted consultation led to an **increase in overall patient satisfaction** to 86% (baseline without video: 70%).
- ✓ There was a **statistically significant reduction in time spent**; average face-to-face counselling reduced to 7 minutes compared to 24 minutes without videos (95% CI: (t(44)=11.1, p=0.0001). It is important to note that the reduced time was due to a more patient-centric counselling being achieved with use of videos.

There have not been any reported incidences since moving to video-assisted consultations. Additionally, there has been a reduction in patient queries related to anticoagulation post-discharge.



Achievement

70%

Reduction in consultation duration



Achievement

86%

Overall patient satisfaction (16% increase)

Satisfaction Level & Consultation Time Compared



What next?

Areas for further development include dubbing the videos into several languages to facilitate reduction in health inequalities by improving access to our local needs. Languages include Urdu, Bengali, Punjabi, Russian, Arabic and Polish.



Expanding the use of videos by producing recordings for several standard cardiac drugs may further improve efficiency at discharge. This can be accessed via QR codes, potentially via an app.

References:

1. Kessels RPC Patients' memory for medial information 2003 Journal of Royal Society of Medicine. 2003 96(5): 219-222

