

7.3 Percentage of patients who receive written and verbal information on regular psychotropic medicines initiated during their admission

Purpose

This indicator assesses the effectiveness of processes that ensure that patients and their carers receive adequate information to make informed choices about their treatments and to manage their medicines safely and effectively after hospital discharge.

Background and evidence

Lack of adherence with medication regimens is a common and potentially serious health problem and there are particular barriers to adherence in mental health patients.¹ Lack of adherence is more common when the patient disagrees with the need for treatment, the medication regimen is complex, or the patient perceives the side effects of treatment to be unacceptable.² Poor adherence to medication regimens is a major risk factor for poor outcomes, including relapse in people with schizophrenia, bipolar disorder and depression.³

Provision of written and verbal information on medicines promotes adherence⁴ and assists with communication along the continuum of care.⁵ The UK National Institute for Health and Clinical Excellence reviewed the evidence for adherence in patients with a range of health conditions. Although it concludes that no specific intervention can be recommended for all patients, it recommends that, in general, adherence is maximised if the patient is offered information about medicines before the decision is taken to prescribe; that this information is actively discussed, taking into account the patient's understanding and beliefs about diagnosis and treatment; and that the information includes the name of the medicine, how it works, the likely benefits and side effects, and how long it should be continued.⁶

Many psychotropic medicines have significant potential adverse effects, medicine and food interactions, and require regular monitoring.¹ Patient understanding of these issues, and involvement in the therapeutic plan, may reduce the risk of adverse events and enhance adherence.

Key definitions

Written and verbal information may vary in their form and are dependent on the individual patient's (and/or carers') needs. Written information should always be supported by verbal information. Both forms of communication should be provided; one is not a substitute for the other.

Some sources of written medicines information include:

- locally developed and approved medicines information brochures
- information from reputable sources e.g. Beyond Blue, Black Dog Institute, SANE Australia, www.choiceandmedication.org
- consumer medicines information leaflets
- NPS MedicineWise consumer medicines information.

Provision of verbal information should involve a two-way discussion of the written information provided. The information most pertinent to the individual patient should be highlighted and any additional information provided as necessary.

Every effort should be made to ensure that the information provided is appropriate to the patient's age, language, cognitive and developmental capacities. When the patient is unable to comprehend all the information, the information should also be provided to the patient's carer(s). For patients (and/or carers) from non-English speaking backgrounds, translated written information and use of an interpreter is highly recommended, where possible. For paediatric patients (and their carers), age-appropriate information that is tailored to the specific needs and issues of paediatric patients should be used where possible.

Provision of written and verbal information must be explicitly documented in the medical record.

Information may be provided at any stage during the current admission, but will ideally be provided at the time of initiation of a new medicine so that the patient and carer can participate in treatment decisions in an informed manner and have adequate time to read and clarify information provided prior to discharge. However, the patient's current mental health state should be considered when determining the most appropriate time to provide the information.

Regular psychotropic medicines initiated during their admission means the last regular psychotropic medicines initiated for the patient during their hospital admission. This medicine may or may not have been continued on discharge. Psychotropic medicines include anticholinergics, antidepressants, antipsychotics, anxiolytics, hypnotics, mood stabilisers and sedatives and any other medicines used for psychotropic effects.

Data collection for local use

Please refer to the section *Using the National Quality Use of Medicines Indicators for Australian Hospitals* for guidance on sample selection, sample size, measurement frequency and other considerations.

Inclusion criteria: All paediatric, adolescent and adult patients admitted to a designated mental health bed who have been initiated on one or more regular psychotropic medications during their hospital admission.

Exclusion criteria: Nil.

Recommended data sources: Medical and pharmacy records including discharge documentation.

The data collection tool for QUM Indicator 7.3 assists data collection and indicator calculation.

Data collection for inter-hospital comparison

This indicator may be suitable for inter-hospital comparison. In this case, definitions, sampling methods and guidelines for audit and reporting need to be agreed in advance in consultation with the coordinating agency.

Indicator calculation

$$\frac{\text{Numerator}}{\text{Denominator}} \times 100\%$$

Numerator = Number of patients who received written and verbal information on the last newly initiated regular psychotropic medicine initiated during their hospital admission

Denominator = Number of patients in sample initiated on one or more new regular psychotropic medicines during their hospital admission

Limitations and interpretation

It is recommended that the specific psychotropic medicines to be included in the audit be agreed at each hospital.

This indicator aims to promote the availability of patient-focussed written medicines information within hospitals and the provision of patient education at a level commensurate with the patient's (and/or carer's) capacities and understanding. However, the indicator does not assess the patient's (and/or carer's) understanding of the written or verbal information provided, or the adequacy or appropriateness of the information for the individual patient.

This indicator does not look at provision of information on existing (pre-admission) or PRN (as required) medicines. However, it is recommended that the need for information on these medicines is assessed and written and verbal information provided where necessary.

This indicator relies on documentation in the medical record that relevant written and verbal information was provided. Good documentation supports quality patient care⁷ and is a critical component of optimal medication management. Poor communication can result in adverse medicine events.⁸ Thus it is assumed that absence of explicit documentation means no information was provided. Where documentation does exist, the extent of documentation that is deemed acceptable for the purposes of indicator compliance should be agreed at each hospital.

Further information

Active promotion of adherence to evidence-based treatments through provision of understandable information forms Standard 10.5 of the Australian National Standards for Mental Health Services.⁴ Use of this indicator to demonstrate provision of medicines information to patients may assist organisations to meet accreditation against this standard.

Medication Safety Self Assessment for Australian Hospitals⁹ (MSSA) can help identify potential strategies for improvement with this and other indicators. MSSA encourages development of robust systems for safe prescribing, dispensing, administration and monitoring of medicines. MSSA is available at www.cec.health.nsw.gov.au

This indicator can be used to assist hospitals in meeting the National Safety and Quality Health Service Standard 1 [items 1.2.1, 1.2.2, 1.5.2, 1.6.1, 1.6.2, 1.8.2, 1.18.1, 1.18.2, 1.18.3] and Standard 4 [items 4.2.1, 4.5.1, 4.5.2, 4.13.1, 4.13.2, 4.14.1, 4.15.1].¹⁰

References

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