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Quality Assurance of Patient Counselling Services Provided in a Tertiary Care Hospital in Calicut



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ABSTRACT

Patient counseling service provides vital information on knowledge of disease and the use of medications which ensures better health management. The study aimed to conduct quality assurance of the patient counseling service provided in a multi-specialty hospital. A prospective observational study design was followed for a period of six months. The study procedure included collection of relevant information from the patient for the counseling process. A quality assurance checklist was prepared which included patient details, pharmacist preparation, health screening and interpretation, disease information, lifestyle and diet, drug counseling, time taken for counseling, and preceptor's review. Data required were collected from patient counseling forms and a log book. 43 patients were randomly selected from total of 124 patients counseled during the study period for the quality assurance analysis. Pharmacists collected relevant background information useful for patient counseling in 93.02% of cases, relevant health screening and interpretation was possible in 46.52%, 6.98% of cases were given with disease, lifestyle and diet counseling was given to 53.48%, and drug counseling was given for 23.26% of cases. In the case of time taken for counseling, 34.89% was done in 5 to 10 minutes of time span and 65.11% of counseling was given in less than 5 minutes. The study concluded that patient counseling done in the hospital has to be enhanced. The theoretical aspects or standard operating procedures provided to the clinical pharmacist are not sufficient in the fieldwork. So providing with suitable standard operating procedure which has more practical aspects to be faced during service would be more appropriate.



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INTRODUCTION

Clinical pharmacy services are provided by pharmacists to promote rational drug therapy that is safe, appropriate and cost-effective.¹ The clinical pharmacy services promote the rational use of medicines and more specifically to maximize therapeutic effect, minimize risk, minimize cost and respect the patient's choice.² It comprises a range of activities which include ward round participation, drug therapy review, therapeutic drug monitoring, drug information, patient counseling, pharmacist intervention, etc., The purpose of patient counseling is to give education regarding the disease condition, lifestyle modifications, drug administration instruction, motivation to the patient and necessary precautions.

Quality assurance (QA) is a management method that is defined as all those planned and systematic actions needed to provide adequate confidence that a product, service or result will satisfy given requirements for quality and be fit for use.³ Main goals for quality assurance in clinical pharmacy services are to ensure the provision of appropriate service to patients, to ensure medicine needs, monitor and evaluate standards of services provided, to identify and minimize the risks, to identify the area of development.

As patient counseling provides vital information to help with the knowledge of disease and the use of medications which ensures better health management. This study intended to conduct quality assurance of the patient counseling service provided in the study hospital, to observe the deficiencies in services and find corrective measures.

MATERIALS AND METHODS

The study followed a prospective observational study conducted for a period of six-month in PVS Sunrise Hospital, a multi-specialty hospital in Calicut, Kerala. The study was conducted after getting the approval from Institutional Ethics Committee of the hospital. A standard operating procedure was maintained by the department. The various steps were: collection of relevant information from the patient for the counseling process viz., patient identification, occupation, disease of concern, duration of disease, vitals, comorbidities, lab reports, review patient medication order or prescription, assess the basic knowledge of patient on disease and medications given. Patient counseling included lifestyle changes, diet, disease knowledge, medication identification, administration procedures, and precautions needed while taking drugs. Patient information leaflets were given on the basis of the need.

The quality assurance checklist was prepared which included patient details, pharmacist preparation, health screening and interpretation, disease information, lifestyle and diet, drug counseling, time taken for counseling, and preceptor's review. Data required were collected from various documents including patient counseling forms and log book. Descriptive statistics were preferred for the result formatting.

RESULTS

A total of 124 patients were counseled during the study period in the patient counseling center, out of which 43 patient counseling were chosen at random as an average count of two counseling per day basis for the quality assurance analysis. Among the selected counseling cases relevant patient details were collected from all. 93.02% of cases the pharmacist collected relevant background information useful for patient counseling, relevant health screening and interpretation was possible in 46.52%, 6.98% of cases were given with disease, lifestyle and diet counseling was given to 53.48%, and drug counseling was given for 23.26% of cases. In case of time taken for counseling, 34.89% was done in 5 to 10 minutes of time span and 65.11% of counseling was given in less than 5 minutes. No counseling was done for more than 10 minutes. No preceptor's verification or review was observed in the study. Table No. 1 represents the quality findings of patient counseling on the basis of the quality assurance checklist.

Table No. 1: Quality assurance of patient counseling based on required components

Sl. No.	Checklist	Number	Percentage	
1.	Patient details	Relevant	43	100%
		Not sufficient	0	0
2.	Pharmacist preparation	Relevant information reviewed	40	93.02%
		Not relevant	3	6.98%
3.	Health screening and interpretation	Relevant	20	46.52%
		Incomplete	18	41.86%
		Not relevant	5	11.62%
4.	Disease counseling	Provided	3	6.98%
		Not provided	40	93.02%
5.	Lifestyle and diet	Provided	23	53.48%
		Not provided	20	46.52%
6.	Drug counseling	Provided	10	23.26%
		Not provided	33	76.74%
7.	Time taken	<5 min	28	65.11%
		5-10 min	15	34.89%
		10-15 min	0	0
		>15 min	0	0
8.	Preceptor's review	Reviewed	0	0
		Not reviewed	43	100%
9.	Counseling points briefing	Available	0	0
		Not available	43	100%
10.	Documentation	Complete	0	0
		Partial	43	100%
		Incomplete	0	0

DISCUSSION

The patient counseling department received a significant number of counseling in the study period. The main purpose of patient counseling was to improve therapeutic outcomes and

decreased adverse effects, improved patient adherence to the treatment plan, and decrease medication errors and misuse. The majority of participants included in the counseling were patients who came for regular checkups and bystanders. The details about diagnosis and treatments were absent in the study. Most of the laboratory data's were absent in study because the patients who were coming for follow-up and the bystanders were the participants. The counselor failed to record the counseling points could be due to insufficient time. The preceptor reviewing was absent from the study. The counseling department failed to document the details. The data which were entered into log book partial but the documentation of patient counseling forms was not done. This study was not been able to compare with any previous literature since no studies were found that used the same strategy as the present study.

CONCLUSION

Quality of clinical pharmacy services is essential for better care for patients, to prevent patient harm and to avoid wastage of healthcare resources. Desired quality in healthcare can be achieved by introducing quality indicators that can benchmark the process of healthcare delivery and by periodic assessment and evaluation of healthcare services in order to identify the areas of improvement. The main goals of doing quality assurance of clinical pharmacy services are to ensure the provision of appropriate clinical service to the patients and other healthcare professionals involved in their care, to monitor and evaluate services and their standards, to identify areas of improvement, to propose potential strengths and limitations of the service and to motivate practicing pharmacists and interns to maintain continuous quality processes to deliver competent patient care. The patient counseling done in the hospital has to be improved. The theoretical aspects or standard operating procedures provided to the clinical pharmacist are not sufficient in the fieldwork. So providing with the appropriate standard operating procedure which is more related to practical aspects faced during patient counseling service would be more appropriate. The documentation lacunas of patient counseling should also be rectified.

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