Multidrug Blister Pack Study

Participation in a pilot study

Master Thesis

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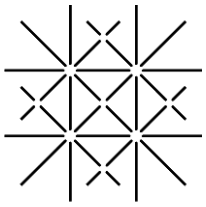

Abstract

Background

To decrease non-adherence in chronically ill patients various interventions exist such as the Drug reminder packagings (DremPs) like the Pharmis® multidrug blister. The multidrug blister study has the aim to measure the effect of Pharmis® multidrug blister on patient's adherence, time to rehospitalisation, major adjustment of drug therapy, and the humanistic outcomes. The study consists of different steps. In the hospitalization phase, the screening and recruitment are conducted. After the patient's discharge the study starts and in the subsequent ambulant phase, the follow-up interviews are conducted. The pilot study started in January 2013.

Objectives

To measure and improve the effectiveness, feasibility and quality of the multidrug blister pilot study, based on the structural and the process elements.

Methods

The evaluation was developed based on the model of Donabedian of "Quality of care" by first categorizing the elements and steps of the study into structure and process and then evaluation questions were formulated. Indicators were set for every question and the methods of measuring were chosen. At the end the evaluation was split up into three parts, the observation of the study team on the ward, the analysis of the study documents, and an interview with the members of the study team.

Results

The number of included patients in the pilot study is 4 out of 376 patients first screened in the ISMed. The main exclusion criterion in total is the domicile of the patients (18.44%), the second one are the vitamin K antagonists (13.26%), ≤ four oral, solid drugs (12.1%), the discharge (11.24%) and the rejection of participation (6.92%).

The time in reserve for the work on the ward is 1.23 days deducting days for assessment of data, patient decision making, and screening. The communication in the study team is for one person very comfortable, for two persons rather comfortable and for one person rather uncomfortable. The communication between the study team and the nurses is rated as "very good" by two members of the study team (N=2) and the communication with the doctors was rated as "good" by two persons (N=2).

Conclusion

The main problem of the pilot study is the time management which influences the effectiveness of the process. By adapting some structural elements such as a linking of the first and second screening directly on the ward, the choice of the optimal time for going on the ward, setting the patients a limit for their decision making, and an adapting of the exclusion criteria may improve the time management and consequently the ratio of in- and excluded patients.