



Patient Reported Experience Measure (PREM) to Assess the Value of Hospital Pharmaceutical Care to Patients with Chronic Diseases

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OBJECTIVE

Hospital pharmaceutical care (HPC) is paramount in the management of chronic disease and patient outcomes improvement ^[1-4]. The measurement of patients' experience (PREM) with HPC is traditionally performed using general healthcare and social care instruments thus non pharmaceutical care specific. This research project aims to develop a new PREM instrument to assess the self-reported value of the HPC for chronic patients.

METHODS

This research project was designed with the following phases: 1) Domain identification and characterization of patients HPC journey; 2) Literature review and relevant attributes itemization; 3) Item generation via patients and hospital pharmacists focus groups; 4) Drafting of the PREM questionnaire; 5) PREM questionnaire validation; 6) PRE-piloting feasibility for clarity and effectiveness; and 7) POST-piloting for psychometric evaluation by assessing PREM questionnaire reliability (Cronbach's alpha) and validity (Kaiser-Meyer-Olkin test and principal component factor analysis).

Here we report the systematic literature review conducted for relevant attributes itemization. The search strategy comprised a comprehensive set of key terms for 'hospital pharmacy services' and 'PREM'. Searches were performed in electronic databases Medline (through Pubmed) and Cochrane Library and aimed to identify evidence on the measurement of adult chronic patients' experiences and/or satisfaction with HPC.

RESULTS

Data were extracted from the 55 papers included and synthetized into domains and topics. The domains identified included: hospital pharmacy facilities, convenience/suitability of the HPC, interaction and relationship with the hospital pharmacist, education and counseling provided by the hospital pharmacist, therapeutics management and monitoring and overall satisfaction/experience. The topics identified were arranged by domain (Table 1).

Table 1. Synthetization of the domains and topics identified

Domain	Topic
lospital pharmacy facilities	Accessibility
	Privacy
	Comfort
	Overall environment
Convenience/suitability of the HPC	Opening hours
	Waiting time
	Consultation time
	Consultation format and adequacy
nteraction and relationship with the nospital pharmacist	Parlance
	Trust
	Pharmacist behaviour
	Support
	Availability
Education and counseling provided by he hospital pharmacist	Information provided
	Explanations and clarifications provided
Therapeutics management and nonitoring	Adverse events
	Interactions
	Posology, administration mode and storage
	Adherence
Overall satisfaction	

RESULTS

The electronic search resulted in 314 hits. Of these, 312 studies were included in the title screening after removing duplicates and a total of 166 were selected for abstract reading. Of the 116 studies selected for full-text screening, 55 met eligibility criteria and proceed to data collection (Figure 1).



The backbone for the item generation was obtained through this literature review. Patients and hospital pharmacists should be consulted in order to improve and consolidate this list.



Figure 1. Literature review screening flowchart

= CONCLUSION

Identification of relevant information to support item generation was concluded from the systematic literature review, which confirmed the need for further research in the measurement of chronic patients experience and preferences regarding hospital pharmaceutical care. The attributes itemization performed is paramount to the prosecution of the PREM instrument development, to assess the self-reported value of the hospital pharmaceutical care for chronic patients.

[1] da Costa, Filipa Alves, JW Foppe Van Mil, and Aldo Alvarez-Risco, eds. The pharmacist guide to implementing pharmaceutical care. Springer International Publishing, 2019. [2] Lin G, Huang R, Zhang J, Li G, Chen L, Xi X. Clinical and economic outcomes of hospital pharmaceutical care: a systematic review and meta-analysis. BMC Health Serv Res. 2020 Jun 1;20(1):487. doi: 10.1186/s12913-020-05346-8 [3] Plano Nacional para a Segurança dos Doentes 2021 -2026 (PNSD 2021 -2026). Despacho n.º 9390/2021. 24 Setembro 2021; [4] Ordem dos Farmacêuticos. Manual de Boas Práticas de Farmácia Hospitalar. 2020



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