

**Information in medical treatment courses
a steering tool for the quality - a pilot study**

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Information in medical treatment courses

- a steering tool for the quality

Which role does information on medicine play for the quality of medical treatment courses?



Background

Unintended events and suboptimal treatment with medicines is a major burden for patients and health systems all over the world.

Traditionally, patient safety has been viewed as the absence of errors, but another approach focus on learning from situations that goes well - also called resilience or Safety-II.

This, combined with a broad understanding of quality, is the platform for this study.

Methods

The study investigate patient-medication as a process focusing on variability. Systems theory and cybernetics concepts (steering, timing and feedback) as well as a classic communication model is applied as theoretical frame. Two groups of patients and their information providers are studied using qualitative methods. In the first phase, informants were interviewed about their use of medicines information, using a semi-structured interview guide. The interviews were fully transcribed.

The qualitative data analysis focus on the aspects most relevant for the patients concerning their use of medicines information. This included everyday use of medicines information and sources, actions in case of side effects/treatment-related incidents and feedback to and from health personnel on medicine use.

Objectives

The overall purpose of this three-phased study is to investigate how information is used as a steering tool for quality in medical treatment courses.

In the first part of the study, we analyze the role of information on medicine in relation to the quality of medical treatment courses.



Results

Seven patients using either chronic pain medication or anticoagulants participated. They were recruited from GPs, hospital outpatients clinics, pharmacies and patient organizations, and differed in age, sex, education, duration of disease, geography, co-morbidities, marital status and socio-economic relations. The data-analysis is ongoing.

Preliminary results show that patients seem to take an active role in their use of, and feed-back on, medicines information. The patients' relations to health providers seem relevant for their use of medicines information.

Conclusion

The results of this study will form a base for further studies of patterns identified to have a role for medication safety and quality of treatment courses.

The overall project results may provide health professionals with an insight into how patients' knowledge and experiences can be used more systematically to increase the quality of medical treatment.