



Policy and Procedure of Patient Education About
Medication Discharge

AMRH/PHARM/P&P/017/Vers.02
Effective Date: July 2022
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Institution Name: Al Masarra Hospital					
Document Title: Policy and Procedure of Patient Education About Medication Discharge					
Approval Process					
	Name	Title	Institution	Date	Signature
Written by	Policy & Procedure Team members	Pharmacy & Medical Stores	Al Masarra Hospital	26/7/2022	
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Acronyms:

AMRH	Al Masarra Hospital
HOD	Head of Department
TI	Therapeutic Index
NTI	Narrow Therapeutic Index



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1. Introduction

Patient education is a key competency element of the Pharmaceutical Care process. It is vital that Pharmacy professionals are in a position to give appropriate, reliable and trustworthy information to patients regarding their usage of prescribed medicinal products. The Pharmacy professionals/staff nurses, as part of a multidisciplinary team, are involved in the patient medication education program. The patient education of medication at discharge contributes a positive outcome by educating and counseling patients to prepare and motivate them to follow their therapeutic regimens and monitoring plans.

2. Scope

This document is applicable to all Pharmacy professionals, doctors, nurses, patients and their care providers in Al Masarra Hospital (AMRH).

3. Purpose

- 3.1 To promote patients' self-care, reduce readmissions, and help patient's spot problem early.
- 3.2 To encourage patients and/or their care providers to be active partners in the management of their health.
- 3.3 To educate patients and/or their care providers about their conditions, medications and when to seek medical treatment.

4. Definitions

- 4.1 **Patient Education:** a one-to-one interaction between assigned health care professional and the patient and/or caregiver. It is interactive in nature. It should include an assessment of whether or not the information was received as intended and that the patient understands how to use the information to improve the probability of positive therapeutic outcomes.



- 4.2 **Discharged Patient:** is the patient who leaves the hospital and either returns home or is transferred to another facility such as one for rehabilitation or to a nursing home. Discharge involves the medical instructions that the patient will need to fully recover.
- 4.3 **Discharged Medications:** all medications which patient will continue to take when leaves from the hospital and either returns home or is transferred to another care facility such as rehabilitation center or a nursing home.
- 4.4 **High Risk Medications:** are the medicines which cause significant harm or death to the client when used with error.
- 4.5 **Therapeutic Index (TI):** a ratio that compares the blood concentration at which a drug becomes toxic and the concentration at which the drug is effective. The larger the therapeutic index (TI), the safer the drug is. If the TI is small (the difference between the two concentrations is very small), the drug must be dosed carefully and the person receiving the drug should be monitored closely for any signs of drug toxicity.
- 4.6 **Narrow Therapeutic Index (NTI):** Some drugs have a narrow therapeutic index, which means that there is only a small difference between the minimum effective concentrations and the minimum toxic concentrations in the blood.

5. Policy

- 5.1 The Pharmacy professionals in their role as custodians of medicinal products, must ensure that the review of medicinal therapy and discharge patient education is consistent with the needs and safety of the patient.
- 5.1 The clinical pharmacist should be responsible for carrying out medication counselling subsequently to the doctor's referral during the time of discharge, at normal working hours.
- 5.2 The clinical pharmacist should provide directly medication education/counseling for these specific cases referred by the team doctors from the concerned unit.
- 5.3 Pharmacist/Pharmacy professionals must ensure patient identification, countercheck, prescription approval, and medication information at the time of dispensing.



- 5.4 The patient counseling/education area must ensure a reasonable level of privacy for the patient.

6. Procedure

6.1 General

- 6.1.1 Introduce yourself at the beginning of counseling and address the patient by name.
- 6.1.2 Present information exactly and in a logical order. Give the patient information in manageable amounts. Avoid overwhelming the patient with large amounts of information at one time.
- 6.1.3 Demonstrate special administration techniques (e.g., inhalers and eye preparations) using models, illustrations, and diagrams. Allow the patient an opportunity to practice the technique.
- 6.1.4 Display positive nonverbal behaviors, such as appropriate eye contact, body language, physical distance from the patient, tone of voice, and pace of speech.
- 6.1.5 Provide the patient an opportunity to provide feedback regarding problems and concerns, information needed, medication effects, and adherence.
- 6.1.6 Identify medication therapy problems by using active listening techniques and observing verbal and nonverbal cues.
- 6.1.7 Plan follow-up with the patient, as necessary. This is particularly important for patients receiving long-term medication therapy.
- 6.1.8 Summarize information at the end of the education session, emphasizing important key points. Verify the patient understands of the proper use of the medication(s).
- 6.1.9 Document all educational activities provided in the patient's record. This will provide information for future interactions with the patient and ensure consistency in the continuum of care.
- 6.1.10 If medicines were replaced in the prescription of used medications, care should be taken to explain which medicine has been replaced to ensure that the risk of duplication of therapy is avoided.
- 6.1.11 The education session may be conducted via oral, written, or technology-



based (e.g., videotapes, audiotapes, and interactive computer software) communication. In general, the most effective method of communication is oral counseling combined with written instructions. There are many types of printed counseling materials including leaflets, pamphlets, and wallet cards.

- 6.1.12 Educate the patient and/or care providers about the management of specific drug related problems. (*See Appendix 1. Patient Education at Discharge Checklist*).

6.2 Patients who should always be counseled

The following are the list of patients that should be counseled:

- 6.2.1 Multiple hospitalized patients.
- 6.2.2 Patients who are non-compliant to medications.
- 6.2.3 Patients with polypharmacy medications.
- 6.2.4 Patients with narrow therapeutic index medications.
- 6.2.5 Patients whose profile shows a change in medications or dosing.
- 6.2.6 New patients or those receiving medications for the first time (transfer prescription).
- 6.2.7 Children and parents receiving medications.
- 6.2.8 Patients receiving medications with special storage requirements, complicated directions, significant side effects.
- 6.2.9 Patients with medicines that has common or significant side effects which can affect the adherence or treatment continuation.
- 6.2.10 Patients with medicines where adherence is a key, e.g. narrow therapeutic index medications.

6.3 Medication Identification

Ensure these main points are addressed/considered when conducting patient education.

- 6.3.1 Medications changed while the patient has been in hospital (e.g. purpose, dose, frequency changes etc.).
- 6.3.2 Medications that are no longer required on discharge (including medications started in hospital and those the patient was taking prior to admission).
- 6.3.3 Medications to be continued on discharge (including medications started in hospital and those the patient was taking prior to admission).



6.3.4 New medications prescribed and patient is taking on discharge.

6.4 Confirm patient's understanding of the following:

6.4.1 Purpose of each medication.

6.4.2 Intended duration of therapy for each new medication.

6.4.3 Possible side effects and when it is necessary to seek medical attention for each medication.

6.4.4 Proper storage and what to do if one dose is missed to take.

6.5 Provide patient with the following:

6.5.1 Discharge Medication list, summarizing name of medication, purpose, dose, frequency, when best to take medications, duration of therapy and any additional comments which may be necessary.

6.5.2 Follow up information regarding appointments/laboratory tests that may be necessary concerning their medications/condition.

6.6 Encourage patient/caregiver to do the following:

6.6.1 Carry their medication list with them at all times/especially when traveling/in every healthcare appointment etc.

6.6.2 Keep their medication list up to date.

6.6.3 Ask to summarize their discharge medication instructions (to assess their understanding of information presented to them).

6.6.4 Inform regarding the necessity of follow-up/referrals with the other healthcare institution for the continuation treatment if any for the General Medicine related.

7. Responsibility

7.1 Clinical Pharmacist Shall:

7.1.1 Do medicine reconciliation and medication counsel for the referred specific cases by the concerned team doctors, at the time of actual discharge.

7.1.2 Be responsible to clear of all the recommendation or change in plan of medications in coordination with the treating team of doctors.

7.1.3 Highlight high risk medication which need regular follow up and investigation e.g. Clozapine, Lithium, Insulin etc.



- 7.1.4 Document all the pharmaceutical interventions in the patient record/hospital information system – Al Shifa 3+ system.

7.2 Pharmacists/Pharmacy Professionals Shall:

- 7.2.1 Review and Countercheck the prescription.
- 7.2.2 Ensure the patient has enough medications until next visit.
- 7.2.3 Clearly write medication instructions and dosages.
- 7.2.4 Provide all medicine information to the patient/care giver related to each of his/her medicines.
- 7.2.5 Clarify to the patient/care giver all information about the continuation therapy/follow-up requirement in other health institution for general medicines/Lab investigations if any.
- 7.2.6 Provide information about the need of prior registration, submission of referral copy etc. to the concerned institution's pharmacy section and also about the need of regular follow-up for referred cases.
- 7.2.7 Document all the pharmaceutical interventions in the patient record/hospital information system – Al Shifa 3+ system.

7.3 Document Writer Shall:

- 7.3.1 Ensure that this document is evidence-based.
- 7.3.2 Ensure that this document is updated every three (3) years.



8. Document History and Version Control

Document History and Version Control			
Version	Description of Amendment	Author	Review Date
1	Initial Release	Policy and Procedure team (P&MS)	December 2021
2	Update and Review	Policy and Procedure team (P&MS)	July 2025
Written by	Reviewed by	Approved by	
Policy and Procedure team (P&MS)	Najla Al Zadjali	Dr. Bader Al Habsi	

9. Related Documents

- 9.1 General Policies and Procedures of Controlled Drugs Substances – Pharmacy Department, Al Masarra Hospital
- 9.2 Preparation and Dispensing of Medications - Policy and Procedures - Pharmacy Department, Al Masarra Hospital
- 9.3 Unit Dose/Daily Dose system - Policy and Procedures, Pharmacy Department, AlMasarra Hospital
- 9.4 Adverse Drug Reaction Policy - Pharmacy Department, Al Masarra Hospital.
- 9.5 Medicine Reconciliation Policy on Admission, Transfer or Discharge - Pharmacy Department, Al Masarra Hospital
- 9.6 Patient Education at Discharge Checklist
- 9.7 Flow Chart
- 9.8 Audit Tool



10. References

Title of book/journal/articles/ Website	Author	Year of Publication	Page
Guidelines on Counseling	Napra, Canada	--	--
Counseling patients on medicines	Royal Pharmaceutical Society	--	--
Guidelines on the Counseling and Medicine Therapy Review- 2017	--	2017	--
JCI Resource Manual	--	--	--



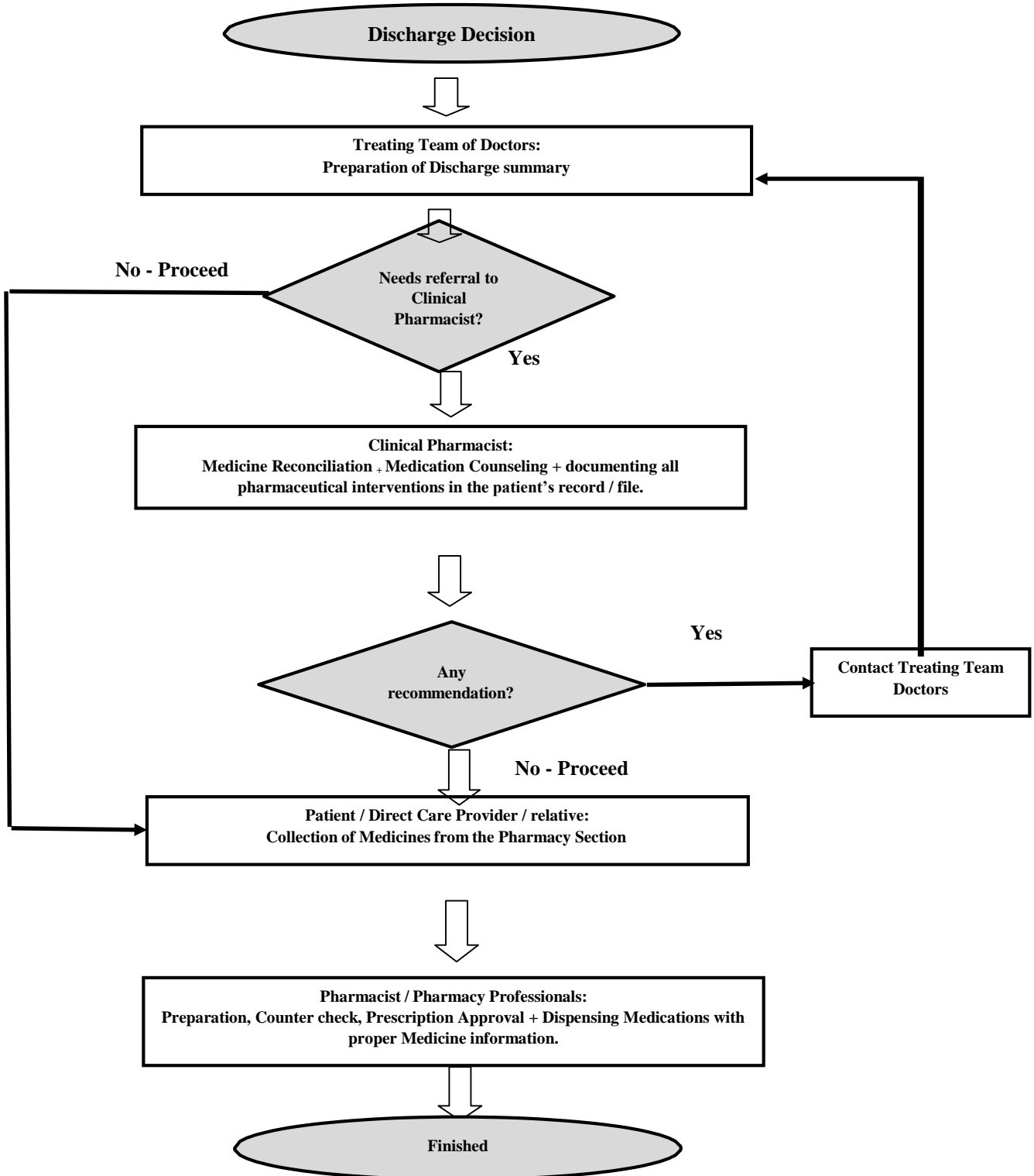
Appendices

Appendix 1. Patient Education at Discharge Checklist

<u>Pharmacy and Medical Stores, Al Masarra Hospital, MoH</u>		
<u>Patient Education at Discharge - Checklist</u>		
Patient Name:	Patient I.D:	Ward:
Date of Discharge:		
Do you educate the patient on the following about management of specific drug related problems?		
<ul style="list-style-type: none">○ Name and class of the medications.○ Directions for use like how take/administer it and duration of treatment and including education about drug devices○ Special storage requirements.○ Common or important drug-drug or drug-food interactions○ common or important potential side effects and associated time frames○ Instructions for what to do with any previously dispensed medicinal product(s), no longer required (i.e. safe disposal of medicinal product)○ Instructions for what to do when a dose is missed.○ Special directions for preparation, such as reconstitution of powders and “shake well” for suspensions○ Precautions to be observed (e.g., care in driving, avoidance of alcohol, and avoidance of sun exposure).○ Prescription refill information, including when the patient is due for the next refill.		
Name of Educator:		
Designation:		



Appendix 2. Flow Chart





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10.1 Appendix 3. Audit Tool

Department: _____

Date: _____

S.N.	Audit Process	Standard / Criteria	Yes	Partial	No	N/A	Comment
S.N.	Audit Process	Description of Criteria					
1	Observation Interview Document review	Does the institution have a policy about Patient Education about Medication at Discharge?					
2	Observation Interview	Is the staff knowledgeable about the preferred policy & procedures?					
3	Observation Interview	Does the institution follow any standard checklist for the patient education about medications at discharge?					



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4	Observation Interview Document review	Is a proper documentation system followed for all the pharmaceutical interventions in the patient's record / file?					
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Appendix 4. Document Request Form

Document Request Form			
Section A: Completed by Document Requester			
1. Requester Details			
Name	Najla Al Zadjali	Date of Request	July 2022
Institute	Al Masarra Hospital	Mobile	95885771
Department	QMPSD	Email	—
The Purpose of Request			
<input type="checkbox"/> Develop New Document	<input checked="" type="checkbox"/> Modification of Document	<input type="checkbox"/> Cancelling of Document	
2. Document Information			
Document Title	Policy and Procedure of Patient Education About Medication Discharge		
Document Code	AMRH/PHARM/P&P/017/Vers.02		
Section B: Completed by Document Controller			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Cancelled	<input type="checkbox"/> Forward To:.....	
Comment and Recommendation:			
Name	Kunooz Al Balushi	Date	July 2022
Signature		Stamp	





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Appendix 5. Document Validation Checklist

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Document Title: Policy and Procedure of Patient Education About Medication Discharge			Document Code: AMRH/PHARM/P&P/017/Vers.02		
No	Criteria	Meets the Criteria			Comments
		Yes	No	N/A	
1.	Approved format used				
1.1	Clear title – Clear Applicability	✓			
1.2	Index number stated	✓			
1.3	Header/ Footer complete	✓			
1.4	Accurate page numbering	✓			
1.5	Involved departments contributed			✓	
1.6	Involved personnel signature /approval	✓			
1.7	Clear Stamp	✓			
2.	Document Content				
2.1	Clear purpose and scope	✓			
2.2	Clear definitions	✓			
2.3	Clear policy statements (if any)	✓			
3.	Well defined procedures and steps				
3.1	Procedures in orderly manner	✓			
3.2	Procedure define personnel to carry out step	✓			
3.3	Procedures define the use of relevant forms	✓			
3.4	Procedures to define flowchart	✓			
3.5	Responsibilities are clearly defined	✓			
3.6	Necessary forms and equipment are listed	✓			
3.7	Forms are numbered	✓			
3.8	References are clearly stated	✓			
4.	General Criteria				
4.1	Policy is adherent to MOH rules and regulations	✓			
4.2	Policy within hospital/department scope	✓			
4.3	Relevant policies are reviewed	✓			
4.4	Items numbering is well outlined	✓			
4.5	Used of approved font type and size	✓			
4.6	Language is clear, understood and well structured	✓			
Recommendations For implementation More revision To be cancelled					
Reviewed by: <u>Kunooz Al Balushi</u>			Reviewed by: <u>Irwin S. Rio</u> 