

PATIENT -CENTRED COMMUNICATION IN THE MANAGEMENT OF OLDER PATIENTS' MEDICATIONS ACROSS TRANSITIONS OF CARE: A FOCUSED ETHNOGRAPHIC STUDY

G. OZAVCI¹, T. BUCKNALL¹, R. WOODWARD-KRON², C. HUGHES³, C. JORM⁴ and E. MANIAS⁵

1 Deakin University, Melbourne, Australia

2 The University of Melbourne, Melbourne, Australia

3 Queen's University Belfast, Belfast, Northern Ireland

4 NSW Regional Health Partners, Newcastle, Australia

5 Monash University, Melbourne, Australia

FINAL ID:

isqua2024.

0a30130

INTRODUCTION

The annual cost associated with medication-related admissions in Australia was approximately **1.4 billion** Australian dollars to the health care system (Lim et al., 2022)¹.

Older people who move across transitions of care are highly susceptible to experiencing medication incidents, which can occur at different stages of the medication management process i.e. prescribing, supplying, preparing, administering, or monitoring medications.

AIM

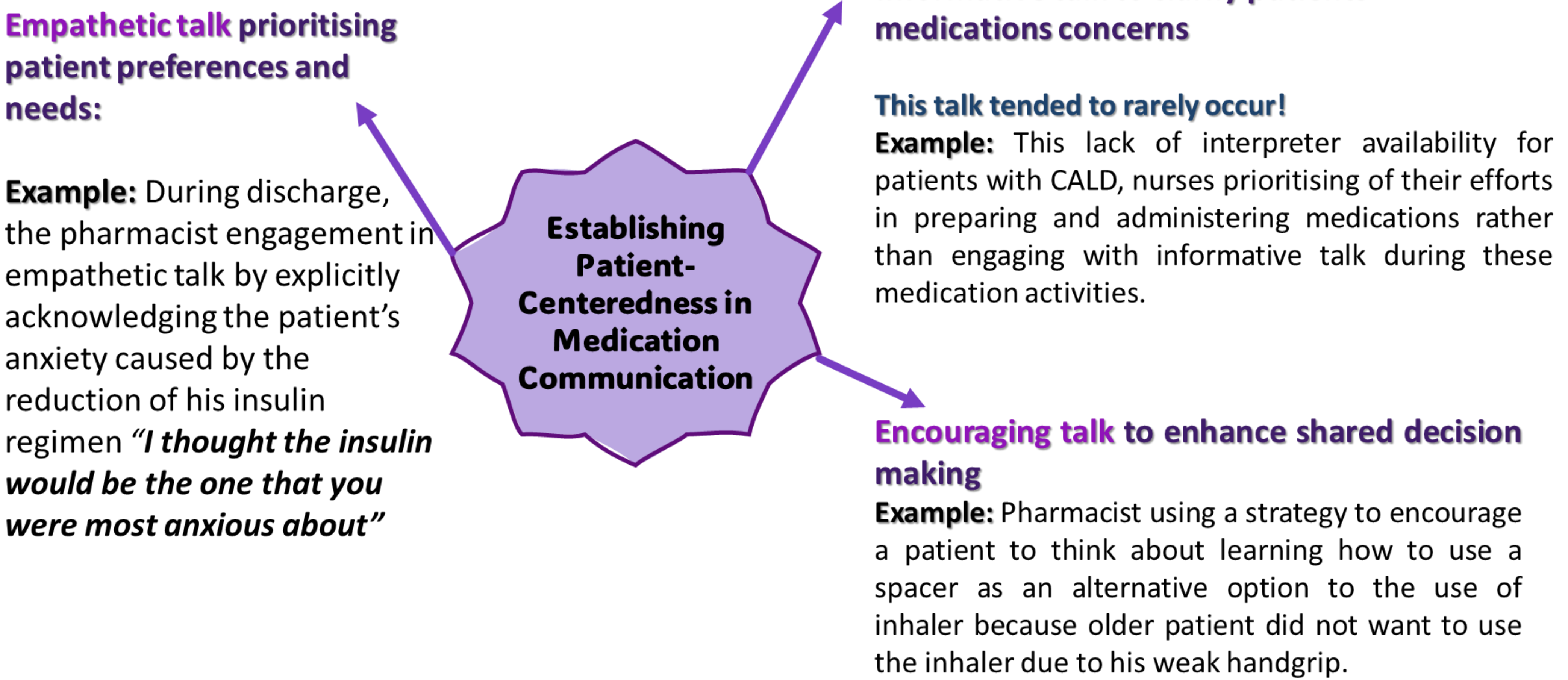
Explore communication processes between older patients and health professionals about managing medication across transitions of care.



FINDINGS

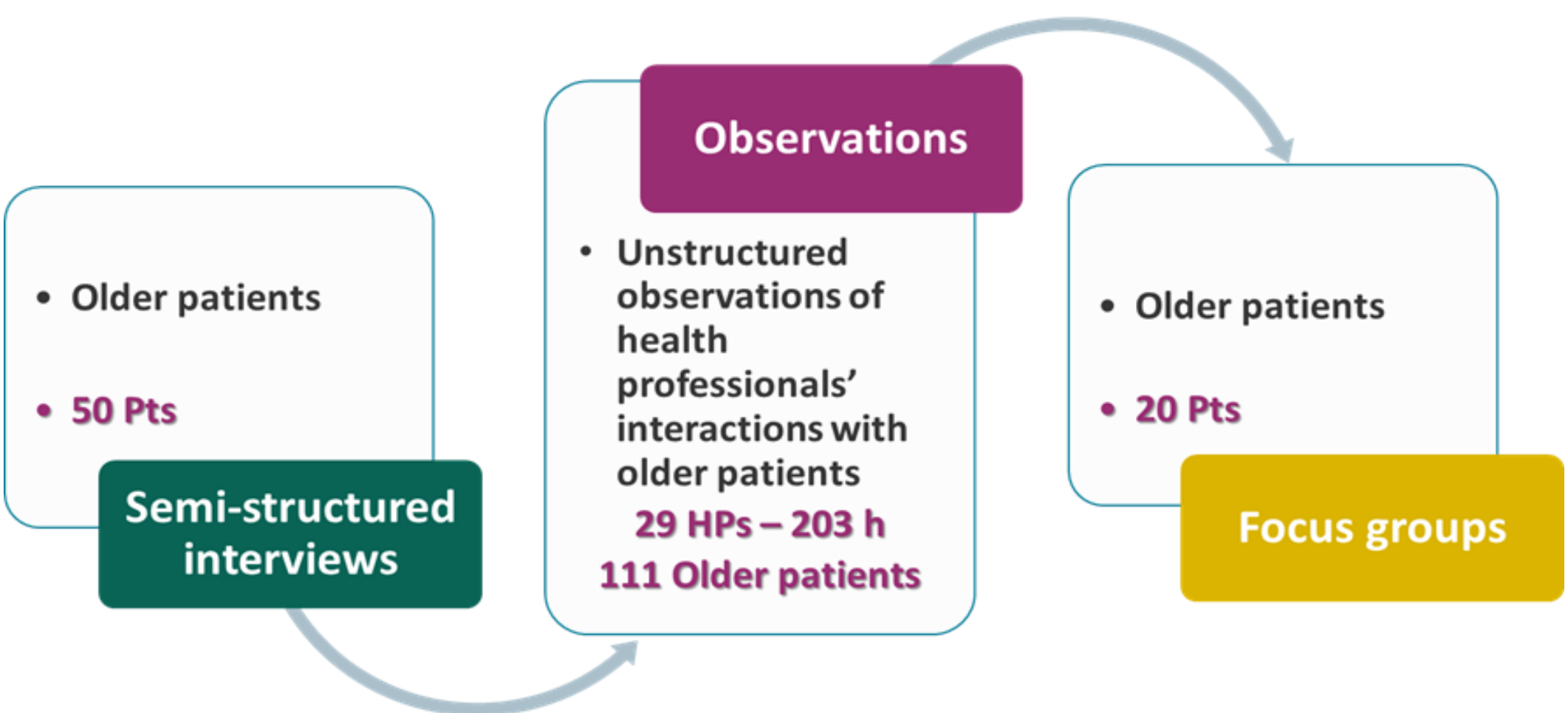
- In all, 182 older patients, 44 family members and 94 health professionals participated in the study. Patients were aged from 65 to 104 years. There were 204 h of observations across the various hospital sites.
- Health professionals faced challenges in establishing patient-centred medication communication during care transitions, particularly due to the absence of family for confused patients, those with complex conditions, or linguistically diverse backgrounds, and limited access to interpreters.
 - Patients' preferences for involvement in medication management varied; highlighting the need for individualised communication. Some trusted health professionals' expertise completely, preferring to defer decisions to them, while others sought active participation, especially when preparing for discharge.
 - Observations of interdisciplinary rounds revealed that important changes to older patients' admission and discharge medications were often made in the corridors while checking patients' medical charts before these rounds moved to the bedside, which constituted a barrier to incorporating older patients' voice into those decisions.

Research highlights communication strategies that health professionals can use to establish patient-centeredness when talking to older patients about medications



METHOD

A **focused ethnographic methodology**² was used. Data analysed using **Critical Discourse Analysis (CDA)**³.



CONCLUSIONS

- Shared decision-making was more likely to happen when health professionals adopted encouraging talk where they used a partnership discourse and inclusive statements during medication communication.
- Repeated contacts with older patients can provide health professionals with an opportunity to customise medication education according to patients' understanding, preferences and information needs.
- Hospitals need to redesign formal patient encounters, such as ward rounds and medication rounds, to ensure that older patients and family members are informed by health professionals about medication changes and decisions.

ACKNOWLEDGEMENT

I would like to acknowledge and give my warmest thanks to my principal supervisor **Professor Elizabeth Manias**, associate supervisor Alfred **Deakin Professor Tracey Bucknall** and external supervisor **Professor Robyn Woodward-Kron**.

This research is supported by the **Australian Research Council, Discovery Grant Scheme** (DP170100308).



REFERENCES

- Lim, R., Ellett, L. M. K., Semple, S., & Roughead, E. E. (2022). The extent of medication-related hospital admissions in Australia: A review from 1988 to 2021. *Drug Safety*, 45(3), 249-257. <https://doi.org/10.1007/s40264-021-01144-1>
- Knoblauch, H. (2005). Focused ethnography. *Forum: Qualitative Social Research*, 6(3), 1-14
- Fairclough, N. (1995). *Critical discourse analysis: The critical study of language*. London; New York: Longman.

CONTACT INFORMATION

Dr. Guncag Ozavci, PhD, MSc, MBA
(Marketing), BPharm

Research Fellow,
School of Nursing and Midwifery
Deakin University, Centre for Quality
and Patient Safety Research,
Institute for Health Transformation

