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Improving Medication Adherence Post-Transplant Using a Multifaceted Approach

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Improving Medication Adherence Post-Transplant Using a Multifaceted Approach

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Problem

- Medication non-adherence continues to be a barrier to achieving effective immunosuppression and negatively impacts long-term graft survival.
- Medication non-adherence is a multifactorial and significant barrier. Our multidisciplinary team investigated medication non-adherence in our patient population and found two major contributing factors: lack of knowledge retention and lack of real-time patient medication sheet updates.
- Best practices in patient education and adult learning to maximize retention include using teaching strategies geared towards the patients learning style, using repetition, building on knowledge from simple to complex and assessing knowledge at multiple points using teach back.
- Implementing best practices, ensuring practitioner consistency, providing real-time patient medication sheets, and increasing human resources will improve knowledge retention and decrease episodes of medication non-adherence, ultimately improving long-term graft survival rates.

Objective

- Using the Plan-Do-Study-Act methodology, a multidisciplinary team led by pharmacy and nursing assessed current state and identified gaps in practice as well as operational resources needed to be successful in improving medication adherence.

Intervention

The interventions identified by the multidisciplinary team to address these gaps included:

1. Developing a teaching plan using multiple teaching methods (visual, tactile, verbal and written tools) geared toward patient specific learning styles, consistent topics/objectives/essential points to cover at consistent points in time with topics building upon each other from basic to complex (Figure 1).
2. Regular knowledge assessments and opportunities for teach back using methods geared toward patients different learning styles (hands-on, written and verbal).
3. Real-time patient medication sheet updates entered into the EMR and provided to the patient.
4. Dedicated pharmacist team and additional pharmacist hours to ensure adequate coverage of both in-patient and out-patient needs.

Results

- Knowledge assessments were given using a 4-question quiz, 1 point per question, with partial points awarded for retaining some information.
- Prior to implementing these interventions, knowledge assessment revealed that patients were not retaining information with average scores of 2.6/4 points at 12 weeks.
- After the implementation of interventions, knowledge assessment revealed that 100% of patients demonstrated retention over time, with an average 1.33 point increase from the week 1 assessment to the week 12 assessment (Figure 2).
- Data is not yet available to demonstrate instances of non-adherence pre and post-implementation as related to long-term graft survival.

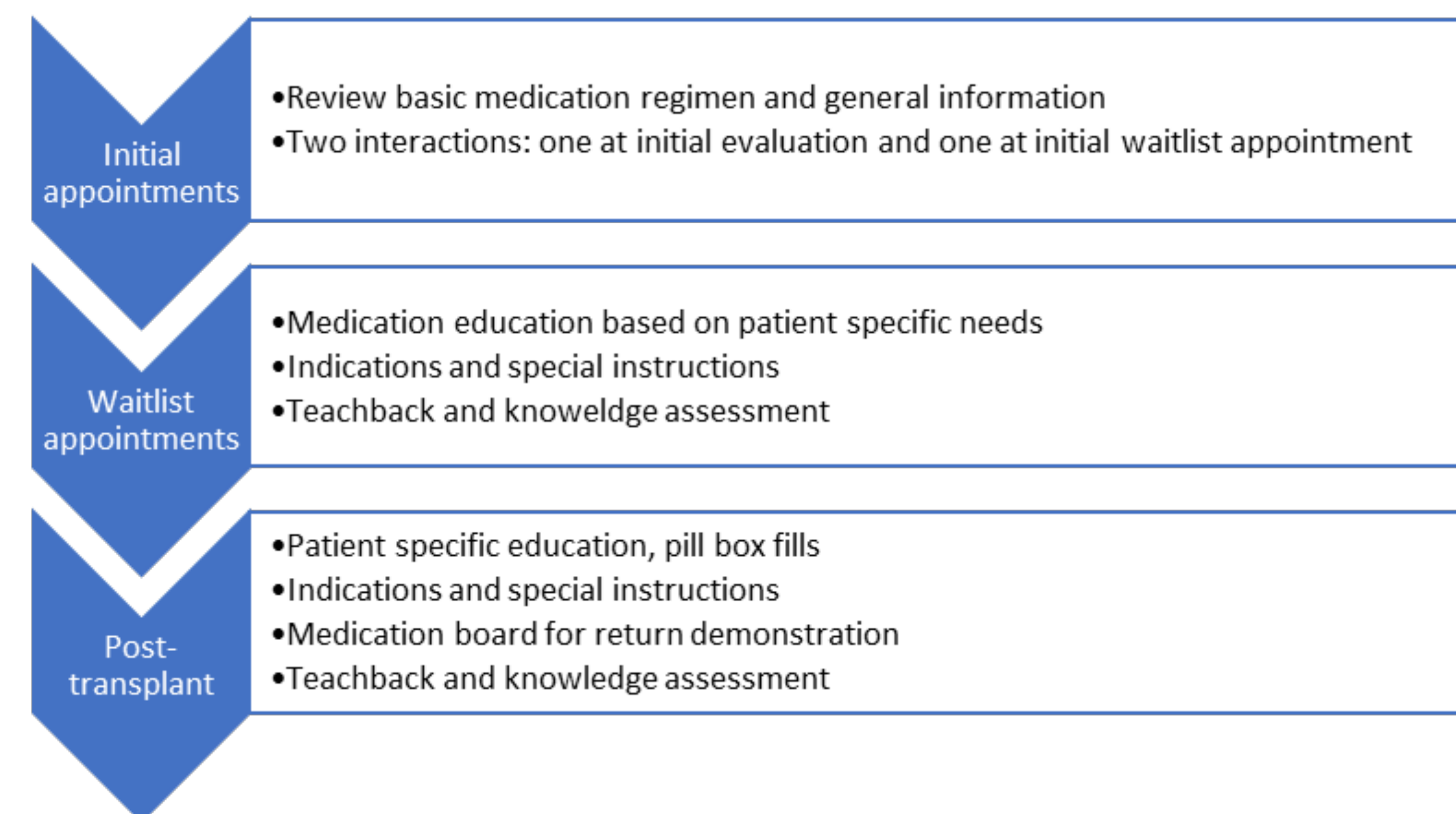
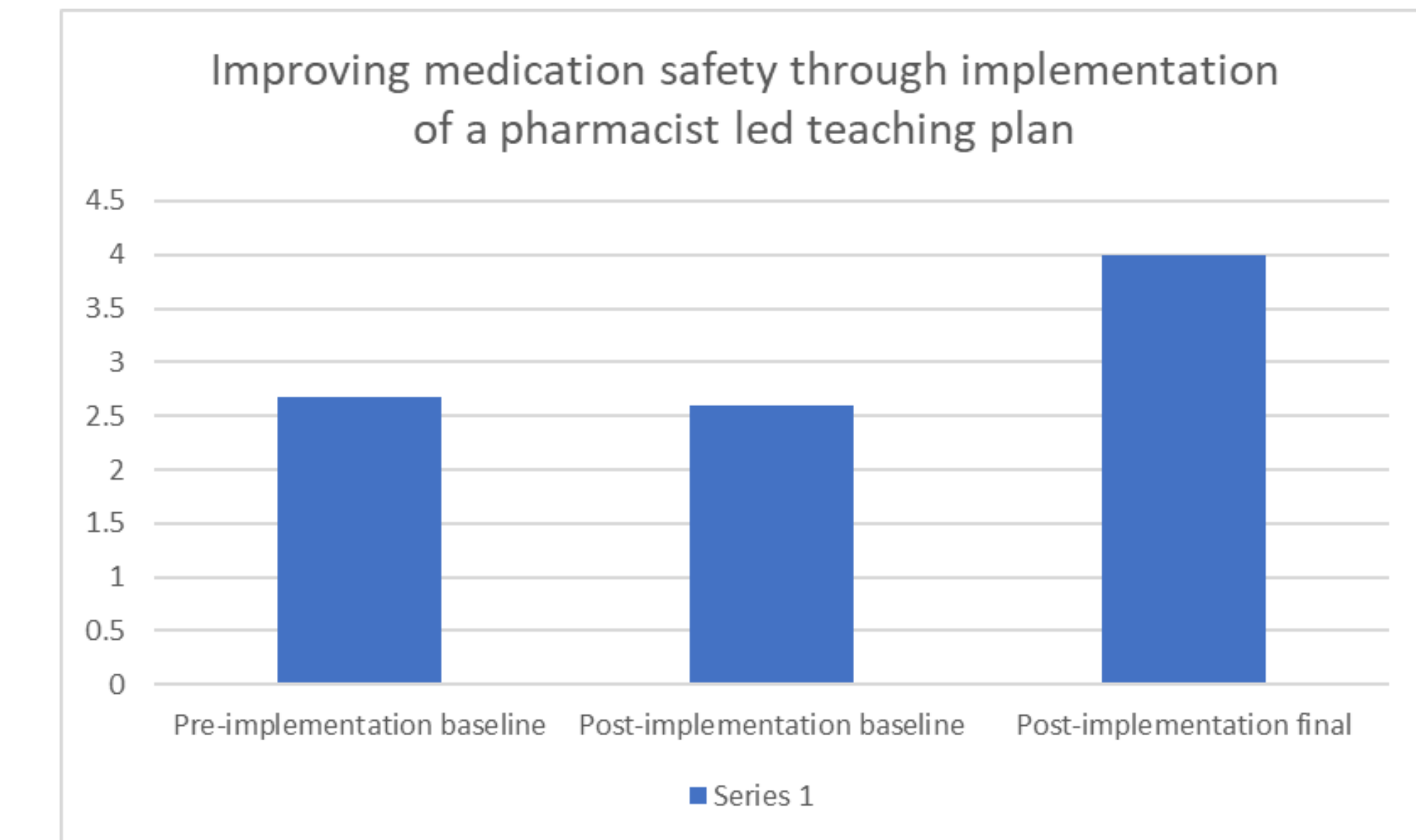


Figure 1

Figure 2



Conclusion

- Overtime patients' knowledge retention will positively impact medication adherence, improving long-term patient and graft outcomes.
- As the transplant community strives to improve graft survival, continuous quality assessment is needed to identify practice gaps and operational barriers that impact the quality and safety of care delivered.
- The multidisciplinary team effectively collaborated to identify a variety of practice and operational areas of improvement that led to improvement in medication adherence.
- Patients are empowered with the knowledge and skills they need to be successful with medication adherence post-transplant.

