



Original Research

# Using the Behaviour Change Wheel to identify interventions to facilitate the transfer of information on medication changes on electronic discharge summaries

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## Abstract

**Background:** There is evidence that the transfer of information on medication changes on patient discharge summaries is poor. By considering the completion of an electronic discharge summary as a behavior, the various components of the behavior can be targeted to improve their completion so that they consistently include information on medication changes.

**Objectives:** Study objectives were to identify the barriers and facilitators to junior doctors completing information on medication changes on electronic discharge summaries, including why these occurred.

**Methods:** In this qualitative study, 12 semi-structured interviews were conducted with junior doctors. An interview topic guide based around the COM-B model (Capability, Opportunity, Motivation, Behavior) within the Behavior Change Wheel (BCW) was used. Transcripts of the interviews were analyzed using framework analysis to identify key categories emerging from the data. Barriers and facilitators to completing information on medication changes on discharge summaries were identified. These were then mapped to behavioral components within the COM-B model to help design tailored interventions to affect change.

**Results:** Nine categories were identified that encompassed the identified barriers and facilitators. The identified barriers and facilitators influenced all aspects of the COM-B model.

**Conclusions:** Use of the BCW as a theoretical lens for this study enabled interventions to be identified that targeted specific components of behavior. It is the implementation of all these interventions that may be required to influence behavior change and ensure all electronic discharge summaries contain information on medication changes. All intervention functions were relevant but key functions were education, enablement and persuasion. Other institutions can use the BCW and the COM-B model to develop their own tailored interventions to achieve these functions.

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**Keywords:** Electronic discharge summary; Junior doctor; Electronic patient record; Pharmacist; Medication changes; Medication

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## Introduction

In the United Kingdom (UK), the discharge summary provides the primary means of communication between hospital services and primary care in the National Health Service (NHS).<sup>1</sup> The document details a patient's hospital stay and recommended follow up actions for the patient's general practitioner (GP). The majority are written by foundation year (FY) junior doctors.<sup>2</sup> FY1 and 2 junior doctors are one to two years post graduation from medical school, similar to a junior resident in the USA.

Various studies advocate the need to include details of medication changes on discharge summaries<sup>3,4</sup> such as medications stopped, started and dose changes. GPs have also highlighted the importance of receiving such information on medication changes.<sup>5–7</sup> A lack of information on medication changes could lead GPs to believe a medication has been discontinued when it has not been or for a GP to inadvertently restart a medication that was intended to be stopped. Inclusion of the information also helps to promote continuity of care.<sup>3,8,9</sup> In addition to the patient safety risks, there is the potential for wasted staff time while attempts are made to establish if a change was intended.<sup>10</sup>

Professional bodies in the UK have issued guidance advocating the need to transfer information on medication changes.<sup>8,11,12</sup> Despite this, there is evidence that this is not happening at the point of discharge – an issue which is not confined to the UK.<sup>13–15</sup> Studies suggest from 29% to 72% of discharge summaries do not contain any information on medication changes.<sup>10,16–18</sup> These results occurred in spite of the introduction of processes such as medicines reconciliation and the use of electronic discharge summaries. Medicines reconciliation is the process of creating the most accurate list possible of all medications a patient is taking and comparing that list against the prescribers admission, transfer, and/or discharge orders, with the goal of providing correct medications to the patients at all transition points.<sup>19</sup> Many hospitals in the UK conduct medicines reconciliation on admission and some may record this as part of the electronic patient record (EPR). It has been suggested the use of electronic templates which contain a section for medication changes, might improve the likelihood of adherence to recommended national standards.<sup>10</sup> Both electronic templates and the medicines

reconciliation process aimed to improve the transfer of information around medicines.<sup>1,10,20</sup>

Writing a discharge summary using an EPR can be thought of as an example of a behavior. If aspects of that behavior can be changed, this could improve the completion of such electronic discharge summaries to include information on medication changes. Various behavior change theories exist and the Behaviour Change Wheel (BCW) is a synthesis of 19 frameworks of behavior change and can be applied to any behavior in any setting.<sup>21</sup> At its core is a model of behavior known as COM-B – Capability, Opportunity, Motivation and Behavior. These components can be further divided into physical and psychological capability, physical and social opportunity and automatic and reflective motivation. The model recognizes that behavior is part of an interacting system involving all these components. Changing behavior will involve changing one or more of the components. Surrounding these components, the BCW incorporates nine intervention functions aimed at targeting one or more of these components that requires changing. The nine interventions include modeling, environmental restructuring, and restrictions which impact on capability whilst education, persuasion and incentivization impact on opportunity. Finally, coercion, training and enablement impact on motivation. If the components to be targeted can be identified, interventions can be tailored to change behavior and potentially ensure that all electronic discharge summaries contain information on medication changes and thus contribute to maintaining patient safety.<sup>22</sup> A detailed examination of such behavior can determine the current barriers and facilitators to the inclusion of information on medication changes on electronic discharge summaries. Little research has been conducted which has explored barriers and facilitators in relation to the completion of discharge summaries.<sup>10,23,24</sup> Those studies that have examined barriers and facilitators in relation to transfer of information of medication changes have focused on the medicines reconciliation process rather than the process of completing discharge summaries.<sup>25–30</sup>

This study aimed to identify and design interventions tailored to target specific elements of behavior within the COM-B model. Study objectives were to identify the barriers and facilitators to junior doctors completing information on medication changes on electronic discharge

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