

A Virtual Patient Experience

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BACKGROUND

The Victorian Virtual Emergency Department Early Treatment (VVED-ET) service is a multi-disciplinary team that specialises in providing COVID-19 antiviral therapies to community patients. The VVED-ET care model follows a four-stage review process in which patients are consulted by both pharmacists and medical practitioners to assess, educate and encourage patient involvement in their care plan.

Patient understanding is integral to the success of any prescribed medication therapy. The primary objective of the VVED-ET team is to provide safe and effective antiviral treatments to eligible patients in a timely manner. To achieve this goal, effective communication with patients is paramount.

Stage 1: Pharmacist contacts patient to determine eligibility and appropriateness for antiviral treatment.

Stage 2: A Medical/Nurse practitioner prescribes antiviral treatment, taking the pharmacist review into consideration.

Stage 3: A pharmacist contacts the patient to counsel them on prescribed antiviral treatment.

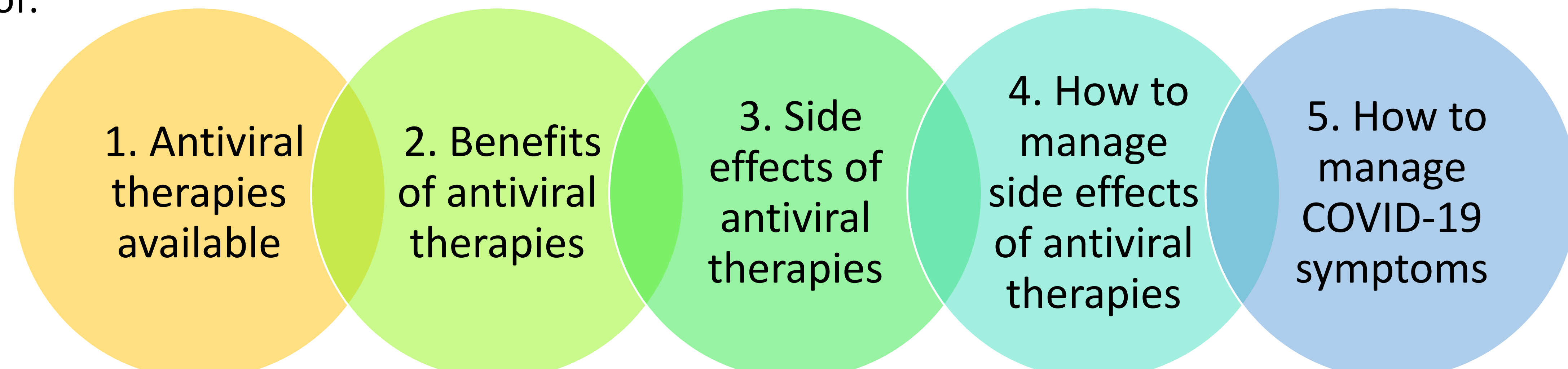
Stage 4: A pharmacist contacts the patient during and after their antiviral therapy to monitor compliance, adverse events and safe use of medications.

AIM

To ascertain and measure the success of the VVED-ET model of care, in terms of patient knowledge and understanding of COVID-19 antiviral treatment.

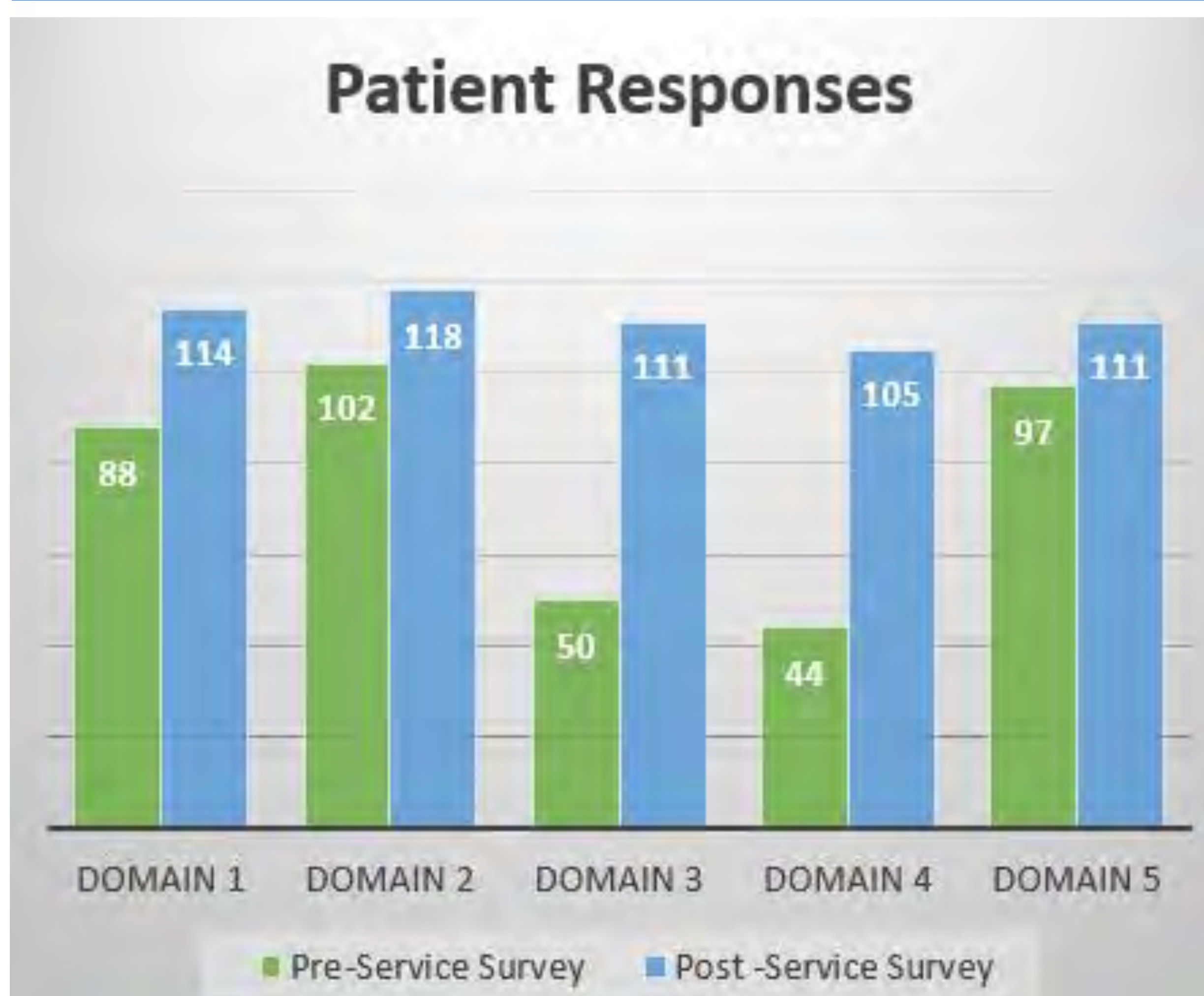
METHOD

Patients who presented to the VVED-ET service were provided the opportunity to participate in voluntary pre and post service surveys. Patient knowledge and understanding was categorised and assessed according to five domains. Both pre and post surveys utilised a Likert Scale ranging from strongly disagree to strongly agree to determine patient understanding of:



RESULTS

240 Patients Enrolled	
120 Pre-service Survey	120 Post-service Survey



DISCUSSION

A total of 240 patients were enrolled in the study with 120 in each pre and post service arms. There was a statistically significant improvement (p -value < 0.05) across all domains between the pre and post service arms, with particular improvement noted in domains 1, 3 and 4. The significant improvement in responses in these domains highlights the success of the VVED-ET model, supporting patient understanding and engagement in their care.

Whilst the results of this study appear to validate the effectiveness of the current VVED-ET model to provide patients with a positive experience, further studies will be needed to elucidate the true extent of success.

CONCLUSION

The results of this study suggest that patient encounters with the VVED-ET team had a positive impact on patient understanding and engagement in their care. The results reflect the benefits of including pharmacists in multidisciplinary models of care. This collaborative healthcare structure could prove beneficial in services requiring patient follow-up and retaining engagement.