Quality of pharmaceutical care
is closely associated with
patient satisfaction

We read with great interest the study by
Martínez-López-de-Castro *et al* (in July

2018),¹ which analysed the factors leading to a greater satisfaction among patients visiting the outpatient hospital pharmacy. We strongly agree with their findings that the information provided, resolution of doubts, pharmacist's personal treatment of the patient and time devoted to the patient are important in meeting patient preferences and expectations.

We are from a district general hospital in China with 1800 beds. With electronic prescriptions and an automatic drug delivery machine, which were introduced in 2014, considerable time and manpower is saved. However, a neutral third-party investigation report shows that the patient satisfaction of the outpatient hospital pharmacy did not exhibit a consistent upward trend.

We sought to explore a method to improve the quality of pharmaceutical care by setting up full-time clinical pharmacists to resolve any doubts the patients raised during the treatment, showing the patients how to use inhalants using an LCD display that is located in the front of the outpatient pharmacy and building a WeChat official account using instant messaging software, which is free from the limits of time and space, and is suitable for maintaining confidentiality.

Patient satisfaction improved in the past 2 years according to a neutral third-party investigation report. Three root-cause analyses were performed to examine the patient satisfaction associated with the appropriate pharmaceutical care.

In the first case, a pneumology medical physician prescribed budesonide and formoterol (inhalation) for a patient with chronic obstructive pulmonary disease, but the patient did not know how to use the inhalant because he was illiterate: thus, the full-time clinical pharmacist taught him again and again until he mastered it correctly. The patient felt highly comfortable when he was completely able to use the inhalant. Furthermore, this patient was provided with an adjustable maintenance dosing and education concerning the disease by the clinical pharmacist.²

The second case was also from an outpatient dispensary. A hypertension patient complained of persistent cough, and the pharmacist advised the patient to stop captopril and contact her doctor immediately after consulting the patient's medication history. The Naranjo scale determined the likelihood of whether the persistent cough was actually due to the drug, rather than the result of other factors. Several days' later, we received a letter of thanks for curing the cough, which had bothered him for a long time.

The third case involved a young patient with haemorrhoids who intended to pick up a chlorhexidine suppository. However, she was embarrassed to ask how to use the suppository. The patient's plight was not detected by the auditing pharmacist, and this order was later sent to the outpatient pharmacy. The outpatient pharmacists did not have sufficient time to carefully review the patient's requirements but asked her to follow the WeChat public platform. The patient was provided with detailed instructions for the suppository administration by one-on-one guidance on the WeChat platform. The web app, especially for netizens, is suitable for confidentiality situations, and it not only includes young internet users but also middle-aged or aged internet users.

From January to December 2017, there were at least 253 cases of drug therapy-related doubt or drug information questions that were resolved by the clinical pharmacists. Most of the events received considerable recognition.

In most large-scale general hospitals in China, outpatients with various diseases are usually in different clinical departments. In our outpatient pharmacy, we have only three full-time clinical pharmacists. Therefore, depending on these pharmacists to care for all patients with various diseases is impractical. Apart from both the oral and written information for each patient regarding the medicines supplied by outpatient pharmacists, various formats concomitantly available to the outpatients are necessary. The advantage of allocating patients to seek pharmaceutical care through the WeChat web app is that it can be carried out any time and anywhere. However, such measures involve patients who prefer the internet. For outpatients using frequent-use special pharmaceutical dosage forms, such as inhalant medicine, video instructions for their proper use are also shown by the LCD display.

Although pharmacists are medication experts, they often have less specific patient information compared with specialist physicians. In addition, pharmacists may not carefully examine each order because of low staffing and large workloads. The inspiring outcomes from the Martínez-López-de-Castro et al study strongly encourage us to implement the integration of the internet and video into the pharmaceutical service workflow. We agree wholeheartedly with the authors' conclusion that improved communication between outpatients and pharmacists could lead to greater patient satisfaction.

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