

Abstract citation ID: riad074.021

Service evaluation of the implementation of SGLT-2 Inhibitor checklist on information communicated and documented to patients and transfer of care-records

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Introduction: Sodium Glucose Co-Transporter 2 (SGLT-2) Inhibitors' therapeutic role has evolved¹ as recent clinical trials showed they have beneficial effects across all stages of the cardio-renal metabolic spectrum². There are different indications and specialities responsible for the initiation of these medications, so communication from health professionals to patients and documentation of this on transfer of care records is paramount³. It is important all health-care professionals ensure their clinical knowledge is current and updated to be able to communicate accurate and correct information to patients on their medications. A SGLT-2 Inhibitor counselling checklist was developed and approved for implementation in The Trust to promote awareness of new clinical guidelines and support the counselling provided to patients. The checklist included recommendations of the information to communicate and document on patient care records.

Aim: The aim was to assess the impact of the SGLT-2 Inhibitor counselling checklist on the information provided to patients and to identify if the indication and speciality responsible were recorded on transfer of patient care records for patients newly prescribed SGLT-2 inhibitors.

Methods: Ethical approval was not required for this quantitative research service evaluation. A data collection tool designed in Excel Microsoft 365 was used to collect data. Data was collected manually by the lead author retrospectively (pre-implementation of the checklist) from 1st January – 30th March 2022, and prospectively (post-implementation) from 1st July – 30th September 2022 from discharge prescriptions detailing newly prescribed

SGLT-2 Inhibitors related to patients from four selected wards (A- D). Descriptive statistical analysis was carried out to compare the pre and post implementation data.

Results: Over the 6 month study period, a total of 110 patients were newly prescribed a SGLT-2 Inhibitor (63 pre-implementation and 47 post implementation). There was increased information communicated to patients in the post implementation group when compared to the pre implementation group. The percentage of patients provided with medicine information books and 'protect my kidney' cards increased from 25% to 70% and the proportion that received counselling increased from 27% to 70%. The indication and speciality involved with initiation and prescribing of SGLT-2 Inhibitors was well communicated and documented from 3% unknown in the pre group compared to 0% in the post implementation group.

Discussion/Conclusion: Despite this study being limited to a short collection period and a small sample size, the data collected demonstrates that the SGLT-2 inhibitor counselling checklist can increase the information communicated to patients and improve information included on transfer of care records, which is paramount between healthcare professionals to ensure a seamless transfer of care³. A key implication is the need to ensure use of counselling checklists as part of the discharge process.

Keywords: SGLT-2 Inhibitors; counselling checklist; discharge summaries

References

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