

Title	Qualitative analysis of community pharmacists' opinions on their involvement in reducing potentially inappropriate prescribing
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Online Resource II

Study title: **Qualitative analysis of community pharmacists' opinions on their role in reducing potentially inappropriate prescribing**

Part 2 - Interview questions

- 1) What do you understand by the term "inappropriate prescribing"? (example, no indication, risk of side-effects)
- 2) How significant a problem is inappropriate prescribing in the older people? (often/rare in older, multiple meds)
- 3) What do you think contributes to inappropriate prescribing for older people? (time, hospital transition)
- 4) What do you understand by the term 'medication review'?
- 5) We are not expecting pharmacists to conduct medication reviews, but if you experience with it, what kind of review have you then performed? (sources, discussion with pts/GP/carer)
- 6) Think back to a situation where you noticed inappropriate prescribing (wrong drug, side effects, interaction) in one of your older patients. What was your next step? (contact GP/patient) What was the outcome?
- 7) How do you think medication reviews would benefit your older costumers? (health, adherence, QoL)
- 8) How easy do you find it to perform medication reviews in your daily practice (community pharmacy)? (time, information source, knowledge)
- 9) What are the challenges in conducting medication reviews as part of your daily practice? (time, staff, GP, pts)
- 10) What changes could be made to make it easier for you to do medication reviews as part of a routine practice? (education, information, collaboration)
- 11) How confident would you say you are to suggest to stop a medication to a patient/carer or relative/GP? (very/not, reasons for that)
- 12) How easy do you find the communication with the patient/carer or GP/hospital about stopping a medication?
- 13) How would you describe your role as a pharmacist in ensuring appropriate patient care? (give information, recommend changes to GP/patient/carer, adherence)
- 14) Where do you feel the overall responsibility for medicines management lies? (GP, hospital, patient)
- 15) In what way could you support the person (based on question 16) in medicines management?

- 16) Do you think that the pharmacist is the appropriate individual to identify inappropriate prescribing and suggest stopping medications?
- 17) How can we involve the community pharmacist more in suggesting changes to the GPs such as stopping medications that no longer beneficial to the patient? (communication, structured process, education)
- 18) How can we involve the patient more in their medical treatment and to follow medication changes such as stopping a medication?
- 19) What type of information or training (in terms of content) would you like to get about stopping inappropriate medicines in older people? (dosing, e.g. in renal impairment, age-related changes, co-morbidities)
- 20) How would you like to receive the information to be used when reviewing older people's medications and suggesting changes to their GPs? (apps/booklets/algorithms/online tutorial)
- 21) What do you know about prescribing guidelines and tools? (useful in your practice and how?)
- 22) Can you propose one or more essential things that you think would address inappropriate prescribing in older people? (barriers and facilitators)
- 23) Is there anything else you would like to add?

Part 3 - Demographics

- Gender:
- Can I ask you how old you are?
- How many years have you worked as a community pharmacist? Full- time and/or part time?
- Pharmacist grade (supervising, manager, intern, support):
- Have you previously worked in a hospital?
- When did you complete your undergraduate and/or postgraduate training?
- Is your pharmacy serving a nursing home?
- How many pharmacists work with you on a regular basis?
- Do you have pharmacy technician(s) working with you?