

# DataStar Web

## Documents



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**A systematic review of quantitative and qualitative research on the role and effectiveness of written information available to patients about individual medicines.**

**Accession number & update**

2009541538 20070514

Fields available in this record: abstract, cited references.

**Source**

Health Technology Assessment, 2007, vol. 11, no. 5, p. iii, ix–xi, 1–173, (156 ref), ISSN: 1366–5278.

**Author(s)**

Raynor–DK, Blenkinsopp–A, Knapp–P, Grime–J, Nicolson–DJ, Pollock–K, Dorer–G, Gilbody–S, Dickinson–D, Maule–AJ, Spoor–P.

**Address**

Pharmacy Practice and Medicine Management Group  
School of Healthcare  
University of Leeds  
UK.

**Abstract**

**OBJECTIVES:** To establish the role and value of written information available to patients about individual medicines from the perspective of patients, carers and professionals. To determine how effective this information is in improving patients' knowledge and understanding of treatment and health outcomes.  
**DATA SOURCES:** Electronic databases searched to late 2004, experts in information design, and stakeholder workshops (including patients and patient organisations). **REVIEW METHODS:** Data from selected studies were tabulated and the results were qualitatively synthesised along with findings from the information design and stakeholder workshop strands. **RESULTS:** Most people do not value the written information they receive. They had concerns about the use of complex language and poor visual presentation and in most cases the research showed that the information did not increase knowledge. The research showed that patients valued written information that was tailored to their individual circumstances and illness, and that contained a balance of harm and benefit information. Most patients wanted to know about any adverse effects that could arise. Patients require information to help decision–making about whether to take a medicine or not and (once taking a medicine) with ongoing decisions about the management of the medicine and interpreting symptoms. Patients did not want written information to be a substitute for spoken information from their prescriber. While not everyone wanted written information, those who did wanted sufficient detail to meet their need. Some health professionals thought that written information for patients should be brief and simple, with concerns about providing side–effect information. They saw increasing compliance as a prime function, in contrast to patients who saw an informed decision not to take a medicine as an acceptable outcome.  
**CONCLUSIONS:** The combination of a quantitative and qualitative review, an exploration of best practice in information design, plus the input of patients at stakeholder workshops, allowed this review to look at all perspectives. There is a gap between currently provided leaflets and information which patients would value and find more useful. The challenge is to develop methods of provision flexible enough to allow uptake of varying amounts and types of information, depending on needs at different times in an illness. This review has identified a number of areas where future research could be improved in terms of the robustness of its design and conduct, and the use of patient–focused outcomes. The scope for this research includes determining the content, delivery and layout of statutory leaflets that best meet patients' needs, and providing individualised information, which includes both benefit and harm information. In particular, studies of the effectiveness and role and value of Internet–based medicines information are needed. Executive summary and full–text available for free by visiting the document URL listed with this record.

**Language**

English.

**Publication type**

journal–article, consumer–patient–teaching–materials, forms, research, systematic–review, tables–charts.

**Publication year**

2007.

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## People with long-term care needs to get an 'information prescription'.

**Accession number & update**

2009153149 20070327.

**Source**

British Journal of Healthcare Computing Information Management, 2006 Mar, vol. 23, no. 2, p. 2, ISSN: 1749-4044.

**Language**

English.

**Publication type**

journal-article, brief-item.

**Publication year**

2006.

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## Nurses introduce information prescriptions for patients.

**Accession number & update**

2009482926 20070101.

**Source**

Cancer Nursing Practice, 2006 Nov, vol. 5, no. 9, p. 4, ISSN: 1475-4266.

**Author(s)**

Harrison-S.

**Language**

English.

**Publication type**

journal-article, brief-item.

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2006.

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## Information prescriptions.

**Accession number & update**

2009161378 20070101.

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Practice Nurse, 2006 Mar 24, vol. 31, no. 6, p. 6, ISSN: 0953-6612.

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English.

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**Publication year**

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## Facilitating patient centeredness through information work: seeing librarians as guests in the lives of patients.

### Accession number & update

2009174332 20070101

Fields available in this record: abstract, cited references.

### Source

Journal of Hospital Librarianship, 2005, vol. 5, no. 3, p. 1–15, (31 ref), ISSN: 1532–3269.

### Author(s)

Zipperer–L, Gillaspy–M, Goeltz–R.

### Address

Zipperer Project Management  
Evanston  
IL.

### Abstract

The notion that professionals working in health care whether physician, pharmacist, nurse, or librarian—can be perceived as guests in the lives of patients can serve as a powerful philosophy when designing services for patients. Librarians in health care organizations can contribute to this patient-centered approach to care through a variety of relationships: that with the patient, the clinicians, and the organizations facilitating the care. Using the Institute of Medicine's (IOM) Crossing the Quality Chasm definition and discussion of patient centeredness, a view of how librarians should interact with patients and providers to support patient-centered service will emerge. A personal story of how sharing information in a guest/host fashion to improve care is provided. Examples of services that contribute to supporting this type of relationship at various stages of the care continuum will be reviewed. New ways of collaborating are presented to provide librarians with concrete ideas and examples of how to shift their effort and the work of their organization toward the quality aim of patient-centered care.

### Language

English.

### Publication type

journal–article.

### Publication year

2005.

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## Using the Internet to provide information prescriptions.

### Dialog eLinks

Full text available at



### Accession number & update

2009060733 20070101

Fields available in this record: abstract.

### Source

Pediatrics, 2005 Nov, vol. 116, no. 5, Supplement: , p. e643–7, (13 ref), ISSN: 0031–4005.

### Author(s)

Ritterband–LM, Borowitz–S, Cox–DJ, Kovatchev–B, Walker–LS, Lucas–V, Sutphen–J.

### Address

Department of Psychiatric Medicine  
Center for Behavioral Medicine Research  
University of Virginia Health System  
PO Box 800223  
Charlottesville  
VA 22908; LEER@virginia.edu.

**Abstract**

**INTRODUCTION:** An information prescription is the provision of specific information to a patient on how to help manage a health problem. The Internet is being used increasingly as a source for information prescriptions, with clinicians directing patients to specific Web sites. As with any health care intervention, patients' lack of compliance is a barrier to the effectiveness of Web-based information prescriptions (WebIPs). WebIPs cannot be helpful if patients do not review the information prescribed for them. **OBJECTIVE:** The main objective of this study was to quantify the percentage of families who visit a Web site that was specifically prescribed by their physician. In addition, the use of an e-mail reminder was used to determine if it increases the likelihood that families will visit the prescribed Web site. Finally, barriers to accessing the prescribed Web site were identified. **METHODS:** Children were eligible if they presented to the pediatric gastroenterology clinic with chronic constipation and/or encopresis and their family had an active e-mail account and access to the Internet in their home. During their clinic visit, physicians instructed families to visit a Web site that provided educational information pertinent to their child's problem. Families were given a form with the Web-site address and a log-in identification number. Two days after their clinic visit, half of the families received an e-mail reminding them to visit the Web site. Families were contacted 1 week after their clinic visit to identify barriers to accessing the Web site. **RESULTS:** Eighty-three families participated in the study. Of the 83 families, 54 (65%) visited the prescribed Web site within 1 week of their clinic visit. Families who received e-mail reminders were significantly more likely to visit the Web site than families who did not receive an e-mail reminder (77% vs 53%). This difference could not be explained by the type or speed of Internet connection or how frequently they accessed the Internet or e-mail. The most common reasons that families cited for not accessing the Web site were "I forgot" and "I didn't have time." Few families cited technical reasons for not accessing the Web site. **CONCLUSIONS:** Almost two thirds of the families given a WebIP logged on to the prescribed Web site. The probability that families would access the site was increased by 45% with an e-mail reminder. Clearly, e-mail prompts improve compliance to WebIPs. As content and treatment programs continue to proliferate on the Web, it is important to identify barriers and solutions to them to improve overall compliance. **Grant information:** Partially supported by National Institutes of Health grant RO1 HD28160.

**Language**

English.

**Publication type**

journal-article, research, tables-charts.

**Publication year**

2005.

**Major change date**

20061103.

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**Health information for the public from the National Health Service in South West England.**

**Accession number & update**

2009068329 20070101

Fields available in this record: abstract, cited references.

**Source**

Journal of Consumer Health on the Internet, 2005, vol. 9, no. 2, p. 43-50, (3 ref), ISSN: 1539-8285.

**Author(s)**

White-PJ, Hogg-M.

**Address**

Library Services Manager  
West Dorset General Hospitals NHS Trust  
Thomas Sydenham Library  
Williams Avenue  
Dorchester DT1 2JY

United Kingdom; pam.white@wdgh.nhs.uk.

**Abstract**

Highly publicized service issues in hospitals and within the National Health Service (NHS) have sparked numerous efforts to address the patient experience. Recognizing the need for quality health information for the public, South West England Web information services offer an example of how local and regional NHS organizations have responded to the call for access to quality health information resources. On the national level, NHS Direct has proven particularly innovative in its efforts to provide health information access to hard to reach populations. Suggestions for future library health information services for the public include improved metadata for Web-based services, a revised consumer health database, and information prescription programs.

**Language**

English.

**Publication type**

journal-article, tables-charts.

**Publication year**

2005.


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**Editorial: information prescriptions.**

**Dialog eLinks**

Paper copy available at 

Full text available at 

**Accession number & update**

2005115204 20070101

Fields available in this record: abstract, cited references.

**Source**

Health Information on the Internet, 2005 Apr, no. 44, p. 1-2, (2 ref), ISSN: 1460-4140.

**Author(s)**

Childs-S.

**Abstract**

The recent Department of Health (DH) strategy, Better information, better choices, better health, 'is a three year programme of action, at both national and local level, to improve access for all to the quality general and personalised information people need and want to exercise choices about their personal health and healthcare'.

**Language**

English.

**Publication type**

journal-article, editorial.

**Publication year**

2005.

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**How to help patients make informed decisions: 'information prescription' should be part of care.**

**Accession number & update**

2004053026 20070101

Fields available in this record: abstract.

**Source**

Case Management Advisor, 2003 Aug, vol. 14, no. 8, p. 91–3, ISSN: 1053–5500.

**Abstract**

Case managers should always remember that giving patients the right information about their condition is a form of care, Molly Mettler, MSW, says.

**Language**

English.

**Publication type**

journal–article.

**Publication year**

2003.

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## Search Strategy

No.	Database	Search term	Info added since	Results
14	CINAHL (R) – 1982 to date	information ADJ prescription	unrestricted	53

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