

Methods This was an interview-based cross-sectional study. A total of 151 patients were interviewed along with their oncologists within 24 hours of a patient–physician encounter. The survey included both physicians’ and patients’ demographics, goal and duration of therapy, method of assessing the response, and chemotherapy side effects. SPSS was used for analysis to compare patients’ understanding with physicians’ responses.

Results Patients achieved more than 50% agreement with their physicians in four major domains: type of malignancy (81%), goal of therapy (68%), follow-up (68%), and frequency of cycles (55%). However, more than 50% of patients showed disagreement with the physicians’ responses for duration of therapy (68%) and chemotherapy toxicities (78%). In addition, patients were expecting shorter treatment duration (55%), and 22% of patients were not able to recall any of the chemotherapy toxicities that were discussed in the informed consent. Statistically significant association was found between patient–physician agreement and patient’s educational level ($X^2(2) = 17.73$, $p < 0.001$) and previous family history of cancers ($X^2(1) = 15.88$, $p < 0.001$). A binary logistic regression model was developed to assess the extent to which these two variables, as well as age of patients and their treating physicians, affected patient–physician discordance ($X^2(5) = 32.64$, $p < 0.001$). It showed that patients with college or advanced degree were more likely to have full agreement with their physicians (odds ratio [OR] 10.2, 95% CI 1.127–92.448). Also, patients with positive family history for a malignancy were more likely to agree with their treating physicians on all aspects of their management plan (OR 5.295, 95% CI 1.1744–16.080).

Conclusion The majority of patients showed suboptimal understanding of aspects of their chemotherapy plan. Patient understanding tends to be ten times better with higher educational background and five times better with positive family history of cancers. We recommend a self-filled evaluation form of understanding of chemotherapy plans to be added as a part of the informed consent process to objectively assess of how much a patient understands.

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EXAMINING WOMEN’S PERCEPTIONS OF MATERNITY CARE IN PUBLIC AND PRIVATE SECTORS OF NATIONAL GUARD HOSPITALS IN SAUDI ARABIA: A QUALITATIVE STUDY

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Background High-quality maternity care dramatically reduces infant and maternal morbidity and mortality. Patient satisfaction is an important indicator of the quality of care because it demonstrates the difference between what the patient expects and the current level of care received. Vision 2030 represents a blueprint for Saudi Arabia’s future that is focused on improving the quality of healthcare through privatization. In support of that vision, Saudi women gained back the majority of their rights including autonomy to make their own healthcare decisions. While some research has elucidated women’s satisfaction with their maternity care within the public sector,

none has examined it within the private sector or compared it across sectors. With transformation towards Vision 2030 underway, this study is designed to measure and compare women’s satisfaction with their labor and delivery care in the public and private sectors of two National Guard hospitals in Jeddah and Riyadh.

Methods A convenience sample of 80 women across the public and private sectors of National Guard hospitals in Jeddah and Riyadh were recruited. Participants consented to the study and completed 20-minute, face-to-face, semi-structured interviews. All interviews were recorded, transcribed, and coded. Codes were analyzed using grounded theory to build a conceptual framework regarding women’s satisfaction with their labor and delivery care across sectors and locations. Frameworks were compared to draw distinctions in perceptions across sectors and locations.

Results Preliminary results reveal that women within the public sector feel less satisfied with their care compared with women in the private sector because of lack of privacy and nurses’ less-careful attention to their concerns. Women within the private sector did not face those issues and also expressed great doctor–patient relationships.

Conclusion Women within the private sectors of National Guard hospitals feel more satisfied with care, particularly when it comes to privacy and the care provided by nurses. As Saudi Arabia transitions to privatization, careful attention should be paid to how women within the public sector are transitioned during the privatization efforts. Specifically, attention should be given to the privacy that women receive during labor and delivery, as well as how women are cared for by nursing staff. How to maintain the level of the care provided in the private sector of hospitals while expanding care to meet the needs of all women given finite resources is a direction for future research.

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ASSESSING PHYSICIANS’ COMPLIANCE WITH MEDICATION-RELATED CLINICAL DECISION SUPPORT ALERTS IN THE INTENSIVE CARE UNIT

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Background The clinical decision supports system (CDSS) is the centerpiece of the electronic health record (EHR) incentive program to enhance patient care and prevent medication errors. Recent studies suggested that medication-related CDS alerts were commonly inappropriately overridden and rate of adherence was usually low. The rate of medication errors for patients admitted to the intensive care unit (ICU) is higher than that for other patients and inappropriately overridden alerts may affect patient care. The aim of this study was to evaluate the embedded CDS alerts and assess physicians’ compliance with medication-related CDS alerts in the ICU, by measuring the appropriateness of interruptive overrides of major severity alerts.

Methods This retrospective study was done by chart review of adults admitted to ICUs between January 2017 and December 2017 at a tertiary-care institution. The numbers and types of medication-related CDS alerts in adult ICUs were determined