

FOI_1463_2023-24 – FOI Request Improving medication compliance and adherence.

1. Within your organization:

a) Are you using medication pill pouches for your patients?

No

b) Who provides these pouches? E.g., Hospitals, community pharmacies (Please state name & address)

N/A

2. On discharge (long or short term)

a) Do you discharge patients on medication pill pouches?

No

b) Who provides the medication pill pouches?

N/A

c) Do you provide other medication prompts aids?

Yes, we provide standard monitored dosage system packs for eligible and approved patients only.

d) Do you provide medication prompt visits?

No