Hospital to Community Pharmacist Project

Toowoomba Hospital

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HRT 1713 'B14 - Medication Improvement'

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Brisbane

Key Problem

- The high risk of medication related problems in the transition from hospital to home is well recognised.
- Studies suggest up to 1 in 5 people experience an adverse event during transition from hospital to home, with medication accounting for 66% of these.
- 1/3 of these adverse events are thought to be preventable
- The risk of medication misadventure is known to be highest in the immediate post-discharge period (first 10 days).
- At Toowoomba Hospital we suspect our discharge process could be improved – currently don't know where the gaps lie specifically.
- Currently we only see approximately 30% of all discharges.

Aim of this innovation

1. To compare two models of post discharge follow-up:
   - Face-to-face versus telephone

2. To identify gaps in current discharge process

3. Explore and link into existing services where possible

Data

- 55 eligible participants

Care group	Participated	Withdrew
Face-to-face	19	4
Telephone	16	3
Usual care (control)	20	1

- Face to face review resulted in significantly more medication related problems (MRPs) being identified (p=0.02) mean 4.2 versus 2.4 in the telephone group.
- Mean time to follow-up was 5 days.
- MRP's identified :
  - Patient level = non-compliance and lack of understanding of medications
  - System level = errors on discharge DMR/no DMR

Key Findings

- Over 1/3 of face-to-face consults resulted in the participant's GP and CP being contacted (compared to 6% in telephone group).
- Although 92% participants had been issued with a DMR at discharge, only 53% could locate this at the follow up appointment.
- Only 49% participants had a discharge summary.
- No effect on readmission rates was detected – overall readmission rate was 30%! (we did select high risk participants!).
- Participant feedback (response rate 53%) suggested participants would prefer a home visit.
- 88% respondents agreed or strongly agreed the pharmacist had helped them to understand their medications.
- 83% felt more confident in managing their medications.

- *"A good service. Found out a few problems. Too much info on discharge, a follow up is great. Thanks."*

Outcomes so far

- Recommendations:

1. Looking at ways to standardise our DMR's
   - Seeking input from consumers
   - Improving visability of DMRs – considering glossy backing, brighter colours, attaching to outside of medication bag rather than in with the invoice
   - Educating pharmacists to perform double checks on their DMRs, standardising the format, performing bi-annual DMR audit to ensure quality and accuracy.
   - Considering sending DMR direct to GP for high risk individuals

2. Financial barriers
   - Often go unidentified and were identified in this study on a number of occasions.
   - Studies suggest half of socioeconomically disadvantaged consumers do not use or delay using medications because of cost.
   - Interventions made included suggesting combination products, generic brands, authority prescriptions for increased quantities to GPs.

3. DAA Use
   - 22% of participants were referred for follow-up because they used a DAA.
   - DAA's often complicate and can delay the discharge process. Even though info was supplied to the participant's CP, sometimes they were unaware they had to collect new packs, or chose to use up the old ones.
   - Need better provisions for these participants if discharged over a weekend or after-hours

4. Primary care links
   - HMR options not useful for this type of model of service.
   - Limited input for CP, as no access to discharge information.
   - Delay in providing discharge summary means vital information missing at initial GP consult.

Lessons Learnt

- This service would link in best with our nurse navigator model for integrated care (currently in development)
- Trial means no ongoing funding for this model, despite its success
- Limited options available in community for follow-up reviews
- Limitations of face-to-face visit include:
  - Time (average 1 hour) + travel time
  - Rural, remote patients disadvantaged – options - telepharmacy service
  - Availability of fleet cars
- Ethics approval took far longer than anticipated
- Consenting participants to study also time consuming
- Medication adherence requires behaviour change – would require multiple interventions on a sustained basis.
- Face-to-face follow up is a superior model to telephone reviews

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