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Central Denmark Region

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A CROSS-SECTORAL PHARMACIST INTERVENTION FOR PATIENTS IN TRANSITION BETWEEN HOSPITAL AND GENERAL PRACTICE

A PILOT STUDY

Background

- Drug-related problems (DRPs) in cross-sectoral transitions are often seen, primarily due to inconsistent information about patients' medicines at transfer

Aim

- To pilot-test a cross-sectoral pharmacist intervention for patients in healthcare transitions

Materials and methods

Setting and organisation

- The study was performed in Randers Regional Hospital and four General Practice (GP) clinics in Denmark
- The pharmacist had joint employment between the Hospital Pharmacy and the GP clinics giving access to health records in both sectors
- All citizens in Denmark have an electronic Shared Medication Record (SMR)

Intervention

Transition from General Practice to Hospital:

1) Conduction of medication history
2) Medication reconciliation
3) Update of the Shared Medication Record

Transition from Hospital to General Practice:

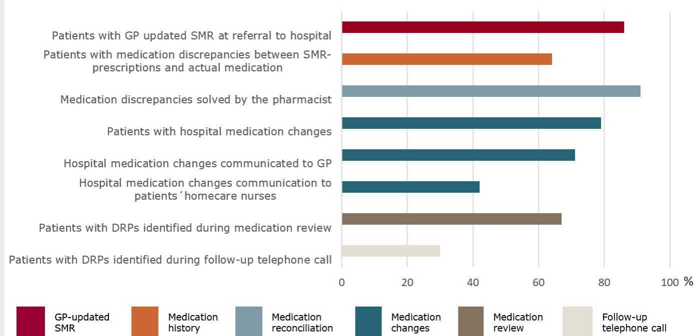
1) Conduction of medication review
2) Overview of medication changes at hospital
3) Follow-up telephone calls to patients
4) Communication with GP on identified DRPs

- The intervention was tested in one GP clinic and evaluated descriptively
- The intervention was then tested in four GP clinics and evaluated qualitatively with semi-structured interviews

Results

Test in one GP

A total of 44 patients were included; 14 in transition from GP to hospital and 30 in transition from hospital to GP.



Test in four GP clinics

Seven interviews were performed – one per GP clinic and three with the pharmacists (mean 71 minutes).

- Clinical staff had positive attitudes towards the intervention and saw the advantages of a pharmacist with a joint employment and unique access to health records in both sectors. Economics were identified as a barrier for future implementation.
- Pharmacists in smaller GP clinics had easier access to clinicians and felt a more integrated member of the team. The larger GP clinics were more structured and used to interdisciplinary collaboration, allowing the pharmacist more freedom to work independently.

Conclusion

- Despite GP-update of SMR prior to admission there were often medication discrepancies
- Medication changes & follow-up plans at discharge, were not always communicated to the patient, GP and homecare
- Joint employment with unique access to health records in both sectors was the most important tool in the identification and resolution of DRPs
- The intervention was transferable to other GP clinics and was considered acceptable and relevant by all

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