

72-hour treatment responsibility after discharge: Characterization of medication-related calls

Background

72-hour treatment responsibility (72H-TR) after hospital care is established to create a safe transition for the patient between hospital treatment and their home. After the implementation of 72H-TR, Copenhagen University Hospital, Amager and Hvidovre (AHH), experiences many calls from the municipalities related to patients' medications. The purpose of this was to characterize calls related to medication in relation to 72H-TR.



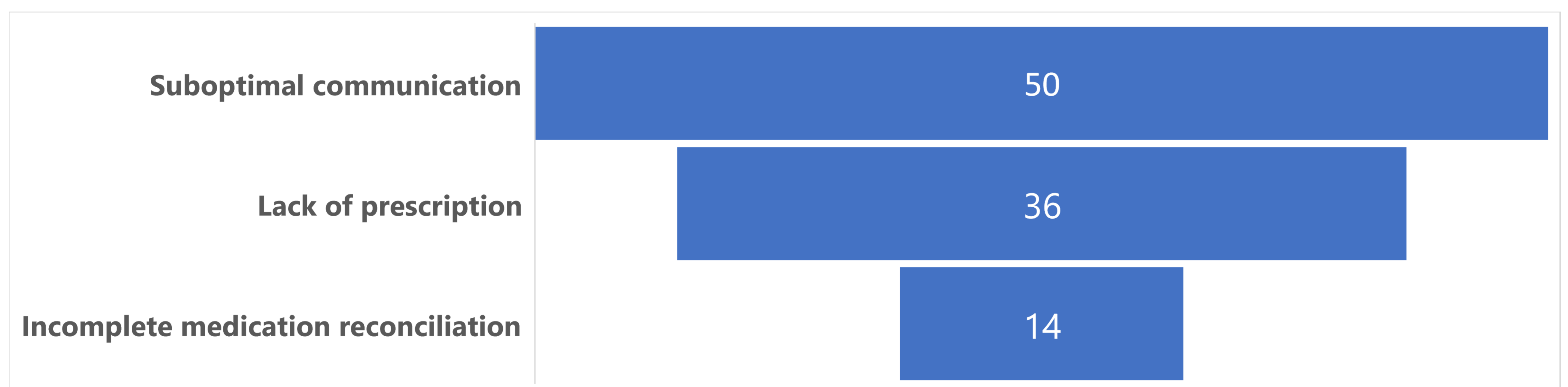
Method

We reviewed logs from incoming calls made during 72-hour treatment responsibility to Copenhagen University Hospital, Amager and Hvidovre (AHH) from Copenhagen and Høje-Taastrup municipalities. Calls related to patients discharged from the orthopedic or pulmonary medicine departments from AHH during the period from September to November 2023 were included. Further, two senior clinical pharmacists assessed whether calls related to medication was potentially preventable. In case of disagreement, consensus was reached between the reviews.

Results

The results showed that 27 out of 50 (54%) calls were medication-related, and 22 out of 27 (82%) were potentially preventable. Of the medication-related calls that were potentially preventable, suboptimal communication was responsible for 11 out of 22 cases (50%), lack of a prescription accounted for 8 out of 22 cases (36%), and incomplete medication reconciliation accounted for 3 out of 22 cases (14%).

Figure 1. Grouping (%) of n = 22 potentially preventable medication-related calls.



What Now?

The next step will involve cross-sectoral and interdisciplinary workshops to identify barriers and facilitators and optimize the discharge process. We will also continue improving the online medication discharge reports available to municipalities to eliminate any ambiguities.



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