

Discharged patients - a problem for community pharmacists?

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Introduction

After a hospital stay, community pharmacists fill discharge prescriptions without having additional information, e.g. diagnosis or therapy changes.

The aim of this study was to evaluate the current practice of information transfer, as well as the role and needs, when community pharmacists care for recently discharged patients.

Methods

1. **Focus group** with a sample of six community pharmacists.

2. **Nationwide online-survey** with following subjects:

Responder characteristics, role fulfilment¹, 30 information items evaluated for their availability and for their usefulness, grouped into four categories A-D (see table 1). The questionnaire was translated to French and Italian, and sent to all managers of pharmacies belonging to the Swiss Pharmacist's Association in summer 2015 (n=1348).

Conclusion

Swiss community pharmacists rarely receive sufficient information on discharge prescriptions. They are not able to fulfill their role at discharge satisfyingly. However, they judge several information as essential. Especially therapy changes were discussed extensively.

The findings may help researchers to design intervention studies to optimise hospital discharge. Interventions focussing on information transfer should be targeted to meet the pharmacist's needs.

Results

Pharmacist's characteristics

Participants in the focus group (P1-6) were 47.3±13.7 years old, 50% female, 50% employees.

194 responders to the questionnaire (response rate 14.4%) were 49.7±10.8 years old and 50.5% female.

Problems at discharge

Pharmacists were concerned about the workload, especially with medication changes and unclear prescriptions. Statements are given in the bubbles.

"[it is] not seldom that the same compound is given severalfold..." (P2)

"The hospital admission and discharge are a huge problem... on weekends, the respective general practitioners are not available." (P3)

"[...] we have a lot of work to reconstruct what changed in the hospital and what didn't. It needs a lot of work." (P1)

"[...] the patient has to wait [...] and stands in the pharmacy at the wrong time." (P3)

"The respective people are not conscious of the process at hospital discharge." (P2)

Role¹ fulfilment

Role 2, function B: "manage patient medication therapy". 56.7% of questionnaire responders stated that they do not fulfill that role satisfyingly.

Role 2, function C: "monitor patient progress and outcomes". 73.7% stated that they fulfill that role not satisfyingly.

Available and useful information

Table 1: Availability and usefulness of different information rated by questionnaire responders. An extract is shown, focussing on the desired but absent information.

	essential	desired
A: Therapy-related information		
Sometimes available	<ul style="list-style-type: none"> Complete medication list Therapy changes Therapy duration 	<ul style="list-style-type: none"> Therapy on admission
(almost) never available	<ul style="list-style-type: none"> Off-label use is marked 	<ul style="list-style-type: none"> Reasons for therapy changes Therapy goals Therapy indication
B: Health-related information		
(almost) never available	<ul style="list-style-type: none"> Allergies 	<ul style="list-style-type: none"> Reason for hospital admission Major and minor diagnoses Description of wounds and care Laboratory values
C: Organisation-related information		
Sometimes available	<ul style="list-style-type: none"> Contact information of carer 	<ul style="list-style-type: none"> Hospital's compounding formulations
(almost) never available	-	<ul style="list-style-type: none"> Contact of hospital pharmacy Hospital's formulary and guidelines Hospital pharmacy's documents Information about how to order special medicines
D: Care-related information		
(almost) never available	-	<ul style="list-style-type: none"> The next health care provider appointment

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Reference

¹ Joint WHO/FIP-Guidelines on Good Pharmacy Practice (Hyderabad, 2011) describe the pharmacist's role, which are important for patient care at hospital discharge: Role 2 "Provide effective medication therapy management" with functions B and C.