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Background

There is a lack of knowledge about factors that influence the performance of comprehensive medication reviews (CMRs) and post-discharge follow-up by multiprofessional ward teams including a clinical pharmacist. A better understanding of these factors is needed to support implementation and sustainability of CMRs or similar hospital services.

Objective

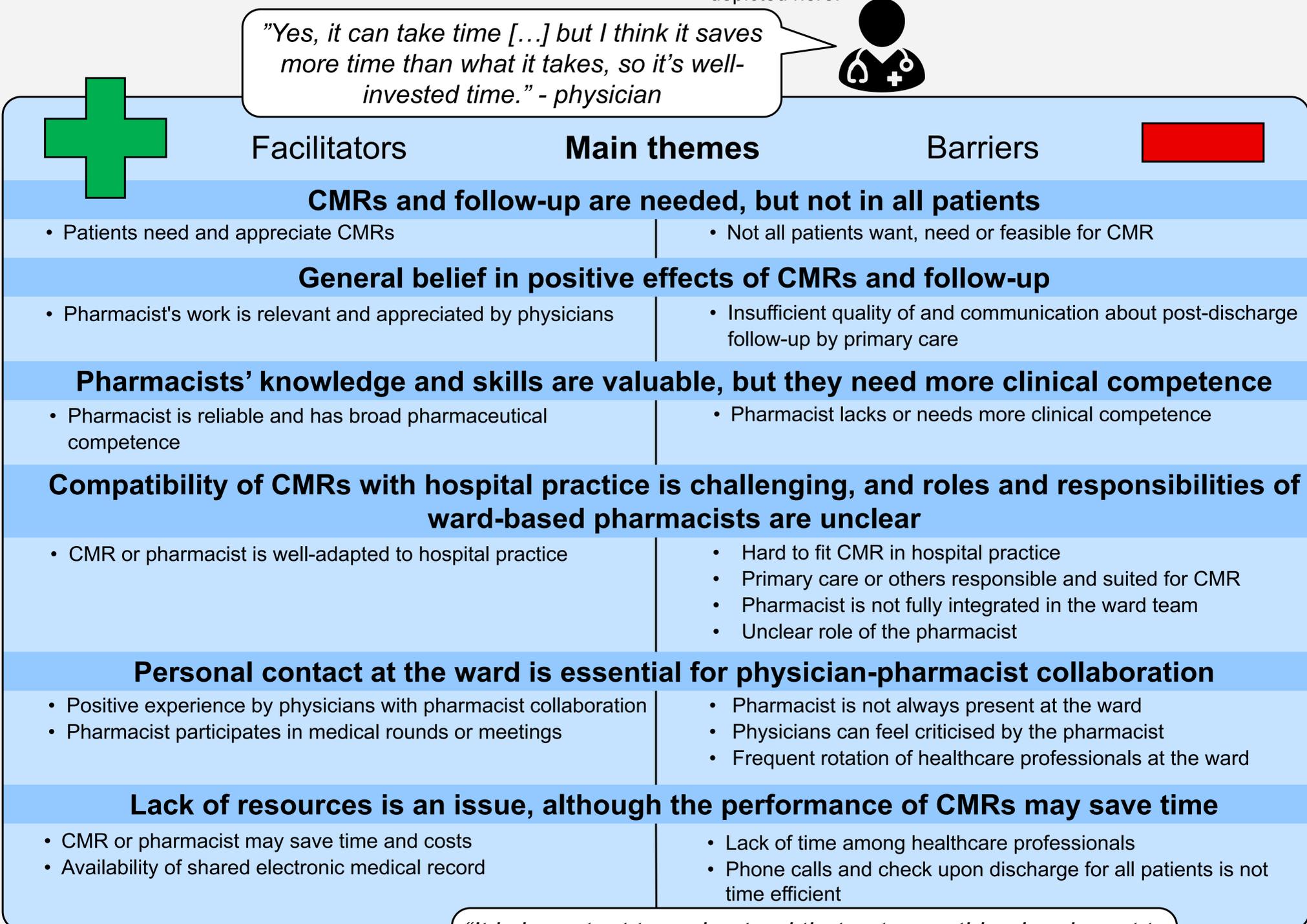
To explore the facilitators and barriers for performing CMRs and post-discharge follow-up in older hospitalised patients.

Methods

Semi-structured interviews were conducted with 16 physicians and 7 pharmacists recruited from an ongoing trial at 8 internal medicine or geriatric wards at in total 4 hospitals in Sweden. The interviews were audio-recorded, transcribed verbatim and thematically analysed using the Consolidated Framework for Implementation Research.

Results

Six main themes with in total 21 facilitators and 25 barriers were identified, of which frequent recurring factors are depicted here:



Conclusion

Multiple facilitators and barriers for performing CMRs and post-discharge follow-up in older hospitalised patients exist. These factors should be addressed in future initiatives with similar interventions by multiprofessional teams including a clinical pharmacist to ensure successful implementation and sustainability in hospital practice.

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More information: www.akademiska.se/medbridge

