

Collaboration between hospital and community pharmacists about discharged patients: A pilot study

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BACKGROUND & IMPORTANCE

Clinical Pharmacist Services (CPS) are increasingly used in **optimizing patients' medication** at **hospital admission** and during the hospital stay. Community pharmacists (CPs) and hospital pharmacists (HPs) may **collaborate** to **follow-up** and **solve** drug-related problems (DRPs) post discharge.



AIM & OBJECTIVES

To analyze the **nature** and **type** of the **DRPs** referred by HPs to a CP for **follow up** **post discharge**

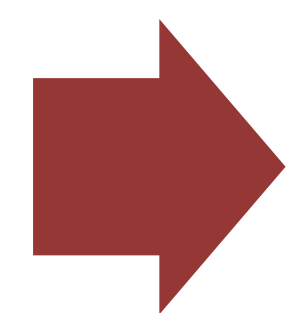


DESIGN & METHODS

The study was conducted on four hospital acute wards in Region Zealand, Denmark.



Medication review at hospital admission by HP



Referral to community pharmacist with DRPs requiring follow-up post-discharge



The identified DRPs were classified according to the **PCNE-DRP Basic Classification** and analyzed and categorized into themes.

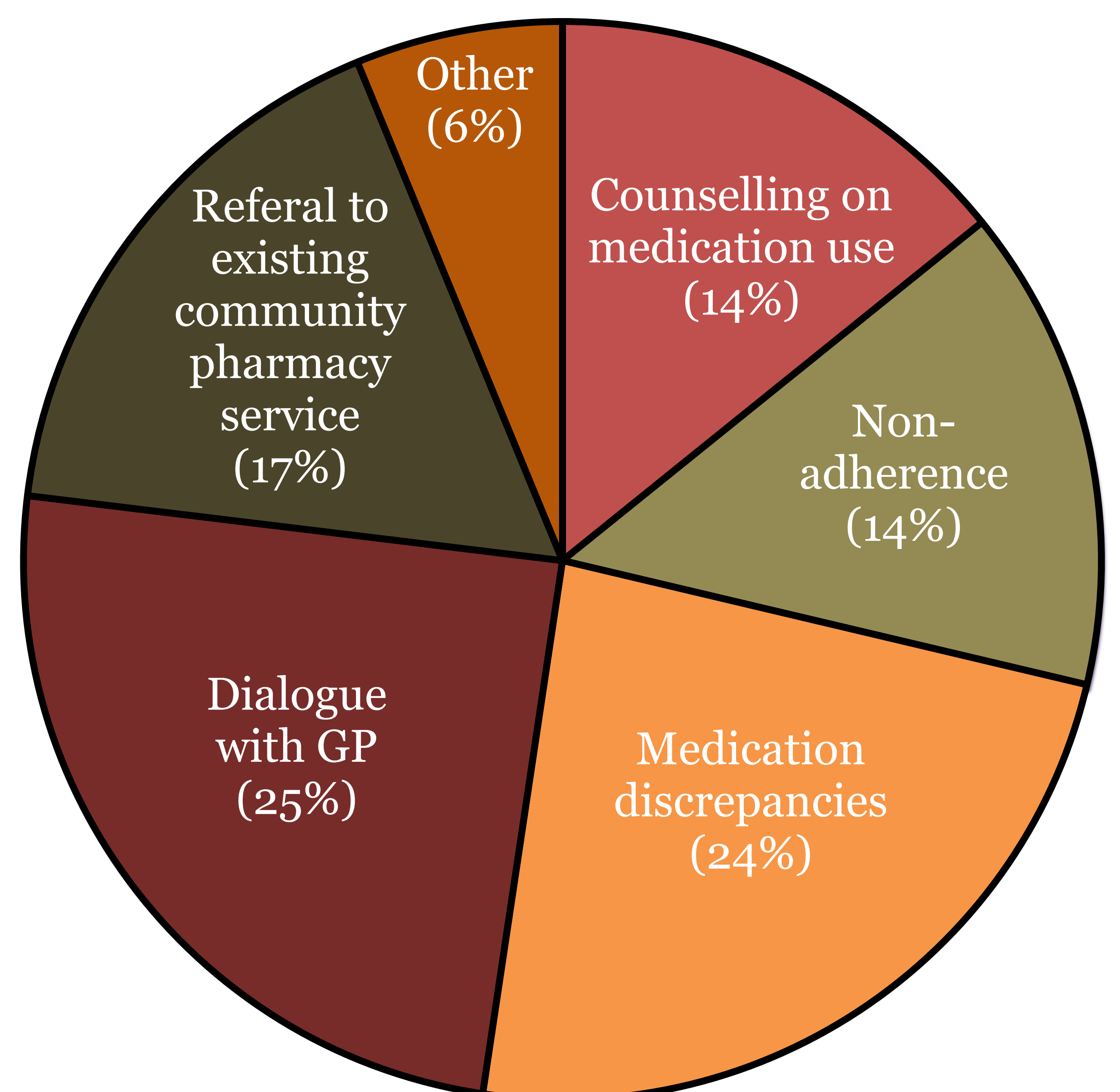
CONCLUSION AND RELEVANCE

HPs identify various DRPs to be referred to the CP post discharge. The DRPs were related to the patient, especially in relation to adherence and correct administration of devices meant for respiratory illness. Additionally, the HPs were aware of existing community pharmacy services that might be used to solve the DRPs post discharge.

RESULTS

132 Referrals from October 2019 – March 2020.

The identified DRPs were mainly related to **Treatment effectiveness** and were **Patient-related**. Interventions were mainly performed on **Patient-level**.



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