Conclusion

High prevalence of patients with inadequate requests for medication-related follow-up. A problematic communication gap exist despite the use of shared electronic health records

One out of 20 patients had an unplanned hospital revisit related to inadequate requests for medication-related follow-up

Pharmacists performing medication reviews in hospital settings need to take an active role at hospital discharge

Background and Importance

Discharge of older hospitalised patients is critical in terms of patient safety. Inadequate transfer of information about medications to the next healthcare provider is a known problem, but there is a lack of understanding of this problem in settings where a shared electronic health record (EHR) between hospital and primary care is used. This study was conducted in two regions in Sweden where shared EHRs have been implemented.

Materials and Methods

Study population
- Patients were randomly selected from a multicentre cluster-randomised trial (MedBridge1)

Data collection
- Retrospective data from the EHR for each patient
  - Medication changes during hospitalisation and unresolved drug-related problems where a plan to request a follow-up existed
  - Requests for follow-up
    - Reasons for unplanned hospital revisits 6 months post-discharge

Assessments of collected EHR data
- Requests for follow-up were classified as adequate or inadequate
  - Adequate = a follow-up request that contained plans for all relevant medication changes and unresolved drug-related problems
  - Unplanned hospital revisits
  - Whether inadequate request was likely to have contributed to unplanned hospital revisit

Aim and Objectives

To evaluate the prevalence of patients for whom hospitals sent inadequate requests for medication-related follow-up at discharge

To evaluate the proportion of patients with an unplanned hospital revisit related to an inadequate follow-up request

To determine if there was an association between pharmacist-led comprehensive medication reviews during hospitalisation and adequate/inadequate follow-up requests

Results

699 patients included
- 42% (n=292) Adequate – complete follow-up requests sent
- 18% (n=126) Adequate – no follow-up requests sent, not needed
- 24% (n=167) Inadequate – incomplete follow-up requests sent
- 16% (n=114) Inadequate – No follow-up requests sent, but needed
- 5% (n=38) Of the included patients had an unplanned hospital revisit related to an inadequate request for follow-up

Pharmacist-led medication reviews did not affect the number of inadequate/adequate requests

References
- "T.G.H. Kempen et al. Effects of Hospital-Based Comprehensive Medication Reviews Including Postdischarge Follow-up on Older Patients’ Use of Health Care: A Cluster-Randomized Clinical Trial. JAMA Netw Open. 2021;4(4):e216303"