

CONFERENCE ABSTRACT

Better transfer of medication information between care settings: involvement of the patient

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Introduction

The impact of drug related problems on rehospitalization is high and is frequently preventable. Despite attempts of many, this remains a problem. Better collaboration between hospital and ambulatory care can contribute to a solution. A first critical step is an adequate transfer of medication schemes (MS). Electronic transfer of those remains deficient and/or is insufficiently integrated. Paper-based MS are still mandatory. However, patients are commonly not aware of the importance of the MS as communication tool.

Short description of practice change

First, with the subproject 'Municipality on Scheme' (MOS) the awareness of the importance of MS was enhanced.

Secondly, we facilitated the medication information transfer to the community pharmacist at hospital discharge by using a 'green' envelope (GE).

Aim and theory of change

MOS: enhancing the awareness about the medication scheme by an intensive sensibilisation campaign performed in municipalities. Goals: 1) improvement of knowledge about MS, 2) facilitating the patient showing MS to the next healthcare provider he consults and 3) more patients bringing MS at hospitalisation.

GE: at hospital discharge, MS is put in a 'green' envelope, together with discharge prescriptions. The patient is asked to give this envelope to his community pharmacist. The importance of this envelope is clearly stated at the outside.

Targeted population and stakeholders

In MOS the target group consists of all citizens of a municipality. The whole community is involved: patients and their families, all healthcare providers, the local authorities, patient organisations and all kind of local citizens associations.

In GE the target group consists of patients, playing a crucial role by delivering the green envelope to the community pharmacist. Stakeholders are hospital nurses, hospital pharmacists, community pharmacists and patients

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Timeline

Both projects are being rolled out step by step, municipality per municipality for MOS, hospital per hospital for GE.

Started in 2017 11 municipalities and 525.000 citizens were reached for MOS and 4 Flemish hospitals in 2019 for GE, followed by 3 in 2020.

Highlights

We measured an increase in knowledge on MS (+61%), in patients having a MS (+41%) and in number of MS brought to the hospital (+ 30%).

In a GE-pilot study in 4 hospitals community pharmacists confirmed the receipt of 33,09% envelopes and identified at least one discrepancy or at least one drug-related-problem in 25,4% resp. 12,4 % of patients.

Sustainability

In both subprojects sustainability was positively evaluated three months after project-closure

Transferability

For both scripts are available.

Conclusions

MOS highlights MS as a cornerstone of medication therapy. Using a 'green' envelope, about a third of MS distributed at discharge reached the community pharmacy. Hence, continuing awareness initiatives to inform patients about the importance of MS are necessary. Both projects can be rolled out separately. Whether the combination of first MOS and afterwards GE leads to better results in the long run remains to be evaluated.

Lessons learned

Healthcare changes and improvements take place, But often the patient is forgotten in implementation. Our results indicate that there is a need to include patients in these evolutions in healthcare.