Medication Management Surrounding Transitions of Care: A Qualitative Assessment of Community Pharmacists' Preferences (MEMO-TOC)

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Background and Rationale

Background

- Multiple medication changes during hospitalization increases the risk of medication errors upon discharge
- Community pharmacists often do not have access to clinical information such as medication indication, diagnosis, and laboratory values
- Lack of communication with community pharmacists is a barrier to providing pharmaceutical care
- Studies implementing handover to community pharmacists at hospital discharge improved patient outcomes, however were found to be time consuming

Rationale

- Improved information transfer has the potential to minimize medication errors, improve adherence and disease state management
- Community pharmacists' needs and preferences to improve information transfer are currently unknown
- This information could help inform the development of a novel, simple discharge prescription template

Objectives

1. Characterize current information available to community pharmacists upon patient discharge
2. Identify community pharmacists' perceived barriers to providing pharmaceutical care to recently discharged patients
3. Determine community pharmacists' needs and preferences for a novel hospital discharge prescription
4. Describe how additional information contained on the hospital discharge prescription could be utilized by the community pharmacist
5. Identify any potential unintended negative consequences of providing additional information to community pharmacists upon discharge

Methods

Design

- Prospective qualitative descriptive study

Setting & Sampling

- Kamloops, British Columbia (27 community pharmacies)
- Stratified, purposeful sampling

Inclusion Criteria

- Pharmacists registered with the College of Pharmacists British Columbia
- Participant must reside or work in Kamloops, British Columbia

Exclusion Criteria:

- Unable or unwilling to provide informed consent

Methods (cont'd)

Data Collection

- 20 minute, 1-on-1 audio recorded semi-structured interviews via telephone
- 1 hour, audio recorded focus group

Data Analysis

- Audio recordings transcribed verbatim
- Inductive semantic coding and theming completed using NVivo 12

Measures to Improve Credibility

- Member check

Measures to Improve Transferability

- Purposeful sampling

Measures to Improve Dependability

- Independent coding of two transcripts (stepwise replication)

Results

Table 1. Participant Demographics

Characteristic	Interview (n=4)	Focus Group (n=8)	Total [%] (n=12)
Less than 10 years practicing	2	2	4 [33.3]
Practice in pharmacy chain setting	4	2	6 [50]
Less than 300 prescriptions per day	3	3*	6 [54.5]*
Additional responsibilities (e.g. manager/associate)	0	5	5 [41.7]

*one focus group participant did not document number of prescriptions per day

Current Information Available Upon Discharge

- Participants reported having routine access to patient demographic information and information provided by the patient/caregiver
- Other than the medication prescription, additional information about the patient's hospitalization or medications germane to the provision of pharmaceutical care is not consistently shared with community pharmacists by hospital healthcare practitioners

Table 2. Barriers to Providing Care

Theme	Quote
Communication at Transitions of Care	"It's very difficult to try and track prescribers down sometimes."
Patient Related	"The patient as well, they usually don't know … if there have been medication changes to their regular meds."
Incomplete Prescription or Cumbersome Format	"I know with inhalers there is no strength specified, so you kind of go off of the patients history if you can't get in touch with the doctor." "And the unnecessary PRNs that are discontinued, they are all intertwined in everything."
Community Pharmacy Logistics	"The family comes expecting it to be done but your still hours away from it being done… timing for sure is a big one."
Lack of Information to Complete Pharmaceutical Assessment	"If it's a change to their medications from when they went into hospital, we're not always aware if it was an intentional change."

Figure 1. Needs and Preferences for Additional Information

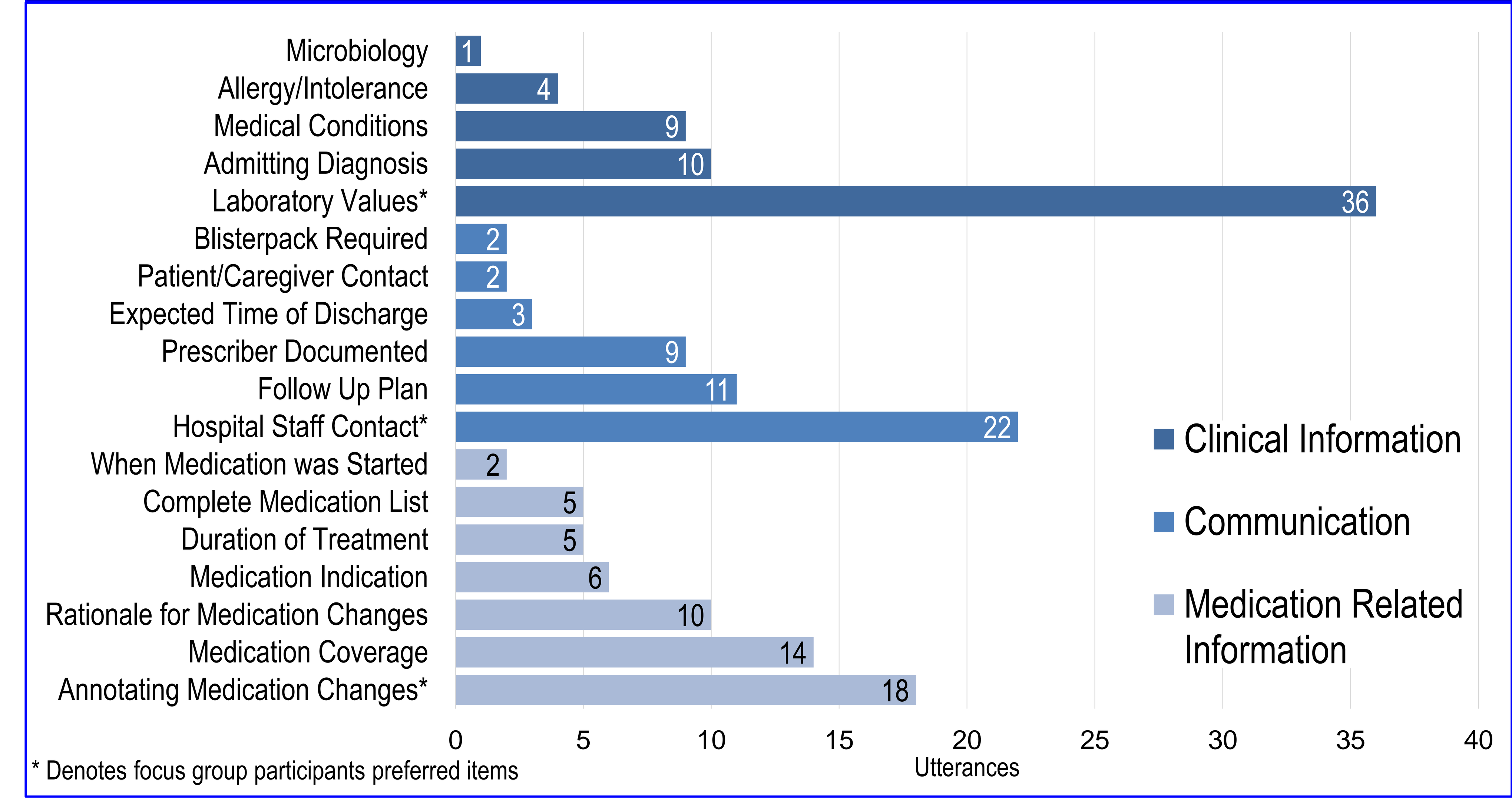
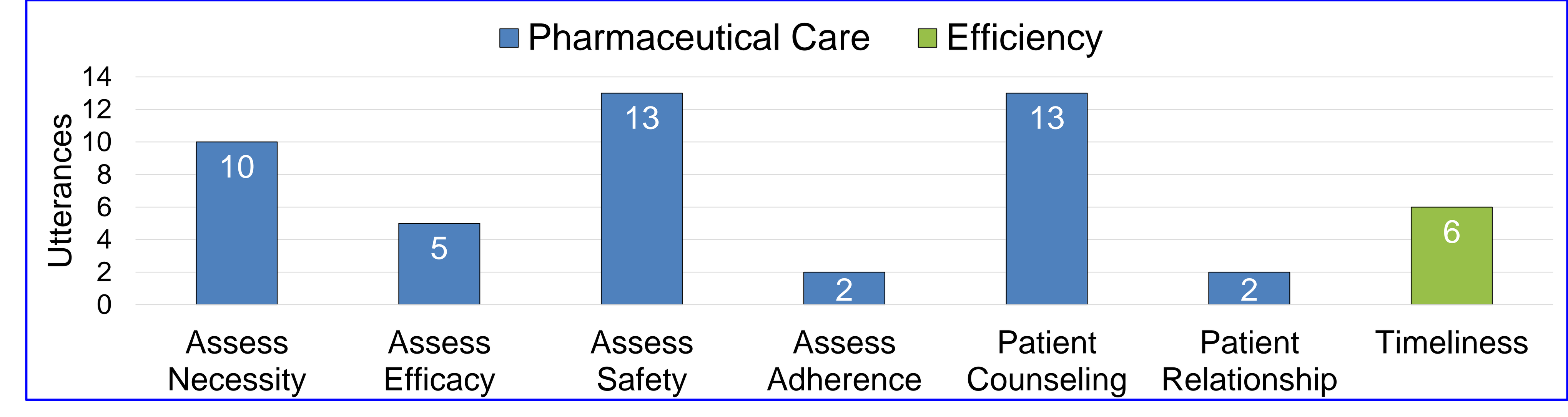


Figure 2. Utilization of Additional Information



Additional Themes

- Participants requested discharge prescriptions containing additional information be computer generated, organized with scheduled medications before as needed medications and be transmitted earlier in the day by fax and an additional copy given to the patient
- Participants would document additional information electronically on the pharmacy record
- Participants expressed comfort in using additional information; only one participant had concerns about lack of knowledge or skills to use the information
- A majority of participants identified no negative consequences of having additional information
- Few participants identified potential negative consequences of having additional information including increased liability, workload and confidentiality implications

Conclusions

- Community pharmacists currently face many barriers to providing care to recently discharged patients such as lack of communication, incomplete prescriptions and lack of information to complete pharmaceutical assessment
- Community pharmacists identified the most valuable additional information as laboratory values, hospital contact information and annotation of medication changes
- Additional information would be used to provide pharmaceutical care and improve efficiency
- Newly designed discharge prescription template should include preferred information items
- Study limitations: single geographical area surveyed and data saturation could not be assessed