m **AKADEMISKA SJUKHUSET**

FACILITATORS AND BARRIERS TO PERFORMING **COMPREHENSIVE MEDICATION REVIEWS AND** FOLLOW-UP IN OLDER HOSPITALISED PATIENTS



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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 conducted with were 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

	more time than wh invested tin	ne." - physician		well-	
	Facilitators	Main th	nemes	Barriers	
	CMRs and fol	low-up are ne	eded, but no	ot in all patients	
 Patients need and appreciate CMRs 		 Not all patients want, need or feasible for CMR 			
	General belief	in positive ef	fects of CMF	Rs and follow-up	
 Pharmacist's work is relevant and appreciated by physicians 		 Insufficient quality of and communication about post-discharg follow-up by primary care 			
Pharmacis	ts' knowledge and s	kills are valua	ble, but the	y need more clinical comp	etence
 Pharmacist is reliable and has broad pharmaceutical competence 			 Pharmacist lacks or needs more clinical competence 		
Compatibility	-	ital practice is I-based pharn	—	g, and roles and responsibution in the set of the set o	oilities o
 CMR or pharmacist is well-adapted to hospital practice 		 Hard to fit CMR in hospital practice Primary care or others responsible and suited for CMR Pharmacist is not fully integrated in the ward team Unclear role of the pharmacist 			
Perso	nal contact at the wa	rd is essentia	I for physic	an-pharmacist collaboration	on
 Positive experience by physicians with pharmacist collaboration Pharmacist participates in medical rounds or meetings 			 Pharmacist is not always present at the ward Physicians can feel criticised by the pharmacist Frequent rotation of healthcare professionals at the ward 		
Lack o	f resources is an iss	ue, although	the perform	ance of CMRs may save tir	ne
 CMR or pharmacist may save time and costs Availability of shared electronic medical record 				e among healthcare professionals and check upon discharge for all patient	nts is not
Conclusion	ao	dress, and that	some things d	at not everything is relevant to on't have to be changed right ost relevant." - pharmacist	

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.

