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Aim and Objectives

Medication-related follow-up of older patients after hospital discharge: a multicentre retrospective chart review



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Conclusion and Relevance

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



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

Study population

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

Data collection

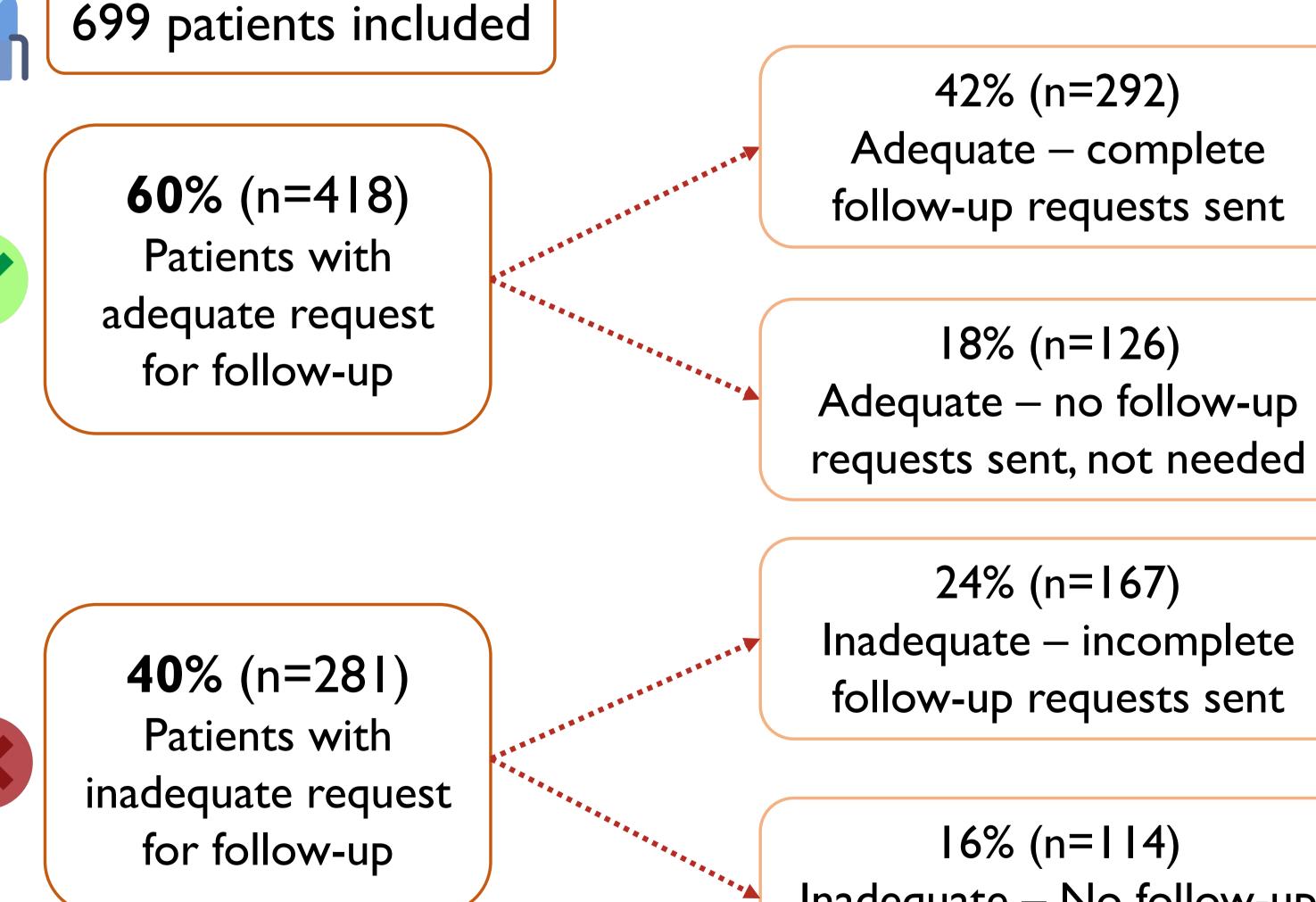
Retrospective data from the EHR for each patient

Medication changes during hospitalisation and unresolved drug-related problems where a plan to request a follow-up existed

2b Requests for follow-up

> Reasons for unplanned hospital revisits 6 months post-discharge

Assessments of collected EHR data



Inadequate – No follow-up requests sent, but needed

Requests for follow-up were classified as adequate or inadequate

3a 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 **3**b contributed to unplanned hospital revisit

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

2c

References

¹T.G.H. Kempen et al. Effects of Hospital-Based Comprehensive Medication Reviews Including Postdischarge Follow-**AKADEMISKA** up on Older Patients' Use of Health Care: A Cluster Randomized Clinical Trial. JAMA Netw Open. 2021;4(4):e216303 **SJUKHUSET**



