Pharmacist-patient communication during a post-discharge home visit.

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Background Patients drug therapy is often changed during hospitalization. At hospital discharge patients can be confused with medication-related information, resulting in improper drug use and consequently an increased risk of adverse events or reduced effectiveness. A post-discharge pharmacist home visit may reduce these problems.

Purpose An effective home visit depends on active participation of both the pharmacist and the patient. This study aimed to describe the topics discussed during a post-discharge home visit.

Method A qualitative study was conducted, using data from the HomeCoMe-study in which protocol-led post-discharge community pharmacist home visits were performed between November 2013 and December 2014. Sixty-three home visits were recorded and transcribed verbatim. The initial coding framework of (sub)topics was based on the HomeCoMe-protocol and consisted of two main categories: (1) clinical, e.g. health status and (2) medication-related, e.g. medication regimen or side effects. Next, a data-driven iterative approach was used by two researchers to code all text fragments, complete the coding framework and identify the initiator of specific (sub)topics. Finally, frequently occurring topics were analysed and linked to the initiator.

Findings First analysis showed that pharmacists and patients discussed both main categories in all home visits consultations, with medication-related topics being most-discussed. The most prominent medication-related subtopic was ?Administration and use?, which includes pharmacists clarifying a medication regimen or helping with a drug-taking issue for example, followed by ?Medication information?, e.g. pharmacists explaining the indication for prescribing. Less frequently discussed were the ?Effect of medication?, ?Logistics? and ?Adherence?. Next, the two major subtopics within the clinical category were ?Patients? general health? and ?Reason for hospitalisation?. These included a listing by the pharmacist of patients? health issues and whether patients felt their symptoms improved or worsened. The pharmacist initiated discussion in the majority of cases, but the patient substantially initiated specific queries regarding the effect and regimen of their medication for example. Finally, a few other topics were more frequently initiated by the patient, such as complaints regarding information transfer between hospital and home and home delivery of medication.

Conclusion The myriad of medication-related and clinical topics discussed illustrates the relevance of a post-discharge home visit. As the consultations were protocol-led, it was expected that pharmacists initiated the majority of topics that were discussed. However, the patient-initiated topics are important to address and should be used to improve the home visit protocol.