Development of a transfer document for the community pharmacist at hospital discharge

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Background In 2013, only 54.6% of Belgian elderly patients had contact with their general practitioner (GP) in the first week after hospital discharge. Therefore, the community pharmacist (CP) can play an important role in continuity of medication management. However, there is currently no structured communication to CPs at hospital discharge in Belgium.

Purpose This research investigated which information CPs would like to receive to perform adequate medication reconciliation and patient counseling.

Method First, initiatives for information transfer to the CP were identified by an international and grey literature review. Next, a discharge document was developed and presented to 19 healthcare professionals (10CPs and 9GPs) during semi-structured interviews, and further optimized.

Findings Belgian community pharmacists would like to receive a full medication list containing drug indications, medication registered at hospital admission and reasons for drug adjustments. GPs acknowledged the benefit of sharing this information with pharmacists. In contrast to international initiatives, Belgian healthcare professionals were hesitant to include data on renal function and other lab values in the transfer document. The final transfer document contains the following elements: patient characteristics, clinical data (e.g. reason for hospitalization, comorbidities and allergies) and two comprehensive medication lists, one with drugs at admission and with drugs at hospital discharge.

Conclusion Consensus was reached on the content of a transfer document for the CP at hospital discharge. A proof of concept study will be conducted to investigate the impact of this transfer document on patient-related outcome measures. Automatic software generation of this discharge document and electronic transfer will be crucial elements for success.