The hospital pharmacist? s role in the discharge procedures

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Background Hospital discharge is a critical phase in a patient? s pathway. At transitions of care, patients are at a greater risk of experiencing drug-related problems and medication errors. The pharmacist? s role in the discharge procedures in Swiss hospitals is not well known.

Purpose This survey aimed to evaluate the implementation status of clinical pharmaceutical services (CPSs) with a focus on hospital discharge procedures in Swiss hospitals. We examined the tasks conducted at hospital discharge and the involvement of pharmacists and other healthcare professionals (HCPs) within these tasks.

Method An online survey was developed based on a previous survey conducted in 2013 and on literature research; the survey was then translated from German to French. The questions were grouped in two main parts: CPSs in general and hospital discharge procedures. All chief hospital pharmacists registered at the Swiss Society of Public Health Administration and Hospital Pharmacists (GSASA) were contacted by email and asked to participate (n=60). Descriptive analysis were used to characterise the tasks pharmacists are involved in at hospital discharge.

Findings The survey took place from June to July 2017 in the German-speaking part of Switzerland and from July to September 2017 in the French-speaking part. Overall 44 pharmacists participated (return rate 73.3%), of which six were from a university hospital, 19 from a cantonal or a regional hospital, nine from a private hospital or a specialized clinic and ten from hospitals that are organised in networks. Twenty-nine pharmacists (65.9%) reported that guidelines for the discharge procedures exist in their hospital. Pharmacists from nine hospitals (20.5%) indicated that efforts were taken to identify patients needing more intensive support during hospital discharge. The five most frequent tasks the pharmacist was involved in were: substitution (back to the brand patient had before hospitalisation; n=5 hospitals), in-depth counselling on medication (n=5), intervention and documentation on discharge prescription (n=4), counselling on medication (n=4), and generating a medication plan (n=4).

Conclusion Many hospitals have guidelines for discharge procedures, but only few identify patients needing more intensive support. Overall, pharmacists are only rarely involved in the tasks at discharge, even in tasks, that are well in the expertise of pharmacists, such as patient counselling on the medication at discharge.