

# Patients' perspectives on medication management at hospital discharge - A qualitative study

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**Background** Hospital discharge is a critical transition in patient care. There is an increased risk for medication discrepancies, medication errors, and adverse drug events. When developing interventions or services to optimize medication management at hospital discharge, the patients' opinions, needs, and preferences should be considered.

**Purpose** The objective of this study was to analyze the experiences, needs, and preferences of patients or their carers regarding hospital discharge, focusing on medication management. Patients' perspectives will serve as a basis for the development of a patient-centered intervention to optimize medication management at hospital discharge.

**Method** Patients were recruited from medicine, surgical, and geriatric wards of two hospitals in northwestern Switzerland during February and March 2018. Inclusion criteria were planned discharge to home, medication-management through patient/their carer, ≥1 medication prescribed at discharge, ≥1 risk factor for drug-related problems (assessed with the drug associated risk tool DART) (BMJ Open 2018;8:e021284), able to understand and use the German language. Within three weeks after hospital discharge, semi-structured interviews were conducted with the patients/their carers. The interviews were transcribed verbatim and analyzed qualitatively using MAXQDA 2018 (VERBI GmbH, Berlin, Deutschland). The analysis was carried out according to a thematic framework based on the interview guide and current literature.

**Findings** Fifteen patients or their carers participated in the study, nine were male and six were female. The median age was 58 (range 46-89) and the median number of medications at discharge was 8 (range 2-14). The experiences of the participants regarding hospital discharge were strongly heterogeneous. Even though a majority of the patients/their carers was generally satisfied with the discharge process, the participants identified medication supply at discharge, care at discharge, and coordination between healthcare professionals of the inpatient and outpatient setting as areas for improvement. Concerning hospital discharge, the study subjects stated varied needs that were largely attributable to a basic need for safety and enhanced quality of life at home after discharge. The preferences of the participants regarding possible interventions to optimize medication management at discharge were also characterized by considerable inter-individual differences.

**Conclusion** The differing experiences of the patients at hospital discharge suggest that standards concerning this transition of care are lacking at Swiss hospitals. To optimize medication management at hospital discharge, interventions should be developed that are targeted at patients at risk and tailored to the individual needs and preferences of the patients.