

Roundtables between homecare and community pharmacy about medication to increase patient safety

Hansen Rikke Noergaard, Pultz Kirsten, Rossing Charlotte.

Background A report has shown that 55% of unintended events in homecare and nursing homes are related to medication administration and 14% are related to dispensing. Six roundtables between homecare and pharmacy with different topics about medication were developed based on experience from the study 'Improving quality and patient safety - with special focus on medication management in homecare?'. The purpose of the roundtables is to increase patient safety through safe medication management.

Purpose The purpose was to evaluate the six roundtables in terms of the participants' experienced influence on their daily work, together with quality and relevance of the roundtables, time spend and collaboration between homecare and pharmacy in a larger context.

Method Six roundtables were tested in November 2017-February 2018 in five municipalities. Homecare staff who handle patients' medication participated. The roundtables were based on the homecare's daily work and their need for knowledge about medication safety. The topics of the roundtables included quality assurance in the medication process. Each roundtable started with the staff's challenges and ended up with suggestions to solutions with pharmacy staff acting as facilitators. A combination of quantitative and qualitative data was collected and analysed using a mixed methods approach. Survey rating scales (1-10) were used in combination with quotes from homecare and pharmacy from survey and telephone meetings.

Findings Four homecare units and pharmacies completed six roundtables. One was cancelled. In total, 23 roundtables were held. Homecare experienced a positive influence of the roundtables on quality and safety in medication management. Homecare considered the roundtables relevant to their work. However, they prioritised some of the topics differently regarding relevance than the pharmacy did. The manager of the homecare unit and the community pharmacy approx. spent the same time on the roundtables (32 hours per person). Homecare staff spent less time (13 hours per person). Homecare was generally satisfied with the collaboration and the topics of the roundtables, but they wished to target the topics more and to get more information about the roundtables before they started. Homecare experienced the pharmacy as professional with great knowledge about medication (9,4), and as good dialogue partners (8,9) and facilitators (8,4).

Conclusion The roundtables have an experienced positive influence on quality and safety in medication management. Homecare must be involved in planning the content of the roundtables and prioritising topics. Pharmacy staff have a great knowledge about medication and can act as a facilitator of the dialogue about safe medication management