

# Evaluation of the medication policy during and after a stay in Covid transitional care centers in Flanders.

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**Background** In Flanders (Belgium) Covid transitional care centers (C-TCC) were established to accelerate the hospital-outflow of patients, resulting in a greater capacity in the hospitals for the most critical patients. The Flemish government provided a guidance script for the C-TCC, including details on pharmaceutical care. A transitional center had to employ a community pharmacist as a 'coordinating pharmacist', next to 'the delivering pharmacist'. The coordinating pharmacist was responsible for the medication policy during and after the stay in the C-TCC. Patients returning home from the C-TCC received an envelope for the community pharmacist, containing the medication scheme and a questionnaire for the pharmacist.

**Purpose** The study aimed to evaluate 1) the medication policy in the C-TCC, 2) the role of the coordinating pharmacist in the C-TCC and 3) the pharmaceutical care services provided by the community pharmacist upon medication reconciliation after discharge from the C-TCC.

**Method** This study was a prospective observational study, including an analysis of the guidance scripts of each center. All coordinating pharmacists were asked to fill in a questionnaire on roles and responsibilities. Subsequently, a selection of coordinating pharmacists was invited for an in-depth, semi-structured interview. Other HCPs, involved in the C-TCC, were interviewed to investigate medication policy and role clarity. Questionnaires completed by community pharmacists were analysed for data on drug-related problems and interventions upon medication reconciliation after discharge from the transitional care center.

**Findings** Although very diverse, the guidance scripts contained agreements about medication policy during admission, stay and discharge from the C-TCC. The job content of the coordinating pharmacist slightly differed in the C-TCC, but the role in general was to maintain medication continuity during and after patient's stay. Although little attention had been paid on the integration of the coordinating pharmacist within the C-TCC at the start of the activities, the coordinating pharmacist was appreciated by the other HCP, and seen as an added value. The community pharmacists, who received an envelope, conducted a medication reconciliation to guard the patients' medication continuity. They also did home deliveries for the most vulnerable patients, and provided pharmaceutical care by telephone.

**Conclusion** The exclusive role of the coordinating pharmacist was positively evaluated, both by the HCPs and by the coordinating pharmacists. This research indicates that a coordinating pharmacist can have an added value in healthcare facilities, concerning the medication policy. Likewise, the community pharmacists proved that they are crucial for maintaining medication continuity and a seamless transition from care settings.