Information transfer and medication safety for elderly in care transitions

Background

Accurate discharge summaries counteract drug-related problems due to insufficient information transfer in care transitions, but require optimal transfer and use. Careful follow-up is often essential after hospital discharge, for example when it comes to pain management in elderly; a common and challenging task in primary care.

Method

In the first study, information transfer was examined via review of primary care medical records two weeks after discharge. It was noted whether 115 discharge summaries were received, if the medication list was updated with drug changes and if a patient chart entry regarding medication or its follow-up was made. In addition, an electronic survey sent to 151 primary care units was used to examine primary care information transfer experiences.

In the second study, four focus group discussions with 18 primary care physicians were performed to explore and understand GPs experiences, perceptions and feelings regarding the use of the discharge summary with medication report. Qualitative content analysis was used.

In the third descriptive study of elderly patients’ pain medication after orthopaedic care, follow-up plans and current medication was noted for 49 patients at discharge as well as two, six and 12 weeks later via medical record review or nurses in municipal care.

In the fourth descriptive study based on data collected within a Swedish regional quality improvement project on the discharge summary, medication errors and factors affecting them will be assessed in approximately 1000 discharge summaries for elderly patients.
Preliminary results

Information transfer was deficient, and the discharge summaries insufficiently used. In the qualitative study, the participants described clear benefits with the discharge summary when accurate although perceived deficiencies were also quite rife. In the third study, many patients were still prescribed pain medication 12 weeks after discharge, and discharge and primary care follow-up plans were often lacking.

Significance

A considerable share of harm due to medication errors, deficient information transfer and follow-up could be prevented with further knowledge allowing for targeted actions to increase medication safety for elderly patients in care transitions, possibly reducing society health care costs and patient suffering.

Publicerade delarbeten

Elderly at risk in care transitions when discharge summaries are poorly transferred and used - a descriptive study
Gabriella Caleres, PhD student, Resident physician in Family Medicine; Åsa Bondesson, Dr Med Sciences, Pharmacist; Patrik Midlöv, Professor in Family Medicine, Head of department; Sara Modig, MD, PhD. Submitted BMC Health Services Research 2017, resubmitted 2018 (resubmission currently under revision).

Drugs, distrust and dialogue - a focus group study with Swedish GPs on discharge summary use in primary care
Gabriella Caleres, PhD student, Resident physician in Family Medicine; Eva Lena Strandberg, Associate professor in Community Medicine; Åsa Bondesson, Dr Med Sciences, Pharmacist; Patrik Midlöv, Professor in Family Medicine, Head of department; Sara Modig, MD, PhD. Accepted for publication in BMC Family Practice June 2018.