Transition of Care
A Hospital Pharmacy Perspective

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Case Scenario

- Thomas is a 87 year old, with no family in Victoria. He has recently moved into McLeod Village as a low care resident as he was no longer able to look after himself at home. Thomas has mild to moderate dementia. His medications are Aricept, & Aspirin. This winter he's had a series of respiratory infections and then has a fall.

Hospital Pharmacy Issues

- Accurate medication history
  - Medication list /chart
  - Most up to date medication list provided
  - Ceased medications
  - Fax only order section not administration section
  - Quality of fax/photocopy
  - Actual medications – medicsachet problem , meds not in pack e.g warfarin
- Medication management
- Allergies
- Adverse drug events
- Identification of community pharmacy
- Preference on discharge- script /DAA/ supply
- Medication requiring approval/authority e.g clozapine not sent with patient
- Consistency of information

Discharge Issues

- Individual contact with community pharmacy
  - Fax script / original to RCF – benefit of PBS on discharge
  - Supply new medications /all medications ?
  - Supply of non PBS /SAS/S100 medication (plus ongoing supply)
- Pharmacist availability -after hours and weekend discharge
- Quick Turnover of patients – no pharmacist intervention
- Full list of medications sometimes not written by doctor – especially from emergency
- Once weekly supply of DDA by Community Pharmacy
- Specific Drugs Issues – warfarin

Systems Approach

- New APAC Guidelines - July 2005

  Guiding principles to achieve continuity in medication management
- SHPA Standards of Practice for Clinical Pharmacy – August 2005
- University of Queensland and Pharmacy Guild *Best Practice Model for the Provision and use of DAAs in RCFs* - Draft August 2005

APAC Guidelines July 2005
Guiding principles to achieve continuity in medication management

- *Leadership for medication management*
- *Responsibility for medication management*
- *Accountability for medication management*
- *Accurate medication history*
- *Assessment of current medication management*
- *Medication Action Plan*
- *Supply of medicines information to consumers*
- *Ongoing access to medicines*
- *Communicating medicines information*
- *Evaluation of medication management*

Addressing the Issues at the Alfred

- Medication Reconciliation Form
  - Accurate/Verified Medication History
  - Identify Community Pharmacy
  - Identify medication management issues
  - Identify discharge needs
- Increase Pharmacist availability
  - Emergency department
  - Increased weekend staff
- Liaison Group
- Policies and Procedures

Suggestions

- Community Pharmacy Database
- Plan early for discharge
- Coversheet from RCF containing all contact details for Community Pharmacy, patient personal details, contact person at RCF
- Standardisation of procedure