Hospital pharmacists narrow the gap between health care levels by optimizing discharge letters

Elizabeth Aa*1, Sylvia Granlund¹, Kristin Midtdal¹, Hege Salvesen Blix², Lars Gunnar Johnsen³, Anne Gerd Granås⁴

¹Trondheim Hospital Pharmacy, Central Norway Pharmacy Trust, Trondheim, ²School of Pharmacy, University of Oslo, Oslo, ³Clinic of Orthopaedics and Rheumatology, St. Olavs Hospital, Trondheim University Hospital, Trondheim, ⁴Department of Pharmacy and Biomedical Laboratory Sciences, Oslo and Akershus University College, Oslo, Norway

Background and Objective: Clinical pharmacists (CP) work in a health care team at an orthopaedic ward. They are responsible for medication reconciliation and review of the hip fracture patient's medication list. At discharge, the CP sums up changes in the patient's medical treatment and formulates the current medication list in a discharge letter to the patient's general practitioner (GP). Therapeutic recommendations regarding drug related problems (DRP) are included in the discharge letter. The main objective was to see to what degree this information provided by the CP had been taken in consideration by the GP and if these changes and recommendations had been implemented at a patient level. We also wanted to investigate the GPs' experience and potential benefit of this discharge letter.

Setting and Method: Patients and their GP were interviewed minimum 6 weeks post discharge, and their current medication list was collected both from the GP and the patient. All therapeutic recommendations in the discharge letter were reviewed and the outcome at the time of interview, noted both in the GP's record and at the patient level, was noted. In addition, two focus groups consisting of four and six GPs were interviewed and data were recorded and systematically analyzed.

Results: Thirty-two GPs who had received the discharge letter, and nineteen of their hip fracture patients, were interviewed. On average each discharge letter contained 8 DRPs. Seventeen (53%) of the GP's had read the discharge letter and 14 had documented changes to the patients' medical treatment accordingly. 70 % of the changes and recommendations were brought to completion as described in the discharge letter at a patient level. The GPs were positive to the discharge letters and thought it increased patient safety. Therapeutic recommendations were regarded as a substantial support for assessing drug therapy and contributed to further learning.

Conclusions: Detailed information from CPs regarding medical treatment in the discharge letter helps transferring medical information between different levels of health care and emphasizes important DRPs, thus enabling increased patient safety.