

Hospital to Home; The Challenge for Community Pharmacy



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Discharge Pharmaceutical Care Issues

- Planned discharge?
 - Prescription writing
 - Prescription Presentation
- Medication review
- Information dissemination
- Effective communication
- Concordance with prescription
- Other Issues



Discharge Planning

- Not always a realistic objective
- Late in working day / weekend
- Travel time to home or care facility
- Medication availability in primary care
- Prescription writing



Prescription Writing

- Ability to identify prescriber
- Legibility
- Legality
 - Sch2 and Sch3 drugs; Address stickers
- Duration of treatment



Prescription Presentation

- Hospital Emergency Scheme for GMS patients
 - May not present at regular pharmacy
- Majority of poly-pharmacy patients are over 70
- Patient rarely presents
- Contacting prescriber increasingly difficult



Medication Review

- Incomplete drug history on admission
- Discontinued or temporarily stopped
- Analgesics and antibiotics duration
- Patient/carer made aware of medication changes
 - Counselling, verbal and written
- Prescription complete?



Information Dissemination

- Information sources often inadequate
 - Brief discharge summary
 - Prescription
 - Patient unaware, not informed
 - Primary care practitioners unable to access information



Effective Communication

- Uniformity needed in:
 - Discharge information
 - Manner in which it is disseminated
 - Prescription writing
- Time constraints
 - Electronic data transmission to G.P. and community pharmacy
 - Faxing prescriptions



Concordance Issues

- Lack of patient understanding
- Choosing to deviate from it
- Brand changes
- Comfort with previous medication



Other Issues

- G.P. transcription
 - Generic substitution
 - Cheaper therapeutic equivalents
 - Unlicensed Medicines
 - Non-GMS reimbursable
 - Emergency DPS Registration



Solutions

- Standardised forms
 - Discharge summary
 - Prescription pads
- Community Pharmacist involvement
 - First professional the patient encounters on discharge