

MP2-5

Improving continuity of care : Can a multidisciplinary approach and a pharmaceutical network improve discharge prescriptions for congenital heart disease patients?

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Background:

Continuity of care is essential at hospital discharge. Congenital heart disease is often treated in centres which are distant from the patients actual home and the handover of discharge prescriptions is problematic as a number of patients require galenic formulations for doses that are not available commercially with the risk that these may be prepared late. Mistakes can also be made by the discharge doctor and a control by an expert pharmacist can help to reduce errors.

Aim:

To create a network between the specialized institutes pharmacy department and other health authorities pharmacies at a regional and national level to cover these needs. Control discharge prescriptions and improve patient and family knowledge to prevent errors.

Method:

Multidisciplinary team: pharmacists, cardiologists, nurses. Network development between national hospital pharmacies. Discharge prescriptions controlled by pharmacist. Direct contact of hospital pharmacies unless already included within the network. Clear instructions for preparation and use of galenic drugs. Educative written and oral session with the patient and family by the pharmacist and discharge nurse.

Results:

The project began in July 2015 and from one involved hospital has developed into all local regional health authority hospital and territorial pharmacies plus a further 17 in 7 other regions totaling 36 . Of 401 patients 15.7% were resident outside the region and 11.7% of prescriptions were galenic. 65.1% of patients were aged under 18 years. The pharmacists compared the prescriptions made in the second half of 2015 (777 prescriptions for 198 patients) with the first half of 2016 (775 prescriptions for 199 patients). An analysis of the first year of the teams activity showed that the overall number of prescription errors that may induce misinterpretation from the patient/family was considerably reduced from 49.4% to 5.2%. The most frequent error was the lack of exact timing for administration (example twice a day) which dropped from 353 errors to 17 .

Conclusion:

The preliminary results are good with improved handover to primary and personal care and better patient satisfaction. The network will continue to be developed and electronic prescriptions will be introduced to further enforce correct discharge prescription