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Involving community healthcare professionals and empowering older adults and their informal carers may improve medication management following hospital discharge

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Commentary on: Pereira F, Bieri M, Del Rio Carral M, Martins MM, Verloo H. Collaborative medication management for older adults after hospital discharge: a qualitative descriptive study. *BMC Nurs.* 2022 Oct 24;21(1):284. doi: 10.1186/s12912-022-01061-3. .

Commentary

Implications for practice and research

- Designating a community-based healthcare provider to coordinate medicines, and empowering older people and their informal caregivers may help address issues about medications at the point of hospital discharge
- Research investigating how a collaborative medication management system can be implemented should contribute to the evidence for improving communication and coordination

Context

Medications are the most widely used intervention, particularly in older people, in the management and treatment of disease [1]. Prescribing in this population can be challenging, because of the high numbers of medicines being prescribed (referred to as polypharmacy) and the risk of medicine-related adverse events. However, further challenges may arise when older people are admitted to hospital, and significant changes are made to their medicines before discharge, with little or poor collaboration/communication with older people, their family members and community-based health care professionals about these changes.

Methods

This study by Pereira et al [2], conducted in Switzerland, investigated collaborative medication management for older people, defined as an interprofessional patient-centered approach to optimising medication management and treatment decisions, minimising harm, promoting adherence, and enhancing safety. Older people were eligible if they were ≥ 65 years, and taking at least five medications at home, following hospital discharge. Older people (n=28), informal caregivers (n=17) involved with the older person's medicines, and healthcare professionals [n=13; nurse, pharmacist, general practitioner (GP)] participated in semi-structured interviews. For older people, up to two interviews were undertaken two-three weeks apart to gauge any changes in medicines management or collaborative practices post-discharge, followed by a joint interview with the older person and their informal caregiver. Interviews explored what participants perceived was needed in respect of collaborative medication management following hospital discharge, how this process

had been implemented post-discharge, and how it could be improved. All interviews were audio-recorded, transcribed and analysed using an inductive thematic approach. The researchers paid close attention to methodological rigour throughout the study.

Findings

The key findings from this study indicated that medication management at hospital discharge was confusing, upsetting, poorly communicated and poorly coordinated. Older people and their informal caregivers needed more involvement in discharge planning. Older people wanted to be informed, listened to and involved in decision-making, while their caregivers wanted help in supporting and coordinating medication management. All participants wanted better communication and coordination between professional caregivers.

Commentary

This study [2] focused on medication management for older people at the point of discharge from hospital. The approach taken was comprehensive, involving key actors associated with older people's medication management. The professional caregivers were all community-based, so it may have been useful to have included hospital personnel who would have initiated the discharge process and changes to medications, to obtain their perspectives. The findings confirm reports from other studies which have also highlighted discharge as being critical in terms of medication. Poor or inadequate communication and coordination have been key themes throughout the literature on this topic. A systematic review which included 23 papers focusing on family involvement in managing older patients' medications across transitions of care (e.g. hospital to community) reported that communication about medication plans across transitions tended to be haphazard and disorganised, and there was a lack of shared decision-making between families and health professionals [3]. Other studies have also highlighted poor communication and coordination between healthcare professionals at the point of discharge and transition, which increases the risk of medication errors [4]. And older people have usually been excluded from accessing information about changes to their medication prior to discharge, with little opportunity for their concerns about medications to be addressed [5]. The commonality of findings highlights that this is a universal issue which should be a practice and policy imperative. Pereira et al. [2] suggests that a designated community-based healthcare provider should provide a coordinating role for medications, alongside empowerment of older people and their informal caregivers. These strategies may go some way to address imbalances in communication and coordination and place patients at the centre of managing their own medication.

References

1. Avorn J. Medication use in older patients: better policy could encourage better practice. *JAMA* 2010;**304**:1606-1607
2. Pereira F, Bieri M, del Rio Carral, Martins MM, Verloo H. Collaborative medication management for older adults after hospital discharge: a qualitative descriptive study. *BMC Nursing* 2022;**21**:284

3. Manias E, Bucknall T, Hughes C, Jorm C, Woodward-Kron R. Family involvement in managing medications of older patients across transitions of care: a systematic review. *BMC Geriatr* 2019;**19**:95
4. Manias E, Bucknall T, Woodward-Kron R, Hughes C, Jorm C, Ozavci G, Joseph K. Inter and intraprofessional perspectives on communicating about older people's medication across transitions of care. *International Journal of Int J Environ Res Public Health* 2021;**18**:3925
5. Ozavci G, Bucknall T, Woodward-Kron R, Hughes C, Jorm C, Manias E. Creating opportunities for patient participation in managing medications across transitions of care through formal and informal modes of communication. *Health Expect* 2022;**25**:1807-1820

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Competing interests

None