

MOSAIC: A strategy for seamless care research

Boeni F^{1,2}, Hersberger KE¹, Lampert ML^{1,2}

¹Pharmaceutical Care Research Group, Department of Pharmaceutical Sciences, University of Basel, Switzerland
²Institute of Hospital Pharmacy, Spitaeler Solothurn AG, Olten, Switzerland

Introduction

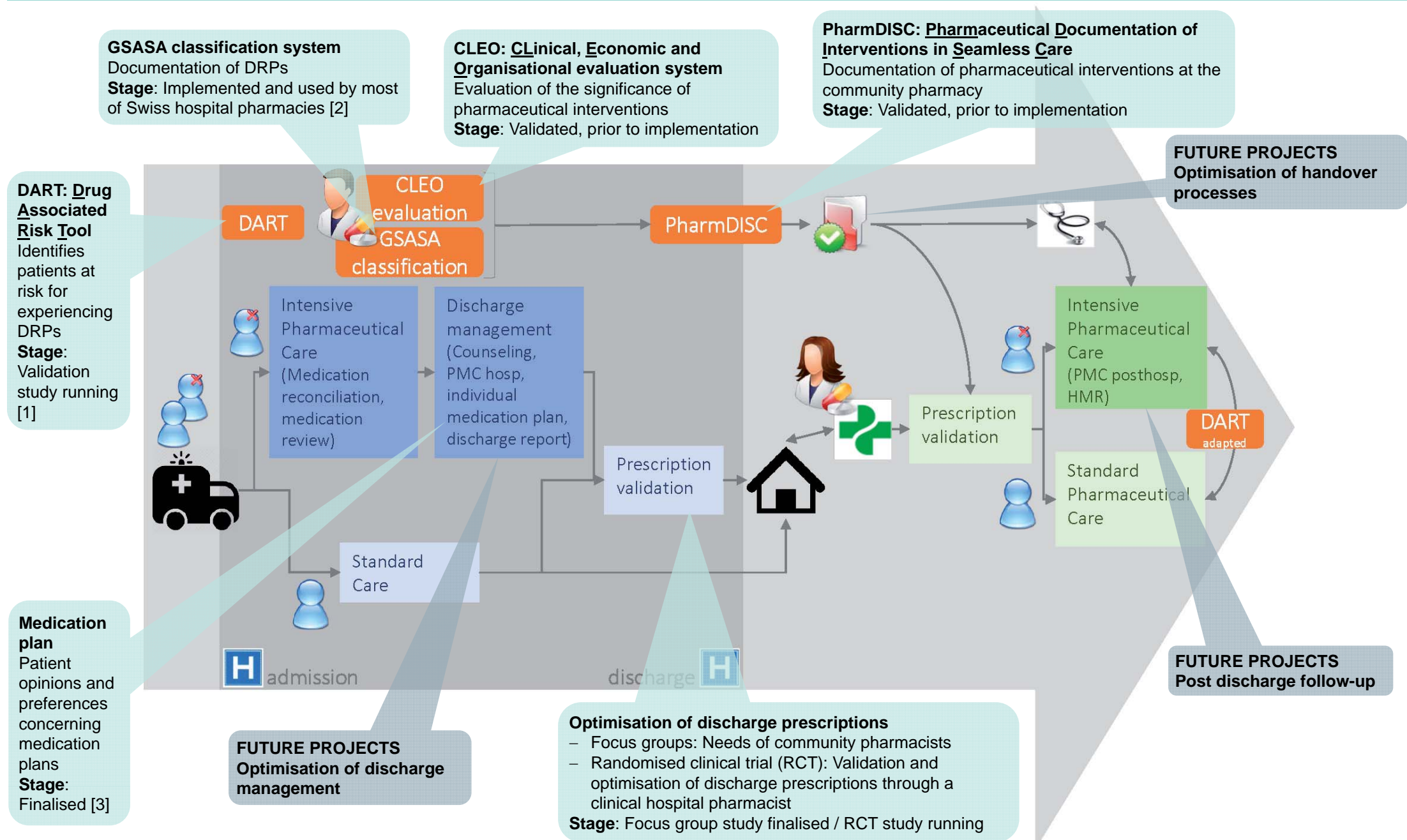
Medication management at transitions has to be optimised to establish continuity of care. Seamless care focusing on medication management is one of the major research areas of the Pharmaceutical Care Research Group (PCRG). The aim of this project was to update and present the seamless care research strategy by

- Using the 'Medicines management Optimisation by Structured Assessment in Integrated Care' model (MOSAIC), developed over years
- Including past and current work and future project ideas of the PCRG

Methods

1. Collection of all information on past, current, and future PCRG projects in seamless care research since 2011 by meetings with the team members and electronically
2. Consolidation of the collected information into the MOSAIC model
3. Derivation of ideas for future projects from the MOSAIC model
4. Presentation of the draft to all members of the seamless care team (n=7), head of the PCRG, external and international peers.
5. Integration of the feedback into the draft to yield a **current version of the strategy (Figure 1.)**

Results



Conclusions

We hereby present the PCRG strategy in seamless care research, which describes a vision for seamless care leading to continuity of care focusing on medication management. Future projects involve process related research about hospital discharge and should be implementable in a local context, however, open for national and international collaboration.

Figure 1. PCRG seamless care research strategy 2016.

Round edged orange boxes: tools; sharp edged blue / green boxes: processes. Abbreviations: DRP, drug related problem; GSASA, Swiss Association of Public Health Administration and Hospital Pharmacists; PMC, Polymedication Check; HMR, home medicines review; hosp, hospital; posthosp, post hospital.

References: [1] Kaufmann CP, Stampfli D, Hersberger KE, Lampert ML. Determination of risk factors for drug-related problems: a multidisciplinary triangulation process. *BMJ Open*. 2015;5(3). [2] Maes KA, Tremp RM, pharmacy GSASA Working Group on Clinical Pharmacy, Hersberger KE, Lampert ML. Demonstrating the clinical pharmacist's activity: validation of an intervention oriented classification system. *Int J Clin Pharm*. 2015;37(6):1162-71. [3] Brühwiler LD, Schönenberg ST, Hersberger KE, Lutters M. Verständlichkeit und Darstellung von Medikationsplänen: Wird die Patientensicht berücksichtigt? *PRAXIS*. 2016;105(21):1249-54.



Corresponding author
fabienne.boeni@unibas.ch
Pharmaceutical Care Research Group, University of Basel
Klingelbergstrasse 50, 4056 Basel, Switzerland
www.pharmacare.unibas.ch



10th PCNE Working Conference
Bled, Slovenia
01–04 February 2017