
Medikationssicherheit im Spital an der Schnittstelle zur ambulanten Versorgung – Optimierung des Prozesses "Austrittsmedikation"

Masterarbeit

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Abstract

BACKGROUND: Medication errors in the process of transition of care are often discussed in the literature. However, most of the studies actually reported medication errors in inpatients. To reduce medication errors during transition of care to the ambulatory care sector, distinct risk factors have to be identified and evidence-based interventions implemented.

OBJECTIVES: This master thesis had several aims. First of all was the identification of patients at risk, high-alert medications and high-risk process steps at the time of discharge in the cantonal hospital of Lucerne. Subsequently, a checklist was developed to optimize and standardize the medication process at discharge. Additional tools were developed to support the staff of the pharmacy. For a future patient-oriented survey a template was developed.

METHODS: Several methods were used to identify risk factors. A literature research, the evaluation of the hospitals critical incident reporting system CIRS and a survey of the pharmacy staff to assess the risk of anticoagulants were used. Subsequently, tools were developed based on the literature to support the pharmacy staff and the patients.

RESULTS: The literature shows that female patients, who are between 65 and 85 years old and who are concomitantly taking five or more drugs belong to a group specifically at risk for drug-related problems. 3% of all patients filling their prescription at the public pharmacy at the cantonal hospital of Lucerne belong to this group. In addition, the evaluation of the CIRS and the literature showed that anticoagulants are often responsible for (re-)hospitalizations due to drug-related problems. The survey of the pharmacy staff concurrently showed that the staff had insecurities while counselling patients with new oral anticoagulants (e.g. Xarelto®) and that there is a need for counselling support tools.

CONCLUSION: New oral anticoagulants lead to insecurities of the pharmacy staff during discharge counselling and possibly to medication related problems such as adherence in patients. Therefore, it is important to support the pharmacy staff and the patients with adequate tools. The flow of information at the particular interface between the pharmacy and the physician or the hospital wards needs improvement. However, the uncertainty about patient instructions on the hospital wards and patients behaviours at home remains and needs to be addressed in a follow-up project in order to ensure patient at discharge, especially with oral anticoagulants.