

# Development of a pocket card to guide medication counseling at hospital discharge

N. Illi<sup>1</sup>, N. Schönenberger<sup>1</sup>, M. Perrig<sup>2</sup>, C. Baumgartner<sup>2</sup>, C. Meyer-Masseti<sup>1,3</sup>

<sup>1</sup> Clinical Pharmacology and Toxicology, Department of General Internal Medicine, University Hospital of Bern - Inselspital, 3010 Bern, Switzerland

<sup>2</sup> Department of General Internal Medicine, University Hospital of Bern - Inselspital, 3010 Bern, Switzerland

<sup>3</sup> Institute of Primary Healthcare (BIHAM), University of Bern, 3012 Bern, Switzerland

## Introduction and objectives

Medication related problems:




- Frequent, especially during care transitions such as hospital discharge
  - Discharge medication counseling has the potential to reduce harm

**Aims:**


1. Identification of **medication safety hotspots** of the discharge process in the study hospital
2. Collecting **patient perspectives** on discharge medication counseling
3. Obtain an overview of **useful techniques** for medication counseling
  - Based on all findings: Proposal of a **structured framework** for discharge medication counseling

## Methods

This quality improvement project was conducted in the department of General Internal Medicine at the University Hospital of Bern and included the following:

1. Semi-structured **face-to-face interviews** with health care professionals (physicians, nurses, care coordinators) 
2. **Telephone interviews** about discharge counseling and medication management with patients discharged to home 
3. **Scoping literature review** in PubMed, Embase, and CINAHL 

Identification of useful techniques for discharge medication counseling

- Based on the findings: development of a **pocket card** to systematically guide discharge medication counseling 

## Results

### Section 1: preparation

- Clarification of the necessity of participation of **relatives**
- Clarification of the need for an **interpreter**
- **Medication reconciliation** of pre and post hospital medication
  - ➔ **Note differences** between pre and post hospital medication in the clinical information system under "Change prescription" → "**Comment on prescription**"
  - ➔ If possible, provide the medications that were brought along
- Create and print **documents**:
  - ➔ Dosage card, prescription (+ narcotic prescriptions for opiates), discharge report, oral anticoagulation card if new oral anticoagulation therapy.

### Section 2: explaining the goal

"The goal of this counseling is to inform you about your medications and how you should be using them at home."

### Section 3 (main part): medication counseling:

**All medications:**

- Explicitly explain and discuss **changes** and conversions
  - ➔ refer to the current discharge medication list: explain **indications** and effects in a patient-friendly way
- Explain **dosage** (incl. **as needed meds**<sup>1</sup>), exact **time of administration** (before/with/after meals, e.g. fasting: 1 hour before or 2 hours after meals), **time to onset of action** and **duration** of therapy using the medication list
- Draw attention to the risk of **interactions**<sup>2</sup>

**Special medications or needs of patients:**

- What to do if you **forget to take the medication**<sup>3</sup>
- Specific, important **adverse drug reactions**<sup>4</sup> (e.g., influence on fitness to drive)
- Special **instructions for use**<sup>5</sup>
- Information regarding **self-monitoring** (e.g. weight control with diuretics due to chronic heart failure; measuring blood pressure)

### Section 4: conclusion

- Point out the necessity to procure **medications** at the pharmacy
- Advise on planning a visit with the **primary care physician**
- Emphasize importance of **adherence**<sup>6</sup>
- Point out potential **aids**: medication dispenser, tablet divider
- Give **contact details** for potential questions
- Ask patients about any uncertainties
- Check patient understanding with the **teach-back method**<sup>7</sup>

Back side of the card: **explanation** of specific topics

40 included articles:

- Medication counseling can have a **positive impact** on patient safety
- **Clinical pharmacists** successfully integrated into the process



Discharge medication counseling by resident physicians

Greatest **obstacles**:

- **Time resources**
- Discharges on **short notice**
- **Non-standardized process**



«We are generally **satisfied** with the medication counseling»

Wishing for **more information** about:

- **Dose** and dose **adjustments**
- **Medication changes**
- **Indications**
- The process of **medication supply**



## Discussion

- Successful **development of a pocket card to systematically guide discharge medication counseling**
- Implementation of the pocket card is planned



Nicole Schönenberger, [nicole.schoenenberger@insel.ch](mailto:nicole.schoenenberger@insel.ch)  
Carla Meyer-Masseti, [carla.meyer-masseti@extern.insel.ch](mailto:carla.meyer-masseti@extern.insel.ch)