Managing Medication Changes After Hospital Discharge 5 Questions to Ask: For Community Pharmacists

When you receive discharge prescriptions



STEP 1: Compare the new discharge prescription with the existing profile **STEP 2:** Identify any changes (new/stopped medication or doses) or clarifications required

STEP 3: Find out what the patient knows by asking the questions below

Questions to ask the patient

What changes were you expecting in your medications, and why?

2 What will you do with the stopped medications you have at home?

- Mark the discontinued medications with an X over the label and on the cap of the vial.
- \cdot Store these medications securely, in a location away from regular medications until they
- can be brought back to the pharmacy for safe disposal.
 - Help them identify medications stopped in blister packs, offer to remove the medication.

3 How will you remember to take the new dose of your medication that has been changed?

- \cdot Offer to write the new instructions on the old bottle or remind them to do this at home.
- \cdot Update the patient's blister pack with the new changes.

Questions for self-reflection



- A red flag is any situation that requires clarification before prescriptions can be processed. *Examples:*
 - Is there a previously taken medication not appearing on the discharge prescription? (i.e. a discontinue order may be missing)
 - \cdot Is there a therapeutic duplication? (e.g. new bisoprolol and existing metoprolol)
 - For hospital prescriptions requiring clarification, call Richmond Hospital (604) 278–9711 and page the prescriber. If after hours, try paging the next day.

5 Follow-up? What else can I do to help my patient manage medication changes?

- \cdot Do I need a follow-up call to review stopped medication and medication changes?
- \cdot Do I need to engage a family member or community supports?

It is important to:







Ask patients to bring their home supplies of stopped medications back to the pharmacy for safe disposal

Report medication errors to https://www.ismp-canada.org/err ipr.htm

Did you know?

Twenty-five percent of all hospital medication changes were not followed in the 30 days after discharge.¹

Adverse events due to patients' lack of understanding of their medication changes represented a common cause of preventable adverse drug events resulting in hospital admission.²







Richmond Hospital Preventable Adverse Drug Event Program Weir DL, Motulsky A, Abrahamowicz M, Lee TC, Morgan S, Buckeridge DL, Tamblyn R. Failure to follow medication changes made at hospital discharge is associated with adverse events in 30 days. Health Serv Res. 2020 Aug;55(4):512-523.
de Lemos J, Loewen P, Nagle C, McKenzie R, You YD, Dabu A, Zed P, Ling P, Chan R. Preventable adverse drug events causing hospitalisation: identifying root causes and developing a surveillance and learning system at an urban community hospital, a cross-sectional observational study. BMJ Open Qual. 2021 Jan;10(1):e001161.