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Opinions of key stakeholders on medication management at transitions of care in Ireland

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Background: Medication reconciliation (MR) occurs when a detailed list of all current medications is compiled at each point of transition in a patient's care. This is particularly important for vulnerable patients such as elderly patients on multiple medications who undergo numerous hospitalisations. In order for MR to be an efficient process, information regarding the discrepancies occurring at points of transition in care is necessary.

Aim: The purpose of this project is to interview various healthcare professionals (HCPs) and patients to provide both a wide and detailed exploration of the barriers and drivers to the implementation of effective MR both within & between primary and secondary care in Ireland.

Methods: Semi-structured interviews with HCPs and patients nationwide (n=39). These were audiotaped and transcribed verbatim. The interviews were analysed using a combined theoretical framework of Grol and Cabana to classify the drivers and barriers identified. NVIVO software was used to aid the coding process. Ethical approval was obtained from the RCSI Research Ethics Committee. Funding was obtained by the RCSI Undergraduate Research Summer School Student Fund.

Results: Lack of a joined up ICT infrastructure, competing time constraints, inaccessible data sources and absent communication between HCPs were identified as barriers. Drivers were innovative local initiatives, knowledgeable patients, and greater use of specialist pharmacist knowledge.

Conclusion: Many barriers to MR were identified. This is a complex process and greater support needs to be provided for implementation in the diverse setting of the Irish health care system.