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24-27 MARCH 2019
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Minimising medication misadventure in rural communities by working better together

Michelle Rothwell¹, Eunice Fu²

¹Darling Downs Health, Cunningham Centre, ²Cairns and Hinterland Hospital and Health Service

Background

Medication misadventure is a significant public health burden and patients are at particular risk when transitioning between healthcare settings. Home Medication Reviews (HMRs) are initiated by General Practitioners (GPs) and undertaken by Community Pharmacists (CPs). HMRs have been shown to reduce medication misadventure for patients transitioning between the hospital and community. The ageing population in the rural study communities reinforces the need for maximising and sustaining present community medication services with the aim to minimise hospital readmissions resulting from medication misadventure in the long term. The minimal uptake of HMRs in the rural study communities instigated the need for further investigation.

This research had three objectives:

- Identify enablers and barriers to using HMRs within the rural community
- Evaluate the different perspectives of GPs and CPs using the HMR service
- Determine whether shared recommendations between stakeholders could be made and implemented into everyday practice.

Aim

To identify the enablers and barriers of HMRs in a cluster of rural communities, with the aim of improving HMR utilisation for patients when discharging from hospital.

Methods

This phenomenological qualitative study explored GP and CP awareness, experiences and perceptions of enablers and barriers to using HMRs. The study was conducted in 3 rural towns across 3 medical centres and 5 community pharmacies. There was a total of 19 participants in the study who were identified by the hospital pharmacist through clinical and community networks and subsequently semi-structured interviews were conducted with 9 GPs and 10 CPs. The rationale for inclusion of two participant groups was to derive variant perspectives of HMR utilisation. Transcribing and thematic data analysis was undertaken to recognize issues and possible

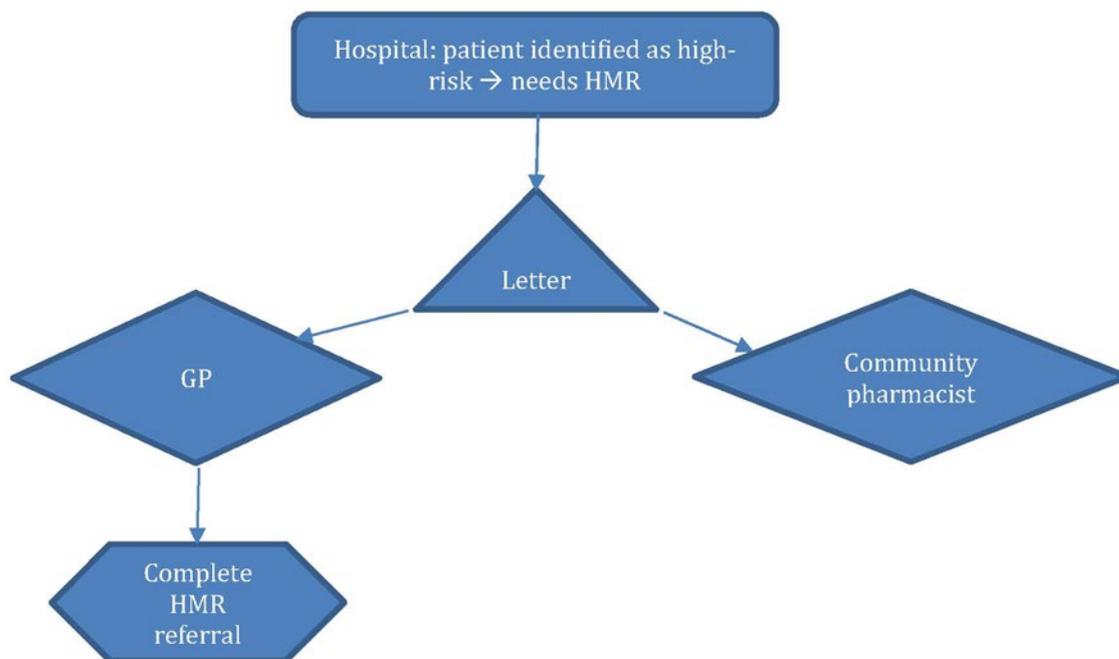
improvement strategies. This research project was conducted as part of the Queensland Allied Health Rural Generalist Training Program (AHRGTP) initiative.

Results

Four themes were identified: Benefits and value of HMRs, barriers limiting uptake, strategies for improving HMR process and a hospital-initiated HMR referral pathway model. Perspectives were categorised into GP-related, pharmacist-related and patient-related. All participants acknowledged the main beneficial roles of HMRs were medication rationalisation and patient education. The current HMR system itself was noted as a major barrier. Improvement strategies identified included having a simplified, streamlined referral process and better promotion of accredited pharmacists in the community.

The hospital-initiated HMR referral pathway model was developed after consultation between all stakeholders with the aim to create a sustainable and practical pathway model that can be integrated into everyday practice across all clinical settings.

Figure 1 Hospital-initiated HMR Referral Pathway



Relevance

This research provided an opportunity for GPs and pharmacists to collaboratively review present practices. All participants supported the hospital-initiated pathway model developed from this study. The model would help resolve communication gaps, target relevant patient populations and assist GPs with recognizing high-risk patients and completing HMR referrals in a timely manner.

Conclusion

Collaboration between GPs and both hospital and community pharmacists is imperative in order to utilise the HMR service more effectively. The identified enablers and barriers with the current HMR system gives better understanding into the issues that need addressing to improve HMR uptake.

Presenter

Michelle Rothwell is the Allied Health Team Leader at Allied Health Education and Training at Cunningham Centre. She is passionate about the delivery of safe and equitable healthcare for rural and remote patients. She is an experienced clinical pharmacist and manager, currently working in the field of rural and remote allied health workforce development. Michelle studied at Aston University in the UK and completed her Research Masters with the Queens University, Belfast. Michelle has been instrumental in developing and implementing novel telepharmacy models of care resulting in equitable services for rural and remote patients. Michelle is currently the chair of the Society of Hospital Pharmacists of Australia (SHPA) leadership committee for rural and remote practice and a member of the Far North Queensland Human Research and Ethics Committee.