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Original Research

Pharmacists' barriers and facilitators on implementing a post-discharge home visit

Hendrik T. Ensing, Pharm.D.[a,b,c,*], Ellen S. Koster, Ph.D.[b], Timothy A.A. Sontoredjo, B.Pharm.[b], Ad A. van Dooren, Pharm.D., Ph.D.[a], Marcel L. Bouvy, Pharm.D., Ph.D.[b]

[a]*Utrecht University of Applied Sciences, Research Group Process Innovations in Pharmaceutical Care, Utrecht, The Netherlands*
[b]*Utrecht Institute for Pharmaceutical Sciences (UIPS), Department of Pharmacoepidemiology & Clinical Pharmacology, Utrecht University, Utrecht, The Netherlands*
[c]*Zorggroep Almere, Outpatient Pharmacy "de Brug 24/7", Almere, The Netherlands*

Abstract

Background: Introducing a post-discharge community pharmacist home visit can secure continuity of care and prevent drug-related problems. Currently, this type of pharmaceutical care is not standard practice and implementation is challenging. Mapping the factors influencing the implementation of this new form of care is crucial to ensure successful embedding.
Objective: To explore which barriers and facilitators influence community pharmacists' adoption of a post-discharge home visit.
Methods: A mixed methods study was conducted with community pharmacists who had recently participated in a study that evaluated the effectiveness of a post-discharge home visit in identifying drug-related problems. Four focus groups were held guided by a topic guide based on the framework of Greenhalgh et al. After the focus groups, major barriers and facilitators were formulated into statements and presented to all participants in a scoring list to rank for relevance and feasibility in daily practice.
Results: Twenty-two of the eligible 26 pharmacists participated in the focus groups. Twenty pharmacists (91%) returned the scoring list containing 21 statements. Most of these statements were perceived as both relevant and feasible by the responding pharmacists. A small number scored high on relevance but low on feasibility, making these potential important barriers to overcome for broad implementation. These were

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* Corresponding author. Utrecht University of Applied Sciences, Research Group Process Innovations in Pharmaceutical Care, Heidelberglaan 7, 3584 CS Utrecht, The Netherlands. Fax: +31 036 54 54 377.
E-mail address: rensing@zorggroep-almere.nl (H.T. Ensing).

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the necessity of dedicated time for performing pharmaceutical care, implementing the home visit in pharmacists' daily routine and an adequate reimbursement fee for the home visit.
Conclusions: The key to successful implementation of a post-discharge home visit may lay in two facilitators which are partly interrelated: changing daily routine and reimbursement. Reimbursement will be a strong incentive, but additional efforts will be needed to reprioritize daily routines.
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Keywords: Community pharmacy; Mixed method research; Home visit; Continuity of care; Implementation research

Background

Hospital discharge is a transition moment prone to medication errors due to the involvement of multiple healthcare providers across the different healthcare settings.[1,2] This increases the complexity of coordination and communication during discharge risking loss of important information.[3] Community pharmacists have shown that they can play an important role in securing the continuity of care.[4] A possible strategy for an increased pharmacist utilization post-discharge is a home visit. The HomeCoMe (Home-based Community pharmacist-led Medication management) intervention is a post-discharge follow-up home visit by community pharmacists designed to prevent drug-related problems post-discharge.[5] HomeCoMe addressed several limitations described in previous studies, eg by the use of hospital-initiated home visit planning, communicating up-to-date medication information to community pharmacists and intensive collaboration between patients' own community pharmacists and general practitioner.[6,7]

However, home visits are still relatively new for pharmacists and introducing a home based intervention as usual pharmaceutical care can be challenging. The performing community pharmacists need specific skills for this intervention since it differs from their routine care. Additionally, since patients differ, every home visit requires a tailored approach from the pharmacist. This challenges standardization and increases the sensitivity to features of the local context and the performer of the home visit.[8] These organizational and logistical difficulties may hamper the broad implementation of home-based interventions.[9] Therefore, extensive mapping of the factors influencing implementation can contribute to successful future embedding in routine care.[10,11]

The evaluation of a home based intervention (HomeCoMe) in the Netherlands presents an opportunity to comprehensively map its implementation barriers and facilitators.[5] Earlier studies of post-discharge home visits by pharmacists predominantly focused on its effectiveness to improve patient outcomes or the cost-effectiveness, scarcely reporting factors for successful implementation.[7,12,13] Elucidating these factors can also facilitate the design of other future pharmaceutical care interventions.

Therefore, the objective of this study was to explore which barriers and facilitators influence community pharmacists' adoption of a post-discharge home visit.

Material and methods

Study setting and population

A mixed methods study was conducted consisting of focus groups, followed by individual scoring of major barriers and facilitators obtained from these focus groups. This approach enabled the scoring of all barriers and facilitators reported in the individual focus groups. Community pharmacists who had performed post-discharge home visits within the HomeCoMe study participated in this study.[5] Data was collected between March 2015 and January 2016.

Focus group procedures

Four focus groups were held with four to seven participants per group. All focus groups were chaired by the same moderator (EK) and guided by a topic guide ensuring similar data collection procedures across all four discussions[14] (Appendix 1). EK had a high degree of moderator involvement by leading the focus groups. Moreover, she created a permissive environment that nurtures different points of view without pressure to reach consensus and encouraged group members to respond to one another's ideas and comments. Furthermore, an implementation expert (AvD) attended all meetings and he had a low

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