

Hospital Pharmacists' opinions on a risk prediction tool for medication-related harm in older people

Ahmed Hussain¹, Khalid Ali², Graham Davies³, Jennifer Stevenson³, Samantha Lippett², Mairead O'Malley², Nikesh Parekh², and Chakravarthi Rajkumar²

¹Barts and The London NHS Trust

²University Hospitals Sussex NHS Foundation Trust

³King's College London Institute of Pharmaceutical Science

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Abstract

Aim: Older adults are particularly affected by medication-related harm (MRH) during transitions of care. There are no clinical tools predicting those at highest risk of MRH post-hospital discharge. The PRIME study (prospective study to develop a model to stratify the risk of MRH in hospitalized patients) developed and internally validated a risk-prediction tool (RPT) that provides a percentage score of MRH in adults over 65 in the eight-weeks following hospital discharge. This qualitative study aimed to explore the views of hospital pharmacists around enablers and barriers to clinical implementation of the PRIME-RPT. **Methods:** Ten hospital pharmacists: (band 6 (n=3); band 7 (n=2); band 8 (n=5)) participated in semi-structured interviews at the Royal Sussex County Hospital (Brighton, UK). The pharmacists were presented with five case-vignettes each with a calculated PRIME-RPT score to help guide discussion. Case-vignettes were designed to be representative of common clinical encounters. Data were thematically analysed using a 'framework' approach. **Results:** Seven themes emerged in relation to the PRIME-RPT: 1. providing a medicine-prioritisation aide; 2. acting as a deprescribing alert; 3. facilitating a holistic review of patient's medication management; 4. simplifying communication of MRH to patients and the multidisciplinary team; 5. streamlining community follow-up and integration of risk discussion into clinical practice; 6. identifying barriers for the RPTs integration in clinical practice and 7. acknowledging its limitations. **Conclusion:** Hospital pharmacists found the PRIME-RPT beneficial in identifying older patients at high-risk of MRH following hospital discharge, facilitating prioritising interventions to those at highest risk while still acknowledging its limitations.

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