

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

**Submission Id:** 6671

**Title**

*Addressing Medication Safety in Patients with Multiple Chronic Conditions during Transitions of Care: A Caregiver Perspective*

**Priority 1 (Research Category)**

Geriatrics

**Presenters**

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**Abstract**

Context: Transitions of care (TOC) between healthcare settings carry numerous safety hazards and high risk for medication harm, particularly for patients with multiple chronic conditions (MCCs).

Communication between healthcare settings is often poor, leaving the patient and caregiver as a critical safety check when multiple healthcare settings are encountered.

Objectives: To explore patient and caregiver experiences with transitions of care (TOC) and identify barriers to successful patient-centered transitions.

Study Design & Analysis: A qualitative study using an iterative participatory approach guided by a participatory learning and action (PLA) framework. This included an informational workgroup, semi-structured individual interviews, followed by focus groups to validate preliminary research findings through preference ranking and member checking. Inductive thematic analysis identified and categorized themes within a communication framework.

Setting: Western New York state.

Population Studied: Older adult (65+) with MCCs and their caregivers (N=7).

Results: Study participants shared both their experiences related to medication safety, as well as barriers to patient-centeredness. Participants note that during transitions of care they experienced frequent medication changes, overmedication, complex treatment plans with little patient or caregiver involvement, and unidentified Health Related Social Needs. Overarching themes were poor and fragmented communication and system policies that negatively impact patient-centered care that need to address MCC specific factors. Participant suggestions included improved communication and EHR documentation to track the communication that explicitly incorporates the patient's values and priorities.

Conclusion: Our analysis suggests communication reform is needed within TOCs to prevent negative outcomes, including medication error and caregiver burden. Participants stressed a need for MCC-specific communication tools to improve patient-centered care and centralize communication at discharge. While protocols for transitions of care exist, to our knowledge, there are no MCC-specific tools for centralized documentation of patient-specific medication notes, goals of care, patient priorities, and Health-Related Social Needs. Development of these communication tools is an area of future study that could improve patient safety during transitions of care.

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