



# A qualitative study to investigate the implementation of a pharmacist lead post-hospital discharge domiciliary medicines review service



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## Introduction:

Adverse drug reactions account for 6.5% of hospital admissions.<sup>1</sup> A post-hospital discharge domiciliary service designed to tackle avoidable readmissions and enhance seamless care was investigated to identify a strategy for optimal implementation and delivery of the service.

The conceptual framework of Greenhalgh *et al.*<sup>2</sup>, which considers the determinants of diffusion, dissemination and implementations of innovations in health service delivery was employed to interpret study findings. The recognised components include the innovation, adopter, communication and influence, outer context, implementation process, system readiness, system antecedents and linkages.

## Aim:

To investigate key stakeholder's experiences in designing, implementing and delivering an innovative post-hospital discharge domiciliary medicines review service to map factors influencing the successful embedding of the service.

**PATIENT RECRUITMENT:** Hospital pharmacy team identify suitable patients and obtain consent to include in service

**FIRST DOMICILIARY VISIT:** Post discharge DP telephones patient to arrange visit within 7 days of discharge.

**SECOND DOMICILIARY VISIT:** Takes place at 5 weeks post-discharge

**THIRD DOMICILIARY VISIT:** Takes place 13 weeks post-discharge

## Research Methodology:

The project lead identified the key service stakeholders; these included the pharmacists conducting the domiciliary visits (n=3), the hospital clinical service lead and hospital pharmacists and pharmacy technicians (n=3) recruited as service advocates. The identified stakeholders were contacted by email and invited to participate in the study.

Audio-recorded semi-structured interviews were conducted. The interview protocol and thematic analysis was guided by adaptation of the framework of Greenhalgh *et al.* Interviews were transcribed verbatim.

Transcripts and analysis were checked by the second researcher.

## Results and Findings:

All of the eight identified key stakeholders agreed to participate in the study. Themes of communication and influence to facilitate diffusion and dissemination as framed by Greenhalgh *et al.* were strongly articulated.

This evidenced itself with the introduction of service advocates within the hospital, assigned with the specific role to feedback service success, mentor on recruiting patients and manage information transfer. Service developments to enhance successful routinisation (implementation process) were demonstrated by relocating the referral assessment from the point of discharge to any time during the patient's admission.

Furthermore the personnel permitted to conduct the assessment and authorise a referral into service was extended to include pharmacy technicians and members of the nursing staff based on the ward.

Moreover, consistent with Greenhalgh *et al.*'s conceptual framework, characteristics of individuals (adopter) was identified as a significant factor; the direction for additional training in consultation skills and specific recruitment techniques were noteworthy facilitators to reduce refusals for service referral.



## Conclusion:

This study identifies necessary factors to consider for successful embedding of one such referral system. Factors influencing diffusion, dissemination and implementation are significant for the successful sustainable delivery of the service.

A limitation of this study was that it did not incorporate the views of patients and/or physicians. This information may also be important for future implementation, but the focus of this study was specifically on the experiences of those directly involved in implementing and delivering the service.

An important strength of this study was the use of the conceptual framework, which structured and improved the generalisability of the identified barriers and facilitators.

## References:

1. Davies E, Green C, Mottram D, Rowe P, Pirmohammed M. Emergency re-admissions to hospital due to adverse drug reactions within 1 year of the index admission. *Br J Clin Pharmacol.* (2010); 70(5): 749-755
2. Greenhalgh T, Robert G, Macfarlane F, Bate P, Kyriakidou O. Diffusion of Innovations in Service Organizations: Systematic Review and Recommendations. *The Milbank Quarterly.* (2004). 82(4), 581-629

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