Inter-professional education and practice: Towards collaborative transition of care

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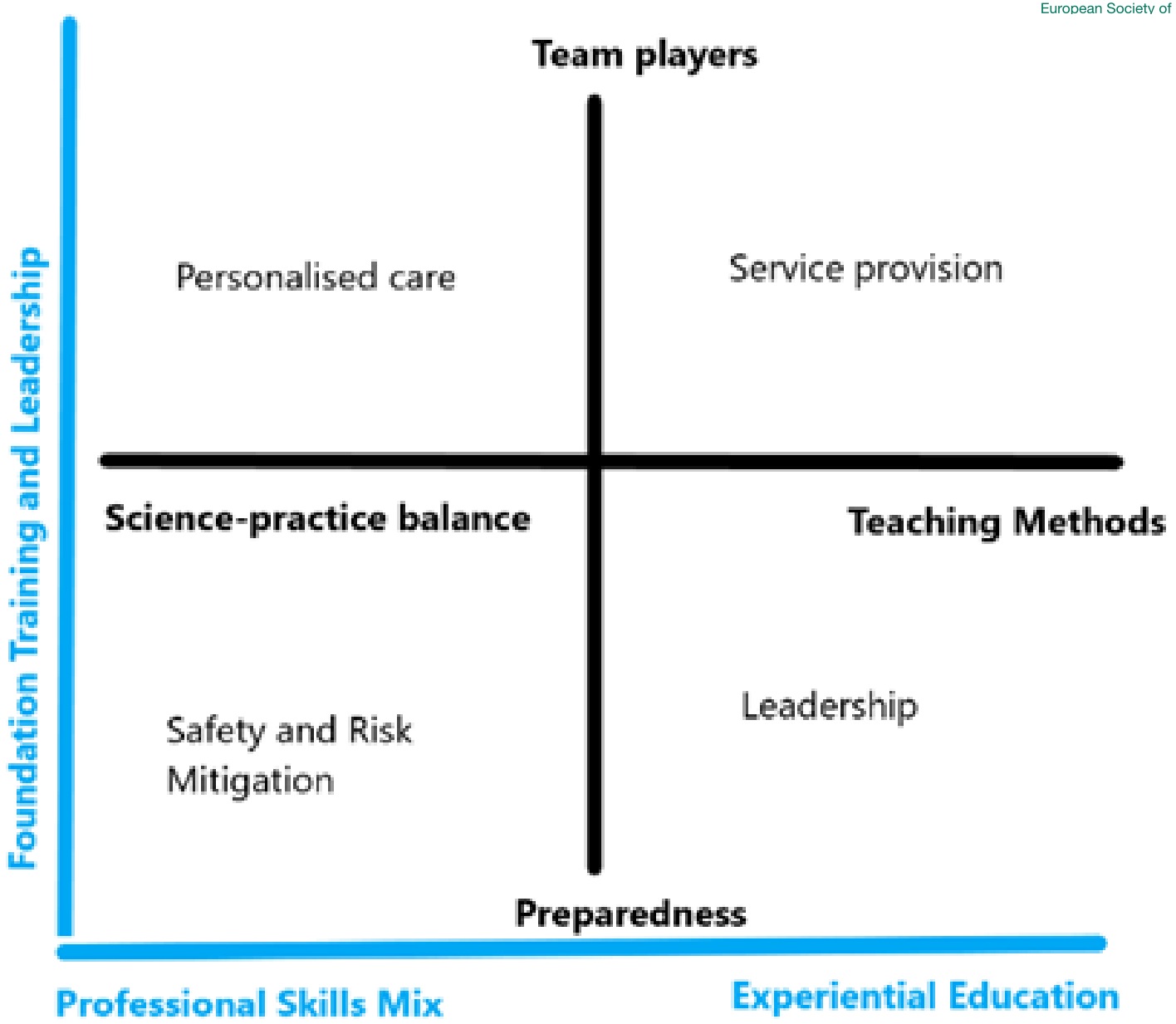
Outline

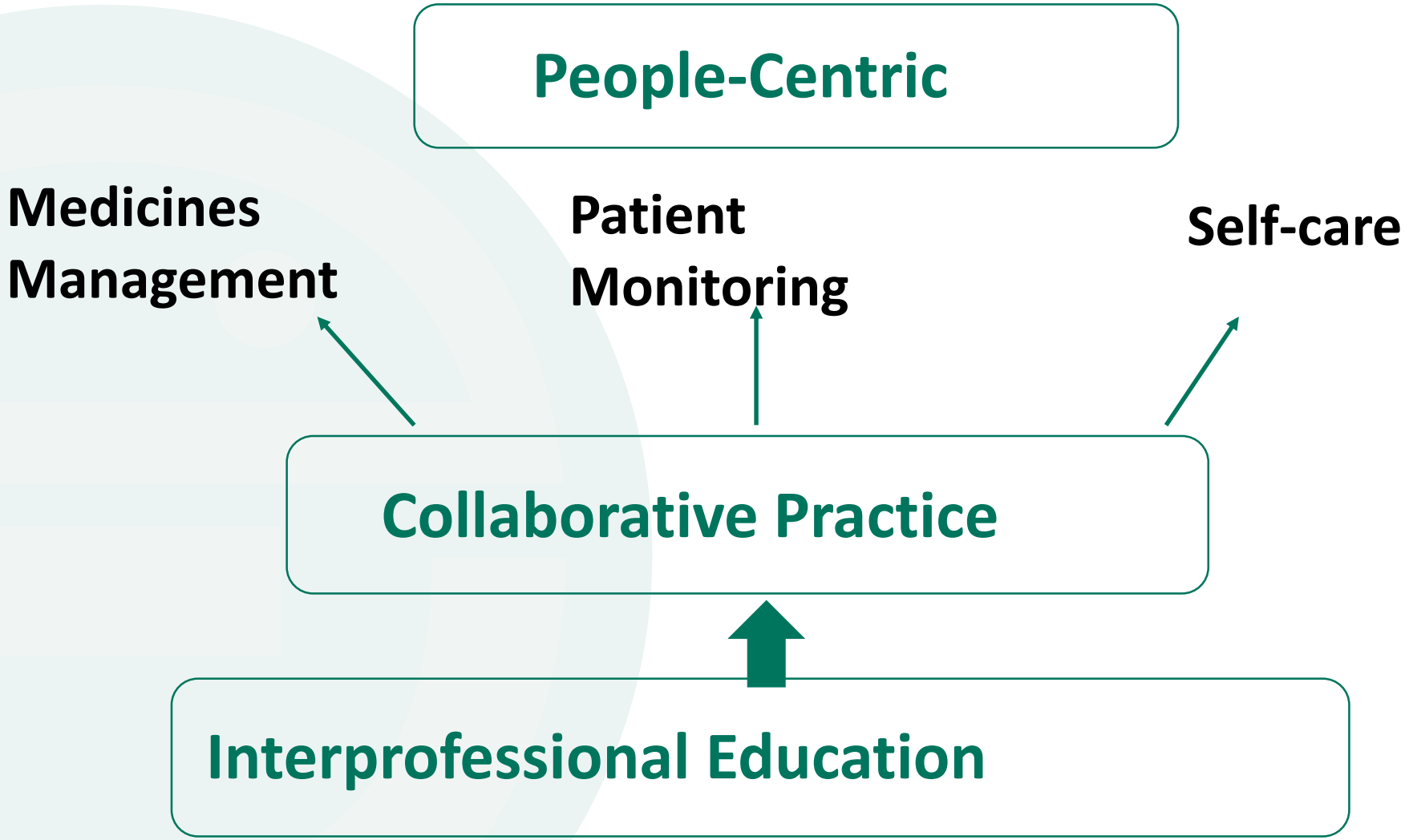
- Reflect on enhancing collaborative skills through interprofessional education
- Describe opportunities to support patient-centred collaborative care
- Recognise challenges and facilitators of collaborative care models in transition of care

Positioning Interprofessional Education

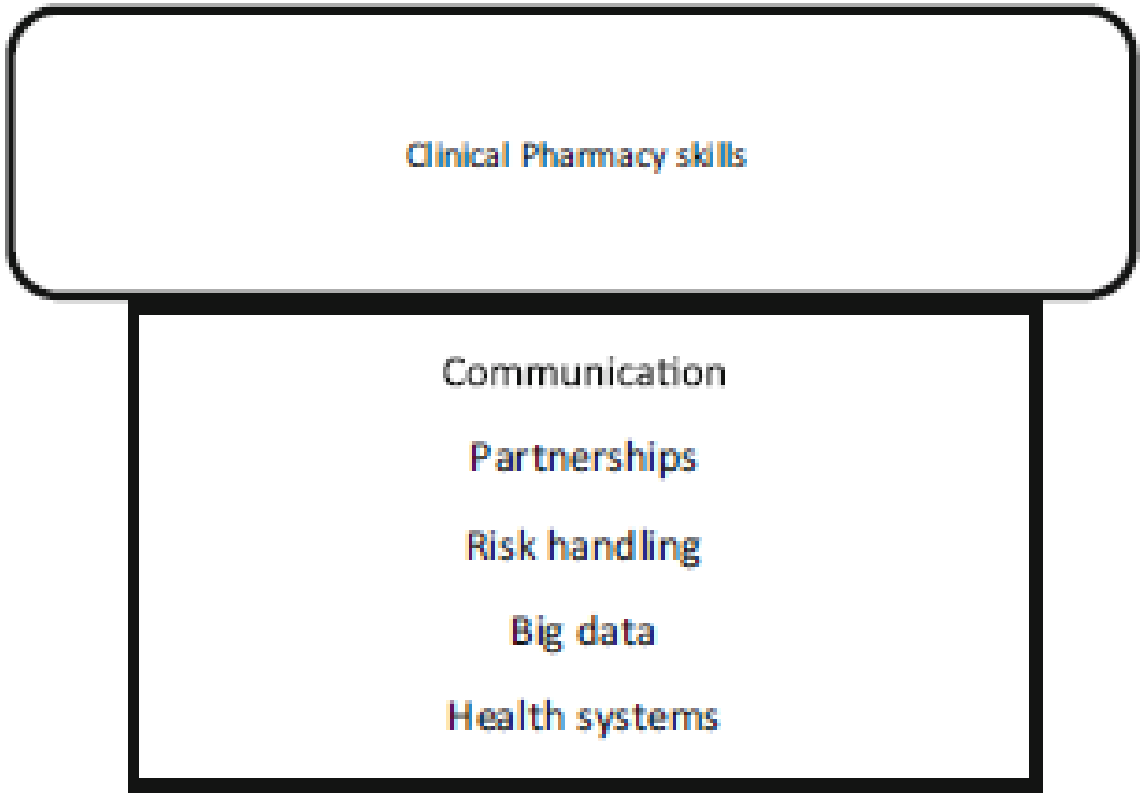


Azzopardi LM. Digital health in pharmacy education: Faculty perspective. In Mantel-Teeuwisse A, Khatri B, Uzman N, Meilanti S (eds) : Developing a digitally enabled pharmaceutical workforce. The Netherlands: International Pharmaceutical Federation, 2021. DOI: 10.1177/08971900221104254

Spearheading transformation



Skills and competences to facilitate transition of care



Azzopardi LM. How to become a successful hospital and community pharmacist. In: Thomas JR, Saso L, van Schravendijk CFH. Career options in the pharmaceutical and biomedical industry: An insider's guide. Switzerland: Springer; 2023: 271.

Graduate preparedness

Culture shift	Academic and institutional
Smartifying	Digital platform
Sustainability	Prioritisation

Interprofessional Rotations

Learning Outcomes:

- **Manage co-ordination of patient care within an interdisciplinary setting and across care settings**
- **Understanding patient needs**

Different practice sites

Interprofessional tutors team

Patient needs

Health professionals **connect**

Systems talking

Co-ordination of care

Specialist out-patient clinic → Treatment optimisation → **Community pharmacy**

Misunderstandings

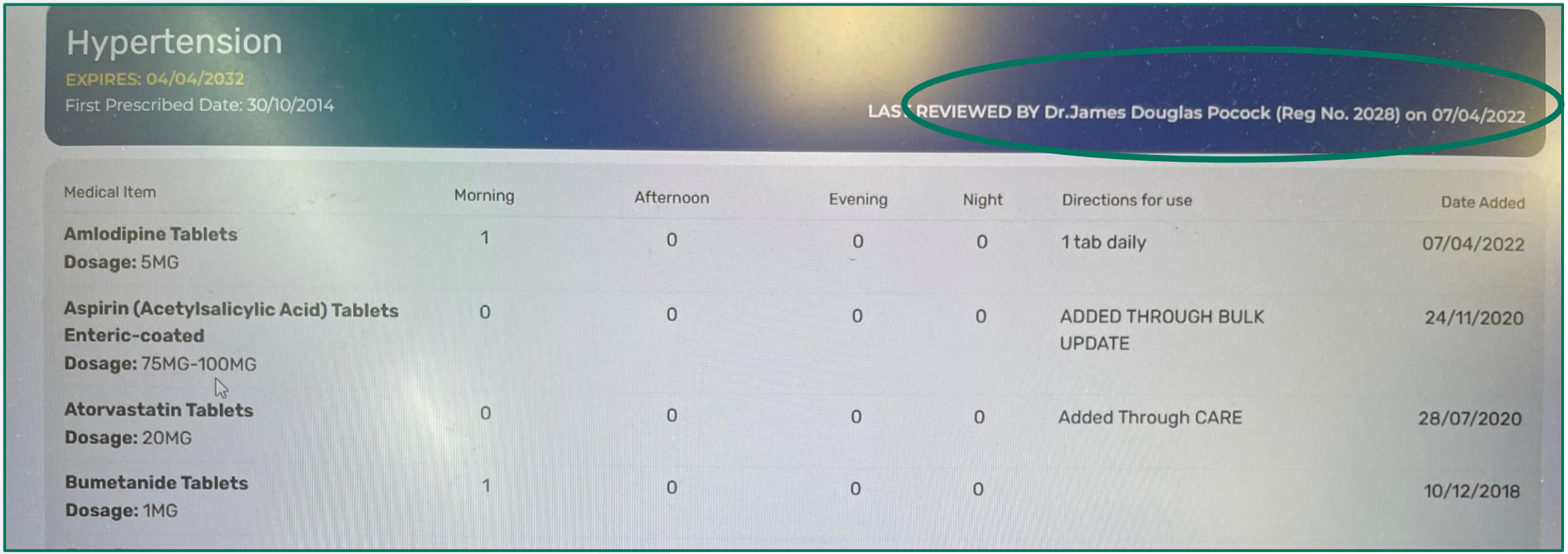
Overwhelmed patient

Risk of errors

Collaborative

Community pharmacist profile

Specialist review



Hypertension

EXPIRES: 04/04/2032

First Prescribed Date: 30/10/2014

LAST REVIEWED BY Dr.James Douglas Pocock (Reg No. 2028) on 07/04/2022

Medical Item	Morning	Afternoon	Evening	Night	Directions for use	Date Added
Amlodipine Tablets **Dosage:** 5MG	1	0	0	0	1 tab daily	07/04/2022
Aspirin (Acetylsalicylic Acid) Tablets Enteric-coated **Dosage:** 75MG-100MG	0	0	0	0	ADDED THROUGH BULK UPDATE	24/11/2020
Atorvastatin Tablets **Dosage:** 20MG	0	0	0	0	Added Through CARE	28/07/2020
Bumetanide Tablets **Dosage:** 1MG	1	0	0	0		10/12/2018

Digital platform

Medicines Use Review

Appendix 1 - SOP / MURs/ 02052023 - Re Pharmacist Led MUR Administration In The National POYC Service

This is to state that patient _____ ID Card No._____registered with **(Pharmacy name, locality, DH NO.)** was administered an MUR on _

During the MUR , the abovementioned patient's treatment plan as prescribed was reviewed and the following conclusions were drawn:

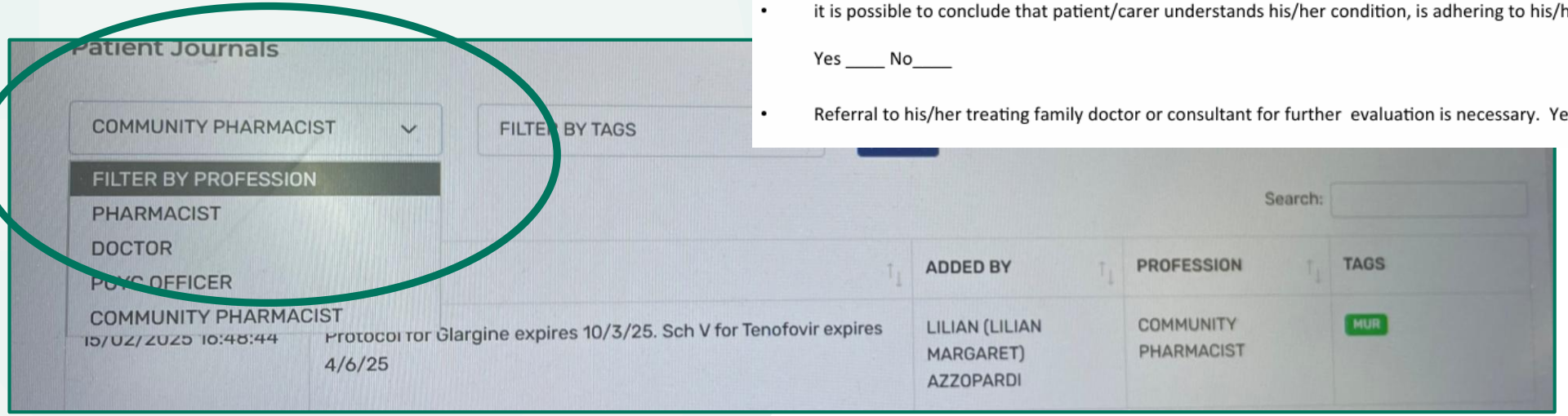
- Patient/carer understands his/her clinical condition Yes___ No___
- Patient/carer understands his/her treatment plan Yes___ No___
- Patient/carer understands the clinical targets of his/her treatment plan Yes__ No____
- Patient/carer is adhering to his/her treatment plan Yes____No____
- Patient/carer complains of side effects. Yes____No____
- Patient/carer is being monitored adequately by his/her family doctor or/and consultant Yes ____ No___

Based on the above evaluation,

- it is possible to conclude that patient/carer understands his/her condition, is adhering to his/her treatment plan and is not suffering from any sid

  Yes ____ No____

- Referral to his/her treating family doctor or consultant for further evaluation is necessary. Yes___No __



Patient involvement

Rheumatology Transitional Care Letter

- Biologic medications
- Biosimilars- switching
- Ensure access to medication, provide patient support, liaise with primary care physicians

Galea F. Transitional care in rheumatoid disease patient management. Department of Pharmacy, University of Malta. Master of Pharmacy Dissertation, 2019.

Standardised model

Pharmacist-led hospital discharge

Acute general hospital Transitional Care Discharge Service

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Specific

- Patient advice
- Validation of discharge documentation

Targeted

- Prioritisation
- Potential medication errors

Signficant

- 22% of patients discharged referred for service
- Partnerships

Borg D, Grech L, Azzopardi LM. Implementation of a pharmacist-led transitional care service at an acute general hospital. J Am Coll Clin Pharm 2018; 1: 329.

Outcomes of transition of care

Pharmacist-facilitated transition-of-care for hospitalised heart failure patients

Assess: 30-day all-cause readmission,

31-60 days post-discharge readmission

30 day

Intervention group: 19% readmission

Control group: 31% readmission

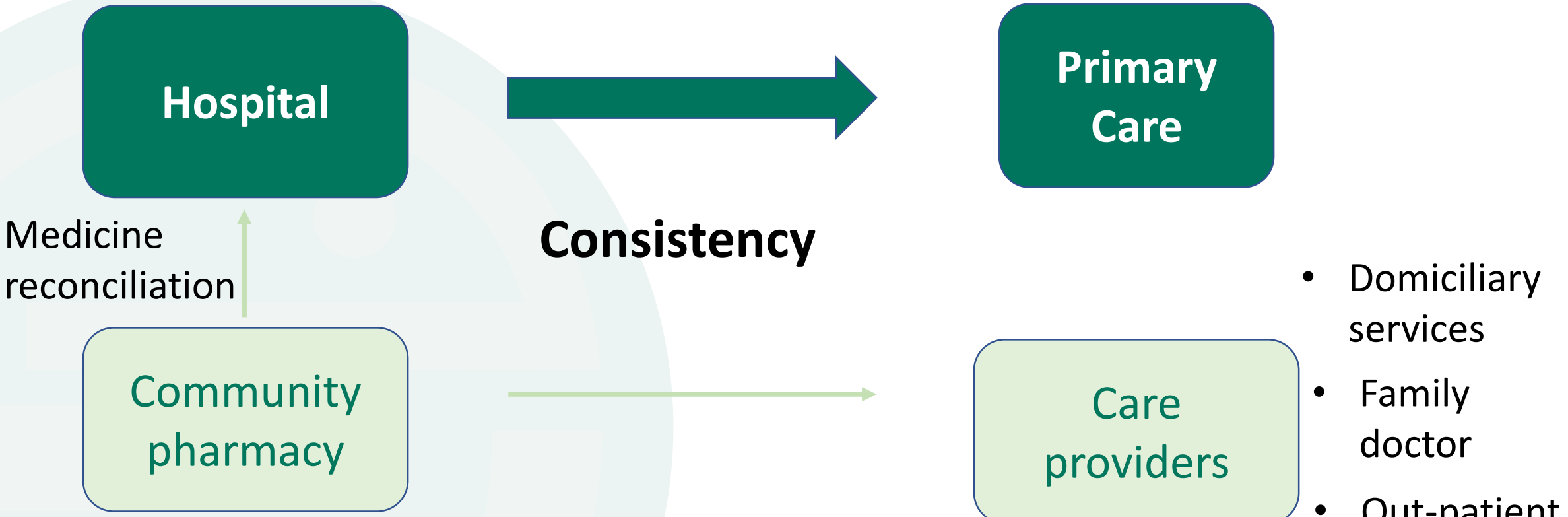
60 day

Intervention group: 22% readmission

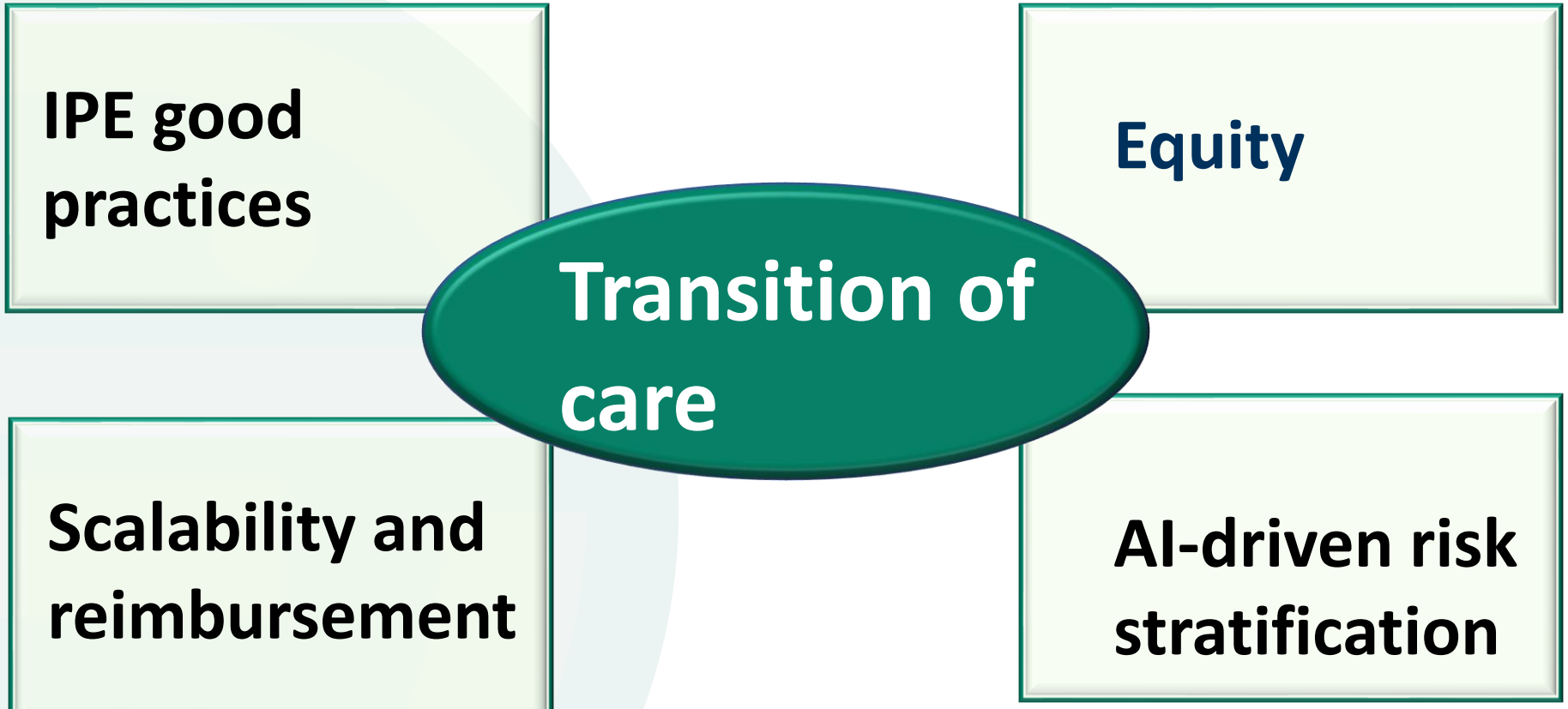
Control group: 14% readmission

Debono I, Grech L, Xuereb R, Azzopardi LM. Reducing readmissions in heart failure patients through pharmacist-facilitated transition-of-care interventions. Int J Clin Pharm 2020; 42: 221.

Bridging the Gaps



What are the next challenges?



Thank you

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