Pharmacist's Letter
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Reduce Errors During Transitions to Outside Facilities

You'll see **more emphasis on safe transitions between your hospital and other facilities**...long-term care, skilled nursing, etc.

Over one-third of discharges to long-term care result in an adverse event. Many of these are med-related.

Focus on reconciling meds during admission and transfers within the hospital to prevent errors from persisting through discharge.

When prepping for discharge, continue usual measures...such as stopping stress ulcer or VTE prophylaxis.

And optimize communication with the receiving facility.

Ask about IV med administration policies...since facilities may only allow daily dosing. If that's the case, see if you can switch to a once-daily option, such as meropenem to ertapenem.

Reconcile med changes for new feeding tubes...such as switching a home extended-release diltiazem to immediate-release.

State next-dose times for anticoagulants and other time-critical meds...and for intermittent meds, such as infliximab or other biologics.

Indicate when to resume held meds, such as for resolving acute kidney injury...or when to titrate, taper, or stop a med.

For example, document antibiotic days, such as "day 5 of 7"...how to finish a steroid taper...or when to switch rivaroxaban from 15 mg BID to 20 mg daily for a new VTE.

Verify that your hospital has a universal transfer form in your EHR that includes diagnosis, IV access, hospital contact numbers, etc.

Send it with the patient upon transfer...or ideally a few hours in advance. Also include a visit summary, med rec list, labs, etc. And send everything to the facility's pharmacy if able.

Help close communication gaps by promoting verbal handoffs. Encourage admin to evaluate whether EHR read-only access can be given to local facilities.

Also share care plans with patients and family advocates...and the outpatient primary care prescriber.

Use our *Transitions of Care Checklist* for more strategies. Also search our *Transitions of Care Resource Hub* for guidance on managing patients with Parkinson's, diabetes, HIV, etc.

Key References:

-JAMA Intern Med 2019;179(9):1254-61
-Res Social Adm Pharm 2018;14(2):138-45
-J Am Geriatr Soc 2010;58(4):777-82

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