

**R-12** GSASA GV & Kongress 2022



## Identification of risk factors for medication-related hospital readmissions - a scoping literature review

### N. Schönenberger<sup>1</sup>, C. Meyer-Massetti<sup>1,2</sup>

<sup>1</sup> Clinical Pharmacology and Toxicology, Department of General Internal Medicine, University Hospital of Bern - Inselspital, 3010 Bern, Switzerland <sup>2</sup> Institute of Primary Healthcare (BIHAM), University of Bern, 3012 Bern, Switzerland

## Background

- Medication-related problems after hospital discharge:
- · Can lead to hospital readmissions
- · Can be positively influenced by services provided by clinical pharmacists
- > Limited clinical pharmacist resources in hospitals make prioritization of patients necessary

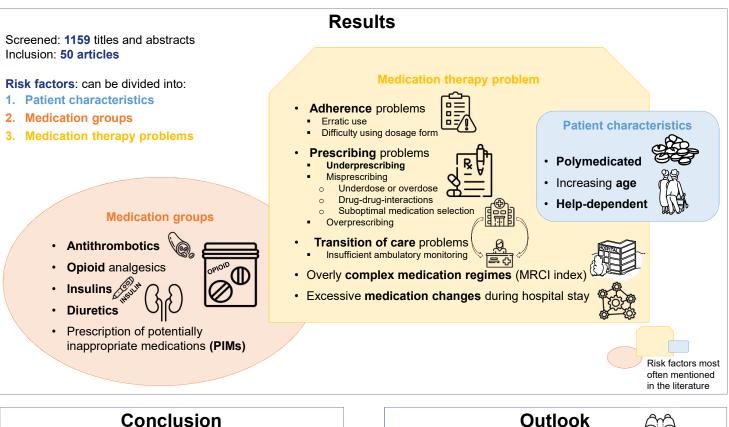
# Objectives

- Identify risk factors for readmissions associated with medications
- This allows prioritization of patients for clinical pharmacy services before or at hospital discharge

## **Methods**

We conducted a scoping literature review in the Medline, Embase and CINAHL databases Question: Risk factors for 30-day readmissions associated with medication?





Risk factors for medication-related readmissions described in the literature include but are not limited to;

- Advanced age
- Polypharmacy and complexity of medication regimen
- Excessive medication changes, transition of care problems, and non-adherence with medication
- Specific high-risk medications
- Underprescribing and underdose



The identified risk factors will be programmed into an electronic algorithm to flag patients at highest risk

- Additional sociodemographic factors will be considered
- Risk factors will be tested for feasibility and completeness in a Delphi study



Nicole Schönenberger, <u>nicole.schoenenberger@insel.ch</u>