Communication breakdowns when planning older people's medications put them at risk

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Problems with medication communication across transitions of care for older people are the key reasons for increased risk of medication-related problems and hospital readmissions, according to the authors of a

Perspective published today by the *Medical Journal of Australia*.

Lead author Professor Elizabeth Manias, from the Center for Quality and Patient Safety Research at Deakin University, and colleagues wrote that older patients are likely to have complex medication regimens, which need to be carefully managed as they move across and within diverse settings, "including primary care, acute care, geriatric rehabilitation, and aged care facilities" and involving different health professionals across specialties.

"Discussions with older patients and families are often not prioritized across transitions of care; instead, fleeting conversations take place at irregular time points and for short periods just before or after transfers," wrote Manias and colleagues.

"These conversations are rarely organized in a goal-directed way where medication communication is conveyed accurately, clearly and comprehensively.

"The impact of fleeting conversations is that even if medication information is conveyed, patients and families may not be involved in key decisions about newly prescribed, ceased or changed medications, or may not voice their concerns and preferences about the medication regimen.

"There is lack of recognition that 'the one person who remains constant is the patient, who has the most to lose in a disconnected health system.'"

Manias and colleagues recommended the following principles:

- Communication about medication should occur throughout the duration of older patients' care rather than limited to particular time points;

- Families should be included in medication communication at every opportunity, rather than waiting until medication counseling occurs just before hospital discharge or just before completing a primary care consultation;
- Communication needs to be tailored to each patient's ability to comprehend with clear, easy-to-understand language, using resources including diagrams, photographs of medications, audio and video recorded materials, simulations and patient case scenarios;
- Doctors, nurses, pharmacists and other health professionals need to acknowledge they all have important roles in communicating with each other about medication across transitions of care;
- Health professionals need to regularly seek out patient and family priorities and preferences, especially if medication changes are made. Older patients and families should be encouraged to ask questions;
- Shared decision making is supported by communicating with patients and their families about the current medications they take, the consequences that may occur if medications are not consumed, the time when these are reviewed to decide if they will be continued, and the person who conducts the review;
- In facilitating informed consent to prescribing medications, decision aids can be helpful. Their use should be documented in medical records for future retrieval.

More information: Elizabeth Manias et al, More than a fleeting conversation: managing medication communication across transitions of care, *Medical Journal of Australia* (2022). DOI: 10.5694/mja2.51651