

How hospital pharmacists can work with community pharmacists to improve the discharge process

- **Stock:** Ensuring that the community pharmacy has stock for less common medications (specific LMWH doses, parental meds for palliative care, less common antibiotics like rifaximin or vancomycin). Especially for Friday discharges since community pharmacies will generally not receive another order until the following Monday. Notifying them ahead of time can give them time to order the product in and prevent the hospital pharmacy from having to give interim doses.
- **Medication changes:** Making sure changes to chronic medications are clear. Sometimes things are changed that were not meant to be changed. Notation of some sort indicating that changes were intentional are nice. This goes for medications that are stopped as well. When a pharmacy receives a discharge with a medication missing, it is not always clear if it was just missed, or if it was deliberately discontinued. Reasons for a change are nice as well if possible. “Decreased due to bradycardia” for a bisoprolol dose decrease is good information for a community pharmacist to have.
- **Time:** Providing a heads up to a community pharmacy is always nice, especially when the pharmacy has to do compliance packaging for the patient, or if the patient lives out of town and it will be more difficult to wait for the prescription.
- **Coverage/insurance:** Calling ahead to ensure that certain medications are covered. You can call a pharmacy and get them to do a test claim to see if something is covered. Things like Jardiance, Entresto, Xarelto, Ozempic, all often require some sort of special authorization paperwork to be filled out. Hospital pharmacists are well positioned to be able to fill the paperwork out since they have access to most of the pertinent medical information, and then it's possible that the medication might be covered by the time the patient leaves the hospital. Also indicating that special auth forms have been done, or not done is nice. Discussing coverage with the patient in general never hurts, and possibly getting a social worker involved if the patient is unable to afford their medications.
- **Ensuring Education/teaching** on things such as insulin and inhalers is completed, especially if the patient will not be picking up the medication themselves. There are times that the patient may not go to the pharmacy themselves and someone like a family member or a medical taxi may be the ones picking up the prescription. In these cases the hospital staff are in the best position to ensure this is completed.