

Guiding Principles for the Design and Implementation of a Medication Discharge Plan for Hospitalized Older Adults

PRACTICAL GUIDE - Improving the safety of medication use during transitions of care



🎯 OBJECTIVES

Ensure the coordination and continuity of the patient's medication therapy at hospital discharge;

Promote optimal communication between the hospital and the primary care team about medication-related problems identified during the hospital stay.

👥 TARGET AUDIENCE

Pharmacists, physicians or nurse practitioners caring for hospitalized older adults;

Any healthcare professional, manager or professional organizations interested in care trajectories of older adults.

👤 A PROJECT BY

This practical guide was collaboratively created by students, clinicians, and researchers from Centre intégré universitaire de santé et de services sociaux (CIUSSS) of the Centre-Sud-de-L'Île-de-Montréal (CCSMTL), Université de Montréal, and the Institut universitaire de gériatrie de Montréal (IUGM) Research Center.

THE PRACTICAL GUIDE OFFERS

- **25 guiding principles concerning the content of the Medication Discharge Plan (MDP);**
- **A clear explanation of each guiding principle;**
- **An approach to patient prioritization;**
- **A discussion of the format and mode of transmission of the MDP;**
- **An adaptative approach.**

CONTENT OF THE MEDICATION DISCHARGE PLAN

- **Information on care provided during hospitalization;**
- **General medication information;**
- **Health issues, analysis and recommendations;**
- **Plain-language patient summary;**
- **Essential information to facilitate communication with patients and health professionals.**

