Prescriber's Letter
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# Reduce Errors During Hospital Transitions to Outside Facilities

You'll see **more emphasis on safe transitions between hospitals 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.

Reconciling meds during admission and transfers within the hospital is key...to prevent errors from persisting through discharge.

Continue to ensure usual measures upon discharge...such as stopping stress ulcer or venous thromboembolism (VTE) prophylaxis.

And optimize communication between facilities.

Consider IV med administration policies...since facilities may only allow daily dosing. If that's the case, expect a switch to a once-daily option if possible, such as meropenem to ertapenem.

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

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

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

For example, verify days of an antibiotic course...how to finish a steroid taper...or when to switch rivaroxaban from 15 mg BID to 20 mg daily for a new VTE.

Don't be surprised if some hospitals have universal transfer forms that that include diagnosis, IV access, hospital contact numbers, etc.

Expect hospitals to send this form to the facility with the patient upon transfer...or ideally a few hours in advance. They'll also likely send a visit summary, med rec list, labs, etc.

If you don't receive these details, request them if needed.

Help close communication gaps by encouraging verbal handoffs. Some hospitals are providing EHR read-only access 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.

**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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