

# Safer Transitions of Care: Enhancing Older Adults' and Families' Engagement with Medicines Management

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## Background

Enhancing older adults' ( $\geq 65$  years) and their families' engagement with medicines management is key to improving patient safety across transitions of care. However, the nature and extent to which they are currently involved remains unclear and effective strategies to support engagement are still lacking.

## Aim

To explore how older patients and their families are involved with medicines management across transitions of care and to identify possible approaches to improve engagement.

“Yeah, that's been the harder bit because obviously her English is not the best. So, she would just show them the Webster-pak and that would be it. Just the Webster-pak and go through what medication she's on at the time”  
(Daughter, Age: 46)

“Some of [the medications] that I take, I have no idea what I'm taking them for”  
(Patient, Age: 75)

“Well, they know what they're talking about. I'm a lay person, so I don't know”  
(Patient, Age: 86)

“...a bit more time to digest the information..., and then checking in later...[because] there's a lot of information that's given all at once... but questions don't occur until like half an hour later”  
(Daughter, Age: 33)

Communication of current medications

Understanding of current medications

Decision-making during hospitalisation



Enhanced communication

Approaches to enhanced engagement

Promotion of education

“you can... reinforce what you've already said to them, and then use teach-back, and see if they can understand the seriousness of ... why they need to take it the prescribed way”  
(Pharmacist)

## Methods and Results

We conducted **132 semi-structured interviews** with **67 older patients**, **66 family members**, and **69 healthcare professionals** (14 pharmacists, 45 nurses and 10 doctors) on medical, surgical, geriatric and rehabilitation wards at **four different hospital sites** of a major metropolitan health service. The interview questions were based on a topic guide developed by the research team. Recordings were transcribed verbatim and analysed using **inductive content analysis**, which involved coding, categorisation, and thematic mapping. This resulted in the generation of **three major themes** with **ten sub-themes** as shown below.

“I say to them sometimes - my English, it's not so very well. Like a small kid in school. You can speak to me like that so I can understand”  
(Spouse, Age: 74)

“Not being medically trained, you're not going to know. You're taking the doctor's word because they're a doctor”  
(Son, Age: 54)

Language Barriers

Trust in healthcare professionals

Cognitive impairment

“...or whether there is some sort of underlying cognitive impairment. It does make it tricky, and that's... where there's a lot of reliance upon family members [or] next of kin”  
(Doctor)

Time constraints

“...the pharmacist will come and explain what it's for and whatnot, but then sometimes it's a little bit too late, because the doctors have already kind of prescribed it...”  
(Daughter, Age: 45)

Encouragement of questions

“...having the pharmacist introduce themselves early...is quite important...[so] patients will know...that [the pharmacist is] the one to ask questions to...”  
(Pharmacist)

## Implications for Practice

### Recognising Communication Challenges

Busy ward environments make it challenging for clinicians to communicate effectively with patients and their families. Discussions about medicines predominantly occur at discharge which limits opportunities for meaningful engagement and leads to information overload. During ward rounds, older patients and their families often feel excluded from conversations and are at times overwhelmed by the presence of multiple health professionals, leaving them unsure about whom to approach with medicines-related queries or concerns.

### Enhancing Engagement

Possible approaches identified in the interviews to address these challenges include:

- Providing clear, easy-to-understand information about medicines to patients and their families early in the hospital stay.
- Promoting ongoing medicines-related education by using methods such as teach-back during medicine administration and discharge counselling.
- Encouraging questions during ward rounds and creating opportunities for informal bedside conversations to foster a more inclusive environment.

### Informing Future Interventions

The approaches identified in this study offer data-driven guidance for developing future interventions aimed at improving engagement to support older patients and their families with medicines management across transitions of care.

