

Rapid evidence review on interventions to reduce drug related harm during transitions of care.

Aim

Describe the types of interventions used to reduce risk of drug harms including death amongst adults during transition between services

Methods

- 4 databases (MEDLINE, Embase, Cochrane, Pubmed)
- July to August 2022
- CASP systematic review checklist
- Thematic synthesis

Results

- 6 studies included (174 records screened 15 full text reviewed)

Settings

- Accident and Emergency / Ambulance (3), Maternity (1). Discharge from residential rehabilitation (1), Unspecified (1)

Findings

- Very limited evidence base, most studies from USA. Outcomes perceptions of service providers and no studies looked at patient survival or other individual outcome measures
- In person and digital methods for establishing trust and contact
- Stable housing and employment, practical assistance and funding to address basic needs can decrease gaps in care and support needs.
- Including a variety of these models and having more than one model in operation appears to improve service delivery.
- The unmet needs of the population group are substantial and, in some studies, acted as a barrier to engagement of the intervention being offered.

Recommendations

- Design in staff autonomy and devolved budget to allow staff to understand and address individual needs of people at risk of harm
- Given the scale of unmet need, assess the outcome of “referral” to other services
- Evaluation of interventions for acceptability and effectiveness

