Many other communities across Canada have tackled this problem, as revealed by posters and presentations at 2 national seamless care workshops.[6,7] The report by Forster and coauthors clearly demonstrates the need for pharmacists, physicians and others to mend the gap in communications between institutional and community care.

William McLean
Pharmaceutical Outcomes Research Unit
Ottawa Hospital — General Campus
Ottawa, Ont.

References

1. Forster AJ, Clark HD, Menard A, Dupuis N, Chernish R, Chandok N, et al. Adverse events among medical patients after discharge from hospital. *CMAJ* 2004;170(3):345-9.
2. Sullivan M, McLean W. Seamless care: a review of the issues. *Can Pharm J* 2000;133(7):26-9.
3. McLean W. The influence of a prescription and discharge notes form on drug-related problems [abstract]. American College of Clinical Pharmacy annual meeting; 1997 Nov 10; Phoenix.
4. Rogers K, Tierney M, Singh A, McLean W. Assessment of a seamless care prescription/discharge notes form. *Can J Hosp Pharm* 2003;56:14-23.
5. Paquette-Lamontagne N, McLean W, Besse L, Cusson J. Evaluation of a new integrated discharge prescription form. *Ann Pharmacother* 2001;35:953-8.
6. Proceedings of the seamless care workshop 1998; 1998 Oct 30 – Nov 1; Toronto. Ottawa: Canadian Society of Hospital Pharmacists, Canadian Pharmacists Association; 1999.
7. Proceedings of the seamless care workshop 2000; 2000 Sep 30; Val-Morin (QC). Ottawa: Canadian Society of Hospital Pharmacists, Canadian Pharmacists Association; 2001.

Competing interests: None declared.

DOI:10.1053/cmaj.1040362

[Two of the authors respond:]

The form to which William MacLean refers in his letter was being used during our study,[1] and we commonly saw problems with how the forms were completed. For example, it was often difficult to distinguish old from new medications, poor handwriting often made prescriptions illegible, and only rarely was a contact number for the prescribing physician indicated on the form. Thus, although the forms probably have a role in guiding physicians, time pressures and other factors lead to unsafe prescribing practices. Because the form was used for almost all patients, we are unable to determine whether the risk of adverse events decreased with its use.

We support the idea of improving communication between multidisciplinary members of the health care team. MacLean highlights the changes in medication regimens that are often made during and after a hospital stay. Frequently, this information is not communicated effectively to patients,[2] pharmacists or community physicians.[3] The need to reconcile medication regimens before and after the hospital stay and the need to improve communications pertaining to medication use are obvious. However, translating these needs into practical, effective solutions will require substantially more investment than changes in paper forms. Although unproven, it is possible that better hospital information systems will be required, e.g., through computerized physician order entry[4] or automated discharge summary generation.[5]

Alan J. Forster
Carl van Walraven
The Ottawa Hospital
The Ottawa Health Research Institute
Ottawa, Ont.

References

1. Forster AJ, Clark HD, Menard A, Dupuis N, Chernish R, Chandok N, et al. Adverse events among medical patients after discharge from hospital. *CMAJ* 2004;170(3):345-9.
2. Forster AJ, Bates DW, Gandhi T, Murff HJ, Peterson J. Adverse drug events following hospital discharge [abstract]. *J Gen Intern Med* 2003;18(Suppl 1):282.
3. van Walraven C, Weinberg AL. Quality assessment of a discharge summary system. *CMAJ* 1995;152(9):1437-42.
4. Bates DW, Leape LL, Cullen DJ, Laird N, Petersen LA, Teich JM, et al. Effect of computerized physician order entry and a team intervention on prevention of serious medication errors. *JAMA* 1998;280(15):1311-6.
5. van Walraven C, Laupacis A, Seth R, Wells G. Dictated versus database-generated discharge summaries: a randomized clinical trial. *CMAJ* 1999;160(3):319-26.

DOI:10.1053/cmaj.1040686

New letters submission process

CMAJ's enhanced eLetters feature is now the portal for all submissions to our letters column. To prepare an eLetter, visit www.cmaj.ca and click "Submit a response to this article" in the box near the top right-hand corner of any *eCMAJ* article. All eLetters will be considered for publication in the print journal.

Letters written in response to an article published in *CMAJ* are more likely to be accepted for print publication if they are submitted within 2 months of the article's publication date. Letters accepted for print publication are edited for length (usually 250 words) and house style.

Correction

A recent recommendation statement on postmenopausal hormone replacement therapy for primary prevention of cardiovascular and cerebrovascular disease[1] should have included the following byline: "Beth L. Abramson and the Canadian Task Force on Preventive Health Care." Beth Abramson is Assistant Professor of Medicine, University of Toronto, and Director of the Cardiac Prevention Centre and Women's Cardiovascular Health, St. Michael's Hospital, Toronto, Ont.

Reference

1. Abramson BL, Canadian Task Force on Preventive Health Care. Postmenopausal hormone replacement therapy for primary prevention of cardiovascular and cerebrovascular disease: recommendation statement from the Canadian Task Force on Preventive Health Care. *CMAJ* 2004;170(9):1388-9.