

## **Interprofessional medication management for inpatient long-term care**

### Analysis and optimization potentials of the current state

**Intention:** This medication process is characterized by the cooperation of service providers based on the division of labor. However, these are organizationally, economically and legally assigned to independent organizations. Interprofessional cooperation thus has to overcome a number of interfaces. Therefore, it was investigated whether optimization potentials result from the definition of a cross-organizational "value-added system medication process" and whether these can be transferred to other value-added systems.

**Method:** The basis of the structured process analysis and process design is a multicenter cross-sectional analysis in 18 health care facilities. The procedure was systematically oriented towards mixed methods research. Consolidation of results from 7 group discussions, 23 guided interviews, and 18 accompanied observations served to capture and analyze the current state, followed by a theory-based target design.

**Results:**

1. The isomorphic process model of the value-added system: it improves the transparency of interprofessional service provision in the medication process. The service providers involved get an idea of the interconnectedness. The relevance of the legally required service provider cooperation is comprehensible.
2. The activities, responsibilities, interfaces and weak points as well as the communication and cooperation structures are visualized and analyzed.
3. The target concept - the modular organization: the new organizational structure based on a common understanding of cross-organizational service provision. It thus ensures transprofessional cooperation as well as information and management continuity and contributes to optimizing the quality of outcomes for patients, service providers and the organization.

**Implications:**

1. Further analysis of the defined value system.
2. Cross-utilization for adjacent value creation systems (wound management, medication process in ambulatory care, ...)
3. Basis for adjacent research projects (expert standard medication management, ...).

**Conclusion:**

The definition of a value-added system generates significant benefits for all parties involved. The main problem does not lie in the individual weak points, but in the lack of a common understanding of the value creation system.

**Keywords:** ambulatory healthcare, medication process, long-term care facility, process analysis, value creation system, modular organizational structure.