

Improving Discharge Medication Communication – Expanding the Pharmacy Technician’s Role

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Background

Provision of accurate and timely medication information to General Physicians (GPs) at the time of discharge is essential to promote continuity of care and avoid medication errors.^{1,2} There is a high risk of medication misadventure when the patient is discharged from hospital back into the community.^{1,2} Faxing of medication information at discharge has been shown as an effective approach to ensure the timely delivery of accurate medication information to community-based practitioners.²

Aim

To assess the role of the pharmacy technician in improving discharge medication communication to GPs when patients are discharged from hospital.

Method

- High risk medical patients were flagged to the pharmacy technician on discharge by the pharmacist
- The technician reviewed the hospital’s Electronic Discharge Summary (EDS) for these patients to ascertain whether a Discharge Medication Record (DMR) had been completed and sent to the GP. The EDS will import a DMR where it is available
- The technician faxed a DMR to the GP for any patients where this information had not been provided to the GP within 24 to 48 hours after discharge
- Data was collected on the numbers of DMRs faxed by the pharmacy technician and time interval after discharge that the DMR was faxed
- Data was also collected on the time interval after discharge that the hospital EDS was dispatched to the GP
- Where the pharmacist prepared DMR was the only communication to the GP on discharge medications, a risk assessment of potential risks due to this omission was undertaken by a senior pharmacist and medical consultant using the SHPA risk classification of pharmacy interventions tool³
- Feedback was sought from GPs on the value of this service using a Consumer Engagement and Practice Review Survey

Results

Number of patients referred to the pharmacy technician	156
Number of DMRs faxed by the pharmacy technician	77/156 (49%)
Number of times the faxed DMR was the only medication information received by the GP	9/156 (6%)
Number of interventions rated as “Medium to High risk” using the SHPA risk rating tool	1
Range of time for EDS to be sent by medical staff to the GP	1-44 days
Average time that the pharmacy technician made medication information available to the GP before EDS received by the GP	7 days earlier
Average time spent by pharmacy technician faxing per week	5 hours

30 GPs responded to the Consumer Engagement survey – all indicated that they found it useful to receive a faxed copy of the patient’s DMR.

Dr Steve Hambleton – Former Federal President Australian Medical Association “I love your work – Bravo”

Example of intervention rated “Medium to High risk”

- Mr RD, 81 years old – admitted with a Pulmonary Embolism
- Commenced on warfarin with enoxaparin bridging
- Pre-admission clopidogrel to cease
- No medication information provided to GP in EDS
- Pharmacy technician provided information by faxing DMR

Discussion

Local data demonstrates delays in the Hospital generated Electronic Discharge Summary (EDS) being dispatched to GPs. Some discharge summaries contain little or no medication information. On average the pharmacy technician made medication information available to the GP seven days earlier than the hospital’s EDS. GPs found the faxing of medication information useful. Provision of timely medication information is important to promote medication safety and reduce the risk of medication error.

Conclusion

The pharmacy technician can play an important role in improving discharge communication by ensuring that accurate medication information is provided to the GP in a timely manner at the time of discharge.

1. Australian Commission on Safety and Quality in Health Care. Safety and quality improvement guide. Standard 4: Medication Safety. Sydney: The Commission; 2012.
2. Gilbert et al. Providing community-based health practitioners with timely and accurate discharge medicines information. BMC Health Service Research 2012, 12;453.
3. SHPA Standards of Practice for Clinical Pharmacy Services: Documenting Clinical Activities. J Pharm Pract Res 2013, 43(2)S42-46.