

Discharge summaries and medication lists Are we getting any better?

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Background

- Transitions of care are vulnerable periods for patients as they are at an increased risk of medication-related problems and hospital readmission.¹⁻³
- Discharge summaries are known to be a common source of medication errors.⁴

Aim

- To assess the accuracy, currency and completeness of medication lists in discharge summaries.

Method

- A prospective audit of adults patients admitted to Westmead Hospital was conducted over one week in March 2017.
- Patients were included if they were admitted for greater than 24 hours and taking one or more medications at discharge.
- Patients transferred to another acute care facility or cared for in the emergency department were excluded.
- Data was collected using the National Quality Use of Medicines Indicators for Australian Hospitals – Indicator 5.8 – *Percentage of patients whose discharge summaries contain a current, accurate and comprehensive list of medicines.*⁵

Results

- A total of 54 patients (median age 62 years, interquartile range 41-77) were included in the audit.
- Of the 54 patients, 37 had a discharge summary and of these 37, 35 had a medication list included in the discharge summary.
- Only 16 patients (46%) had a medication list in the discharge summary that was current, accurate and comprehensive.
- Only 21 patients (60%) had all ongoing medications listed.
- 11 patients (31%) had the dose, route, frequency and/or duration omitted on at least one medication in the list.
- 2 patients (6%) had at least one medication that should not have been continued on discharge.
- For all 54 patients, only 21 patients (39%) had a best possible medication history on admission.

Conclusion

- Discharge summaries form the main communication channel between inpatient and outpatient healthcare providers.
- Our findings reveal that the channel continues to suffer, as information is often missing from the medication list or inaccurate despite training and educating doctors.
- Discussions are underway for a stronger presence of hospital pharmacists at the time of discharge.
- An integrative approach whereby medication lists in discharge summaries are finalised or verified by pharmacists has shown to be of benefit.⁴

Future studies

- Standardisation of the medication list template in the discharge summary.
- To investigate the experiences and perceptions of doctors with respect to compiling medication lists in discharge summaries.

Data collection form for National QUM Indicator 5.8: Percentage of patients whose discharge summaries contain a current, accurate and comprehensive list of medicines
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This form should be used in conjunction with the methodology in QUM Indicator 5.8 [View indicator](#)

Hospital name:	Westmead Hospital		Date of audit:					
Number of beds in the hospital:	-							
Questions	1	2	3A	3B	3C	3D	4A	4B
Patient audit number	Is there a discharge summary?	Is a medicines list included in the discharge summary?	Have all ongoing medicines been listed?	For all the medicines listed, has all required information, i.e. dose, frequency, route, duration (if required) been provided?	Are all listed medicines current? (i.e. there are no medicines listed that should NOT be prescribed on discharge)	Are all allergies and intolerances listed? <i>If the patient has no known allergies/unknown allergy status this must be stated.</i>	Was a 'Best Possible Medication History' available for reconciliation of the discharge summary?	Were the inpatient medication charts available for reconciliation of the discharge summary?
Patients taking one or more medicines at discharge	Yes, No	Yes, No	Yes, No	Yes, No	Yes, No	Yes, No	Yes, No	Yes, No
	1 Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
	2 Yes	Yes	Yes	Yes	Yes	No	No	Yes
	3 No	N/A	N/A	N/A	N/A	N/A	No	No
	4 No	N/A	N/A	N/A	N/A	N/A	No	No
	5 Yes	Yes	Yes	Yes	Yes	Yes	No	Yes

Figure 1 Data collection spreadsheet

References

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4. Tong EY, Roman CP, Mitra B, Yip GS, Gibbs H, Newnham HH, et al. Reducing medication errors in hospital discharge summaries: a randomised controlled trial. *The Medical Journal of Australia*. 2017;206(1):36-9.
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