

Accuracy and Completeness of Pharmacist Generated Medicine Administration Records For Residential Aged Care Patients

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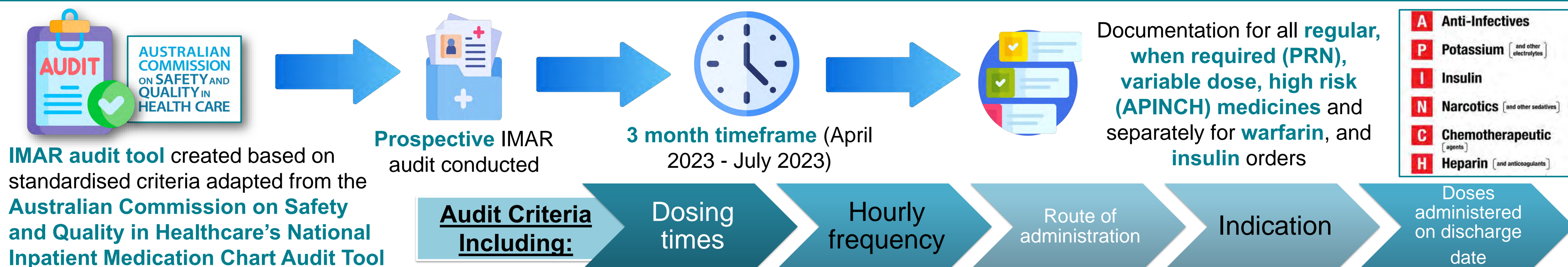
Background

- Interim Medication Administration Records (IMARs) improve the continuity of medicines management for patients discharging from hospital to their Residential Aged Care Facility (RACF), as these patients are often at higher risk of medication errors.

Aims

- To evaluate if effective documentation and written handover is used when pharmacists are generating IMARs.

Methods



Results

- Out of **10 variable dose medicine orders (e.g. Prednisolone)**, only **10% (n=1)** recorded an **error**, which was **doses administered on discharge date not complete or correct**.
- Out of **4 warfarin orders**, **75% (n=3)** recorded an **error**, with **last INR not documented** being the most common, followed by **indication not documented**.
- **100% (n=9)** of **insulin orders** were **error free**, with all orders having a **time to be administered, clear and complete dosing plan for the next 5 days**, and **doses administered on discharge date complete and correct**.

768 regular medicine orders

77 patients

262 PRN medicine orders

Figure 2: Regular Medicine Order Errors

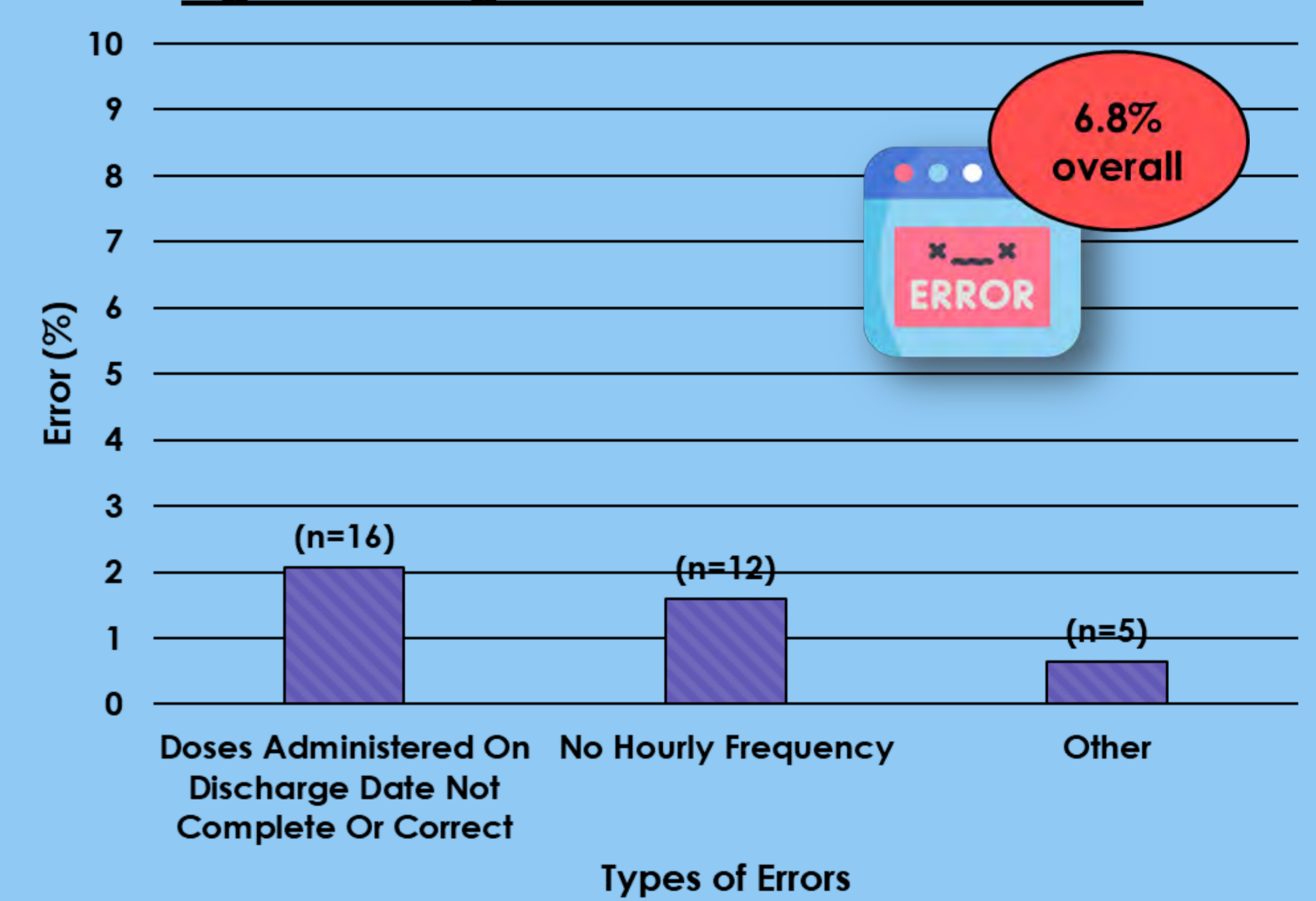


Figure 3: PRN Medicine Order Errors

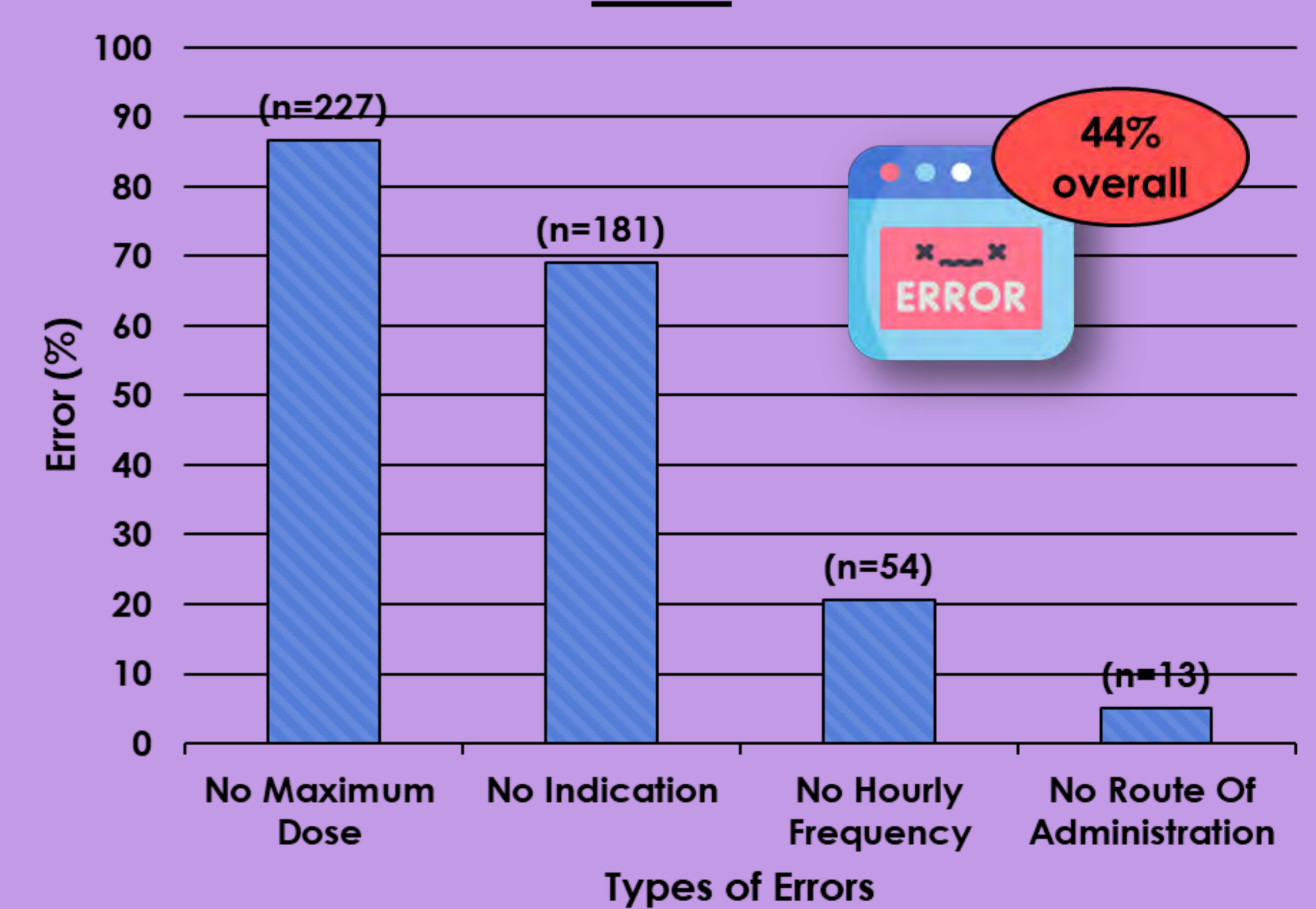
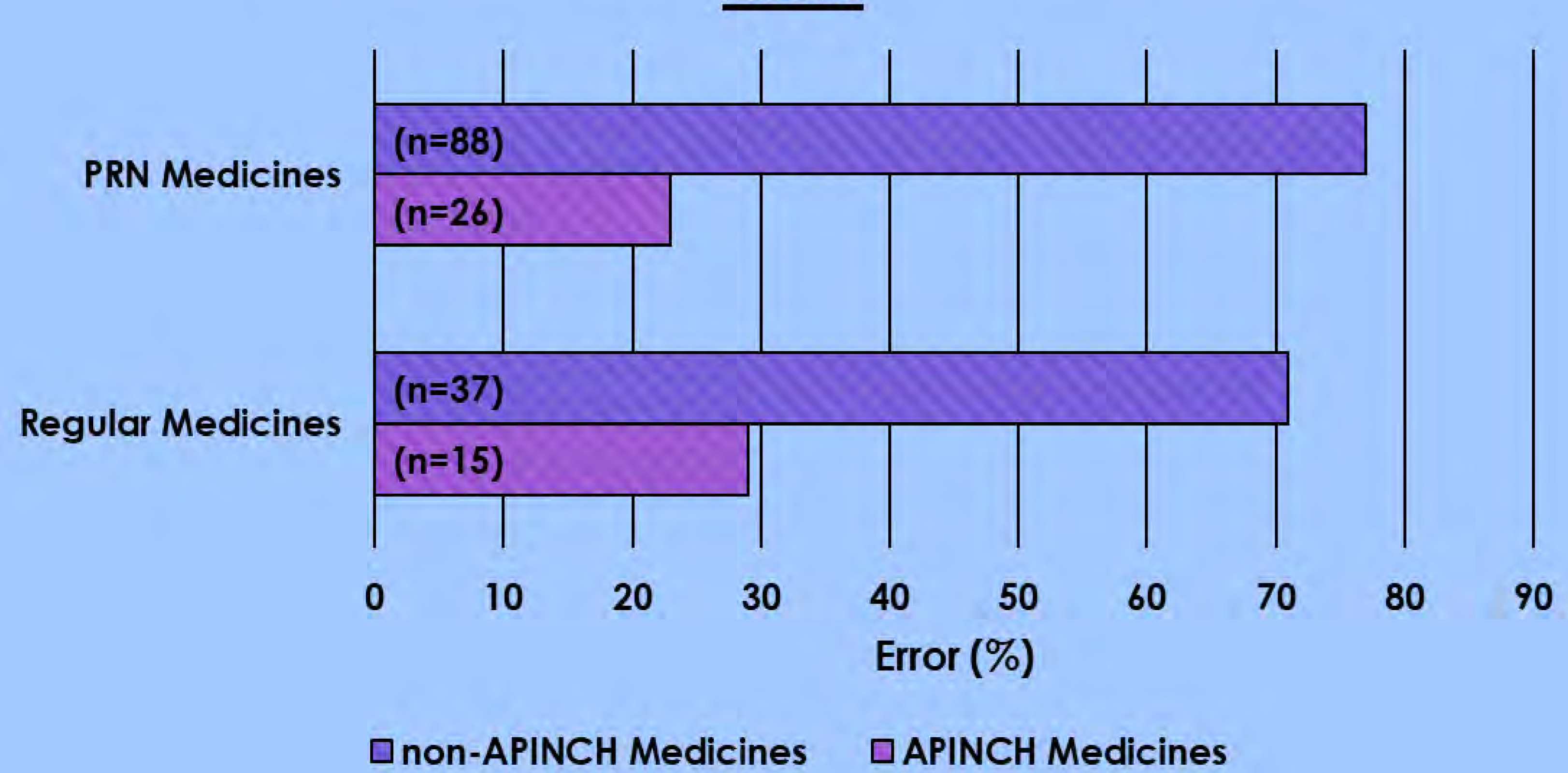


Figure 1: APINCH vs. non-APINCH Medicine Errors



Conclusion

- Accurate and complete IMARs are critical for the safe care transition between hospital and RACF. Pharmacist generated IMARs yielded a very low error rate for regular medicine orders. However, there is an opportunity to improve documentation for PRN medicines, particularly inclusion of maximum doses, indication and hourly frequencies.

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