

ACCURACY, COMPLETION AND TIMELINESS OF HOSPITAL DISCHARGE MEDICATION LISTS BY DIFFERENT DISCIPLINES

A RETROSPECTIVE AUDIT

BACKGROUND

- Improving medication safety at transitions of care with a focus on a shared medicines list is one of Australia's key responses to the World Health Organisation (WHO) Global Patient Safety Challenge – *Medication without harm*.
- Accurate discharge medication information that is consistent across sources and provided to patients prior to discharge is important to promote continuity of medication management and minimise the risk of medication-related patient harm.
- Patients discharging from Peninsula Health potentially receive medication lists in three different sources, generated by different disciplines (in addition to a possible physical prescription) and potentially, at different times relative to discharge.

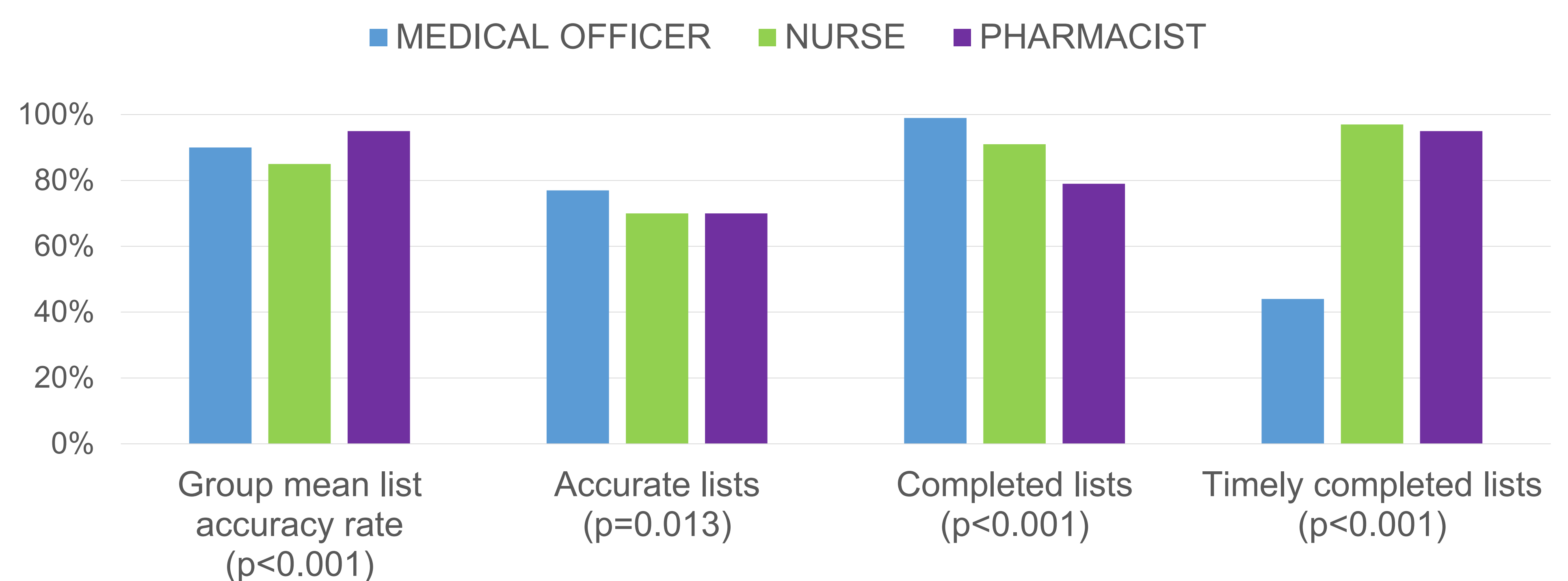
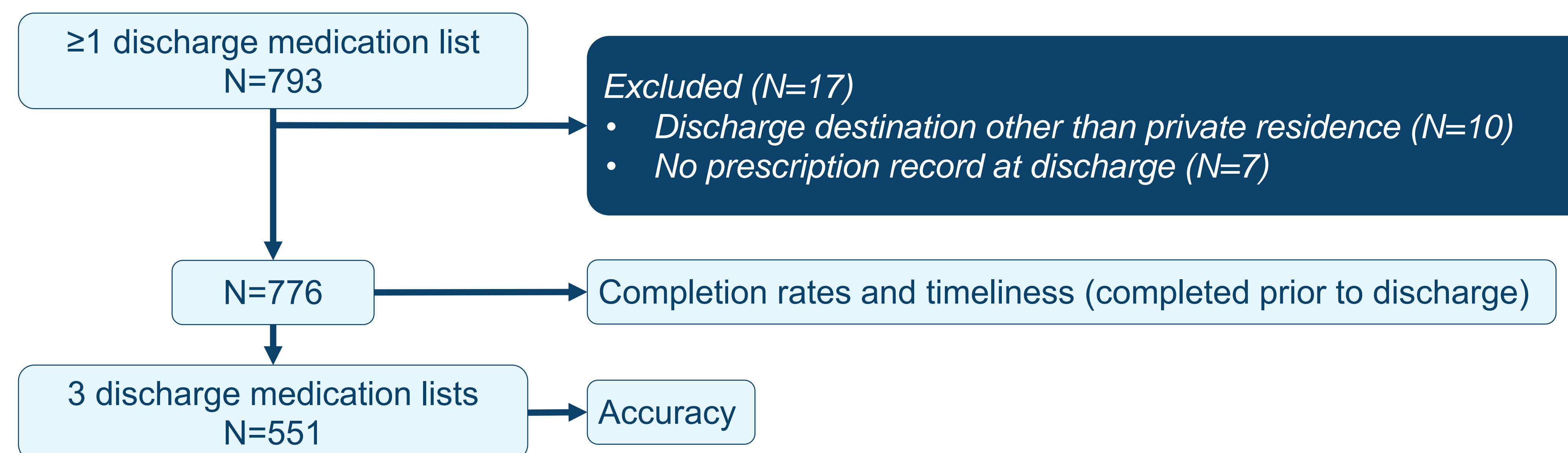
AIM

- To compare the accuracy, completion rates and timeliness of different hospital discharge medication lists generated by medical, nursing and pharmacy disciplines.

METHODS

- Retrospective electronic medical record audit of adult inpatient encounters discharged between 1 January and 28 February 2023 with at least one medication list.
- Discharge medication list accuracy was compared to the discharge prescription (% of correct items) for patients with all 3 lists.
- Statistics comparing:
 - group mean accuracy rates between discharge lists: ANOVA
 - proportions of encounters with accurate discharge medication lists, completed lists and those completed prior to patient discharge time (assessing timeliness): chi-square analysis

RESULTS



- Three accurate discharge medications lists were present in 44% of patient encounters.
- Over 75% of all inaccurate discharge lists involved only one type of inaccuracy; medication omission was by far the most common error type across all lists (55%).
- There was no correlation found between polypharmacy and inaccuracy rates.

DISCUSSION

- The accuracy rate benefits of the pharmacist lists were offset by lower completion rates, possibly related to non-mandatory requirements for completion and reduced service hours compared to their medical and nursing counterparts.
- A lower proportion of pharmacist accurate lists compared to medical officers appears to be influenced by preparation of the lists ahead of discharge time for patients discharging outside of pharmacy service hours. Prescriptions may be altered post pharmacist contact.
- Medical and nursing list accuracy rates may be skewed by the audit timeframe during high intake of recruitment when staff would likely be less familiar with the discharge medication list electronic workflows.
- Pharmacist and nursing lists have an important role ensuring transfer of medication information on discharge, especially with the former shared through My Health Record, in context of delayed medical lists within discharge summaries.
- Inconsistency of information between different discipline discharge medication lists was common and can contribute to medication-related errors and patient harm on transition of care. Increasing pharmacist service delivery to ensure accurate and timely discharge medication lists supports Australia's response to the WHO Global Patient Safety *Medication without harm* Challenge.

REFERENCES

- Australian Commission on Safety and Quality in Health Care, Medication without harm – WHO Global Patient Safety Challenge. Australia's response (2020)
- Australian Commission on Safety and Quality in Health Care, National Safety and Quality Health Service Standards guide for hospitals (2017)
- Department of Health and Aged Care, Guiding Principles to Achieve Continuity in Medication Management (2022)

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