Pharmacist Led Discharge Summary Audit

RESEARCH WEEK
5-9 OCTOBER 2020
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Heading

Background

Poor medication management after discharge from hospital increases the risk of unplanned hospital readmissions by 28% within 30 days of discharge. At the point of discharge one in five changes made to a patients medicine regimen during hospital admission are not explained in the discharge summary and three in five hospital discharge summaries contain at least one medicine error.

Aim

To investigate the proportion of discharge summaries with incorrect medicine lists when compared to the discharge prescription checked by a pharmacist

Method

Retrospective audit of discharge summaries for patients discharged from metropolitan hospital over a two-week period from September 1st 2018 to September 14th 2018. Documented discharge medicines in the '*Medications (medications stopped, started or modified)*' section of the discharge summary were compared to the discharge prescription checked by a pharmacist and discrepancies documented in the audit tool.

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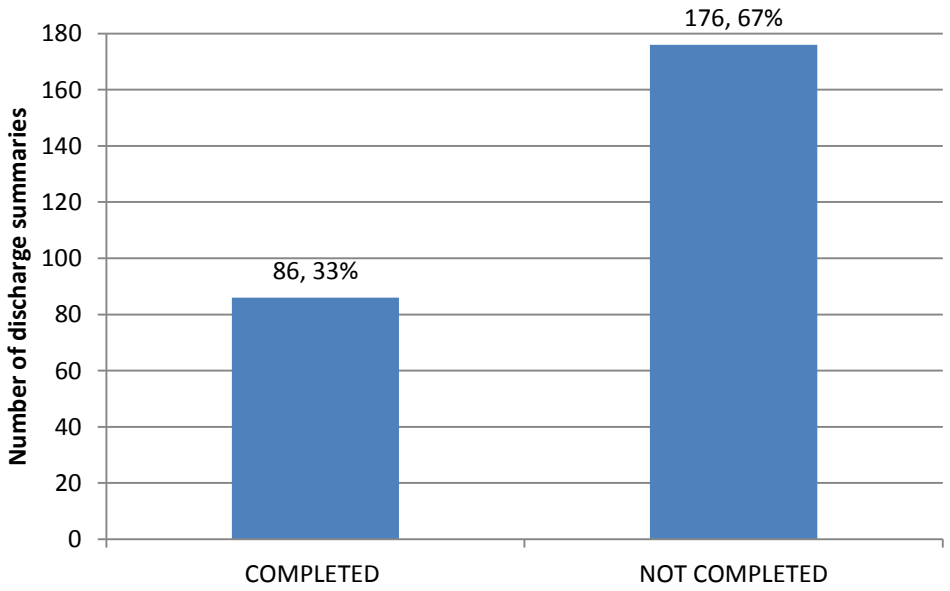
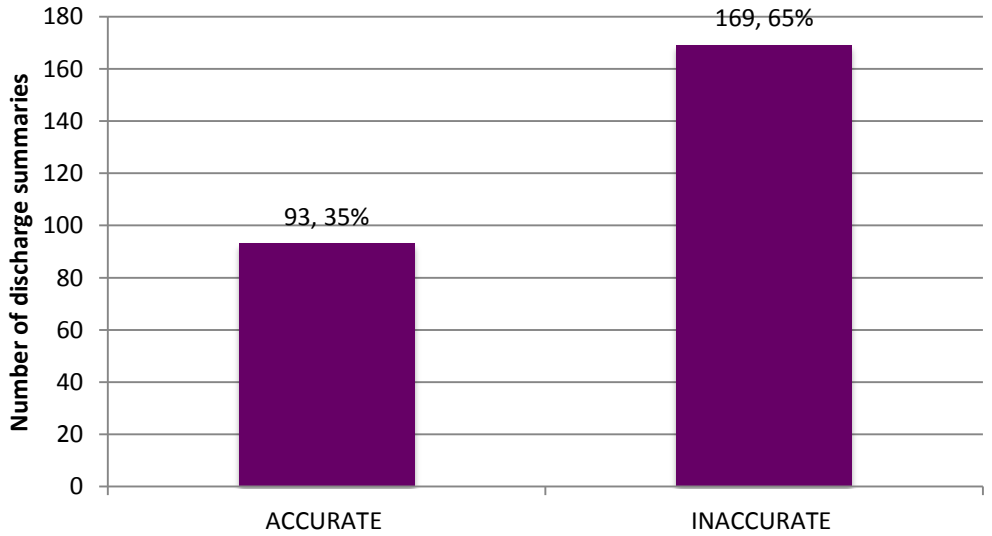
Results

Documentation in the section '*medication stopped, started, modified*'



All fields for medicine documentation were incomplete in the discharge summary.

Accuracy of documentation in *'medication stopped, started, modified'* in discharge summary compared to checked discharge prescription



Documented medicine changes in the discharge summary compared to checked discharge prescription.

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Discussion

Our results obtained in this audit are in line with those identified in recent studies in Victoria and abroad. Although, our audit found all discharge summaries correctly answered the question *'Medications stopped, started or modified'* where the prescriber acknowledged a change had occurred to patient's medicines, a significant proportion of discharge summaries had incomplete and inaccurate documentation of the discharge medicines compared to the checked discharge prescription by the pharmacist. A similar study conducted by a large tertiary Melbourne Hospital in 2017 demonstrated two thirds (61.5%) of discharge summaries completed by a medical doctor contained at least one medicine error, most commonly an omission of a medicine or incorrect dosing frequencies, which are similar findings to our audit. Limitations of this audit include the exclusion of prescriptions not checked by the pharmacist therefore, these results may be underestimating the amount of discharge summaries containing errors.

Conclusion

A large proportion of discharge summaries contained incomplete and inaccurate documentation of patient's discharge medicines. Accurate documentation of patient's medicine regimen on discharge is vital to ensure appropriate medication management in the primary healthcare setting, to reduce the risk of polypharmacy and avoidable readmission to hospital. Pharmacist documentation of the medicine regimen in the discharge summary has been shown to reduce error rate and could be considered to expand the role of the pharmacist.

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