

Once-off and forgotten? Assessing communication of inpatient medication therapy to general practitioners on discharge

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Introduction

To ensure that patients achieve continuity of care when they transition from hospital back into the community, all relevant medication management information must be communicated between the patient's hospital and community healthcare providers.

Aim

To investigate whether general practitioners (GPs) are routinely provided with information about once-off or intermittent administration of iron infusions, denosumab and zoledronic acid to hospital inpatients.

Method

Pharmacy dispensing software data was used to identify inpatients across 5 sites within a 1,816 bed hospital network administered either iron polymaltose, denosumab, and zoledronic acid between February and April 2017 and ferric carboxymaltose in April 2017. Scanned medical records were used to assess the quality of information communicated to GPs; namely whether the medication generic or trade name and dose administered was documented in the medical discharge summary (MDS) and pharmacy prepared discharge medication list (DML).

Results

A total of 627 dispensing records were identified (271 ferric carboxymaltose, 143 iron polymaltose, 50 denosumab and 163 zoledronic acid). Within the 420 available MDS, medication name was documented in 45.5% (191) and dose administered in 31.7% (133). Within the 184 pharmacy DML available, medication name was documented in 27.7% (51) and dose administered in 24.5% (45). The comparison of documentation between doctors on the MDS and pharmacists on the DML is illustrated in Figure 1 for medication name and Figure 2 for medication dose.

Non-specific documentation of iron therapy by prescribers as "iron infusion" was identified in 47.2% of iron polymaltose and 26.3% of ferric carboxymaltose records. Iron polymaltose was the least likely medication to be documented by pharmacists within the DML, with only 2 (2.2%) of 91 available records having the medication name and dose listed.

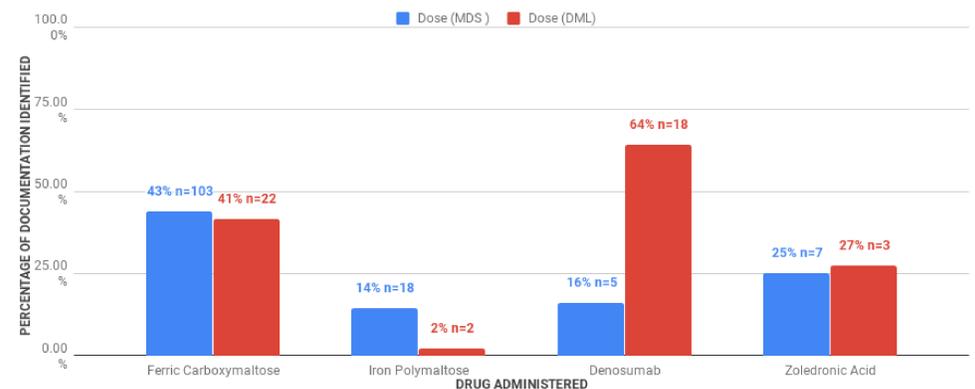
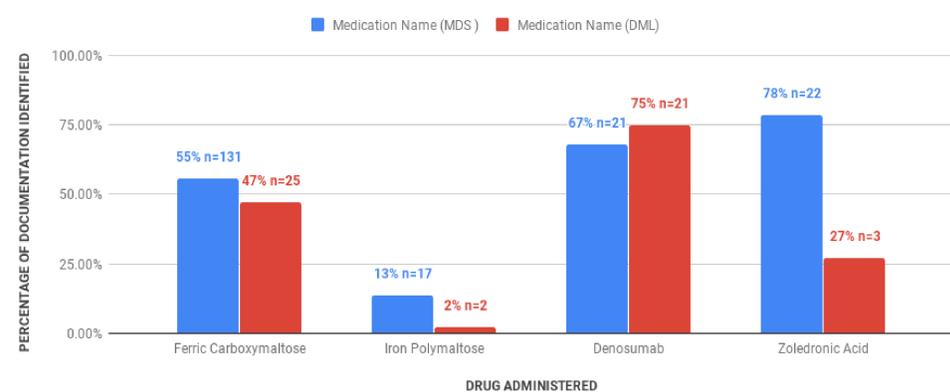


Figure 2. Documentation of medication dose in MDS and DML by medication

Discussion

The results of this study identified that our health service did not have robust policies and procedures in place to ensure that information about once-off or intermittent administration of iron infusions, denosumab and zoledronic acid are communicated to our patient's GPs on discharge.

Prescribing of once-off medications occur at varying time points in the patient's inpatient stay, and our results indicated that doses administered earlier in their hospital stay were more likely to be omitted from the discharge information compared to those administered on the day of discharge.

It is important to note that documentation of once-off or intermittent medications administered for inpatients should not be limited to only the medications audited in this study. Other examples may include vaccinations received during the inpatient stay, such as the influenza vaccine.

To drive improvement in the identified gap in practice, the Clinical Pharmacy Services Continuous Quality Improvement Committee introduced a procedure for pharmacists to document information about relevant once-off and intermittent medications identified. During daily clinical review, pharmacists are to include in the "Special Instructions for Discharge" section of the Medication Management Plan (Figure 3), the details of intermittent or once-off medicines that were administered. Pharmacists refer back to this information at the time of screening the patient's discharge prescription to ensure that this information is communicated to the patient's GP via the DML. This gap in practice is also listed in the Pharmacy Departments Risk Register and a re-audit is planned to review whether there has been improvement in this area.

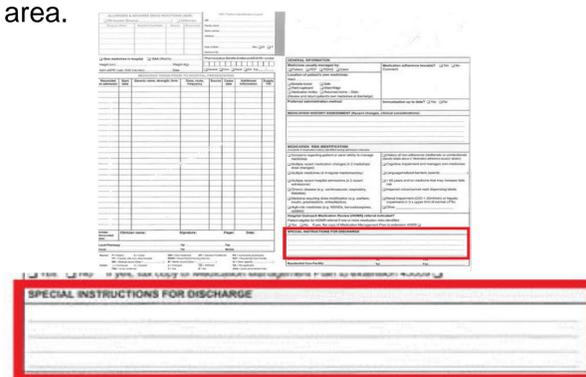


Figure 3. Special Instructions for discharge section in Medication Management Plan

Conclusion

Pharmacists play a pivotal role in communicating accurate and important information to GPs. This study demonstrates improvement of communication to GPs is required from hospital doctors and pharmacists for administration of once-off or intermittent medicines administered to inpatients.

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