

5.3 Percentage of discharge summaries that include medication therapy changes and explanations for changes

Purpose

This indicator assesses the effectiveness of processes intended to ensure that patients and their caregivers receive adequate information for safe and effective medication management after discharge.

Background and evidence

Communicating medicines information is one of the Australian Pharmaceutical Advisory Council Guiding Principles to Achieve Continuity in Medication Management.¹ This indicator provides a measure of compliance with these guidelines.

Key definitions

Medication therapy changes refers to changes to the patient's pre-admission medication regimen that are intended to continue after discharge. Changes may include:

- initiation of a new medicine
- change in the dose, form, route or frequency of a medicine taken prior to admission
- cessation of a medicine taken prior to admission
- recommencement of a medicine that was intentionally withheld prior to admission

If there are no changes to the patient's pre-admission medication regimen as a result of hospital admission, this should be explicitly documented.

Explanations for changes should include sufficient detail to inform future management decisions and should be explicitly documented in the discharge summary or discharge letter.

Data collection for local use

Please refer to the section *Using the National Quality Use of Medicines Indicators for Australian Hospitals* for guidance on sample selection, sample size, measurement frequency and other considerations.

Inclusion criteria: Adult, paediatric and neonatal patients discharged from hospital.

Exclusion criteria: Nil.

Recommended data sources: Medical records, medication charts, medication management plans or reconciliation forms,² discharge summaries and discharge prescriptions. Differences between admission and discharge medicines should be assumed to represent medicine therapy changes.

The data collection tool for QUM Indicator 5.3 assists data collection and indicator calculation.

Data collection for inter-hospital comparison

This indicator may be suitable for inter-hospital comparison. In this case, definitions, sampling methods and guidelines for audit and reporting need to be agreed in advance in consultation with the coordinating agency.

Indicator calculation

$$\frac{\text{Numerator}}{\text{Denominator}} \times 100\%$$

Numerator = Number of discharge summaries that include medication therapy changes and explanations for changes

Denominator = Number of discharge summaries in sample

Limitations and interpretation

The discharge summary should also document details for each medicine such as medicine name, dose and frequency, indications for use, intended duration or review period and sufficient additional information to ensure clear and unambiguous communication about the intended medication management plan to primary care clinicians and the patient or carer. Although equally important, these additional details are not audited in this indicator.

Documenting reasons for all medication therapy changes is facilitated by a process of medication reconciliation at discharge. This in turn is dependent on having an accurate medication history and list of current medicines at admission. It may be useful to collect this indicator concurrently with:

- *Indicator 3.1: Percentage of patients whose current medicines are documented and reconciled at admission*
- *Indicator 5.8: Percentage of patients whose discharge summaries contain a current, accurate and comprehensive list of medicines*
- *Indicator 5.9: Percentage of patients who receive a current, accurate and comprehensive medication list at the time of hospital discharge.*

Further information

Medication Safety Self Assessment for Australian Hospitals³ (MSSA) can help identify potential strategies for improvement with this and other indicators. MSSA encourages development of robust systems for safe prescribing, dispensing, administration and monitoring of medicines. MSSA is available at www.cec.health.nsw.gov.au

This indicator can be used to assist hospitals in meeting the National Safety and Quality Health Service Standard 1 [items 1.2.1, 1.2.2, 1.5.2, 1.6.1, 1.6.2], Standard 4 [items 4.1.2, 4.2.2, 4.5.1, 4.5.2, 4.8.1, 4.12.1, 4.12.3, 4.12.4] and Standard 6 [items 6.1.1, 6.2.1, 6.3.1, 6.4.1, 6.5.1].⁴

References

1. Guiding Principles to Achieve Continuity in Medication Management. Australian Pharmaceutical Advisory Council, 2005
2. National Medication Management Plan User Guide. Australian Commission on Safety and Quality in Healthcare, 2013.
3. Medication Safety Self Assessment for Australian Hospitals: Institute for Safe Medication Practices USA (Adapted for Australian use by NSW Therapeutic Advisory Group and the Clinical Excellence Commission), 2007.
4. Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards. Sydney, ACSQHC, 2012.