

EXPLORING THE VALUE OF PATIENT'S OWN MEDICATIONS AS AN INFORMATION SOURCE FOR COMPLETING MEDICATION HISTORIES.

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Background:

Patients Own Medications (POMs) have historically been a valuable source of information for creating Best Possible Medication Histories (BPMH) and facilitating timely access to medications on admission to hospitals. However, the recent advent of electronic databases such as My Health Record and Electronic Medical Records has noticeably diminished our reliance on POMs.

Aim/Objectives:

To explore the ongoing value of POMs as a source of information for the completion of BPMH and timely access to medications.

Methodology:

Descriptive Retrospective Audit

- 2-week period during December 2021
- Monday – Friday 8:30 am – 5:15 pm
- FIVE acute clinical units



Inclusion criteria:

- Meets ≥ 1 parameter of pre-specified local High Needs Criteria
- Admitted to one of the participating acute units
- Had BPMH completed by ward pharmacist during the study period



Data collection:

Microsoft Excel® spreadsheet data collection tool was developed to capture reporting parameters including:

- Patient demographics
- Data sources to complete BPMH
- Specifics of POMs (e.g. # of POMs brought)
- Availability of medications in hospital

Information was obtained manually via EMR, local medication location guide and Merlin dispensing software.

Results:

Primary Outcome: POMs as information source for completion of BPMH.

- Accurate BPMHs were constructed for **64 of the total 74 (86.5%)** audited patients without having to refer to POMs (fig. 1)
- Total of **778** home medications identified amongst 74 patients
- **14 of 778** medications unavailable from alternate information sources (fig. 2)
- **42 of 74 (56.8%)** patients brought in POMs → **37 of 42 (88.1%)** patients had at least one discrepancy with their POMs (fig. 3)

Secondary Outcome: POMs as a tool for timely medication administration.

- **650 (83.5%)** medications immediately available within the hospital (from ward imprests or afterhours cupboard) and the remaining 16.5% were available from the hospital pharmacy

Fig 1. Usefulness of POMs for the completion of BPMH

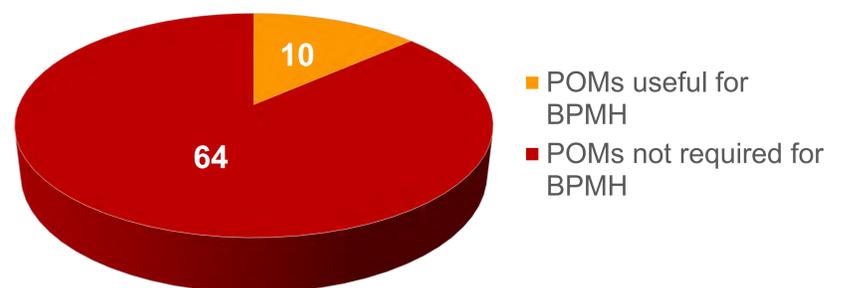
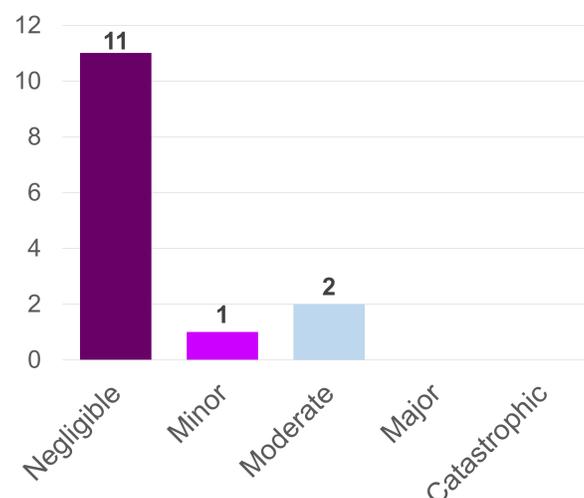
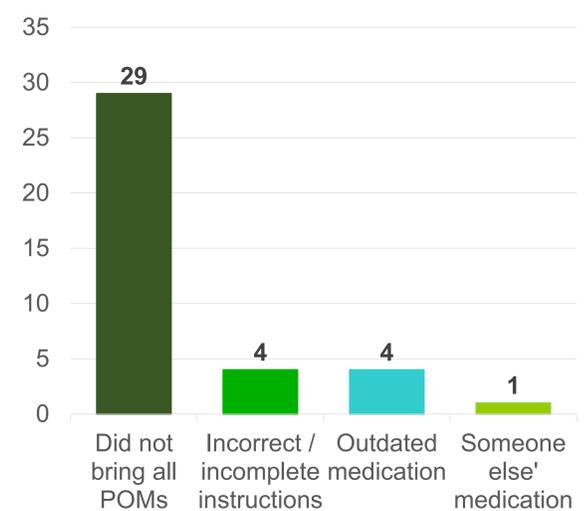


Fig 2. 14 medications were unavailable from alternate sources*



*Assessments were conducted using a validated consequence & probability matrix¹.

Fig 3. Types of POM-related issues



Discussion:

- Only half of all patients brought their home medications to hospital on admission, and often they were not needed to complete the BPMH.
- Additionally, the abundance of discrepancies amongst POMs introduces potential for prescribing errors and omissions.
- Expanding the scope of this study to investigate POM-related incidents, as well as exploring patients' & clinicians' perceptions of POMs will be valuable to ultimately reconsider the need to bring POMs to hospital in the present-day.

References:

1. Pascarella G, Rossi M, Montella E, et al. Risk Analysis in Healthcare Organizations: Methodological Framework and Critical Variables. *Risk Manag Healthc Policy*. 2021;14:2897-2911. Published 2021 Jul 8. doi:10.2147/RMHP.S309098