Exploring pharmacists' perspectives on preparing Discharge Medication Records: a mixed-methods study

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Discharge Medication Records (DMRs) are critical tools for communicating medicine changes to patients and primary care providers, leading to reduced risk of medication-related harm[1,2]. Despite this, data shows that approximately 60% of patients discharged from inpatient units of two tertiary hospitals do not receive a DMR prepared by a pharmacist. A need was identified to explore and identify the key barriers and facilitators that impact on pharmacists' ability to prepare DMRs and patient discharges.

Aim/Objective: To explore pharmacists' opinions and experiences regarding use of technology to generate DMRs, increased utilisation of pharmacy assistants, and barriers and facilitators impacting their ability to prepare patient discharges.

Method: A mixed methodology utilising both semi-structured interviews and an online questionnaire was chosen.

Interview participants were purposively selected to ensure a mix of experience levels. The questionnaire was distributed to all pharmacists who met the inclusion criteria at the time of the study.

Results: 15 pharmacists were interviewed before saturation was reached. A response rate of 42% (34/81) was achieved for the online questionnaire. Thematic analysis revealed four key interlinked themes as shown in Figure 1.

Pharmacists reported that **good communication** between themselves and other clinicians, including the presence of a discharge nurse on the inpatient unit, made discharges **more efficient**, and suggested to increase pharmacists' involvement in performing discharge reconciliation within the electronic medical record system.

Pharmacists identified staff workloads, poor medical record software integration and lack of advance notice as **key barriers** to efficient discharges. It was noted that **time-pressures** often lead to an increased risk of data-entry errors.

Pharmacists feel it is **time-consuming** *to generate DMRs using current electronic health software but do like the layout of current DMRs.*
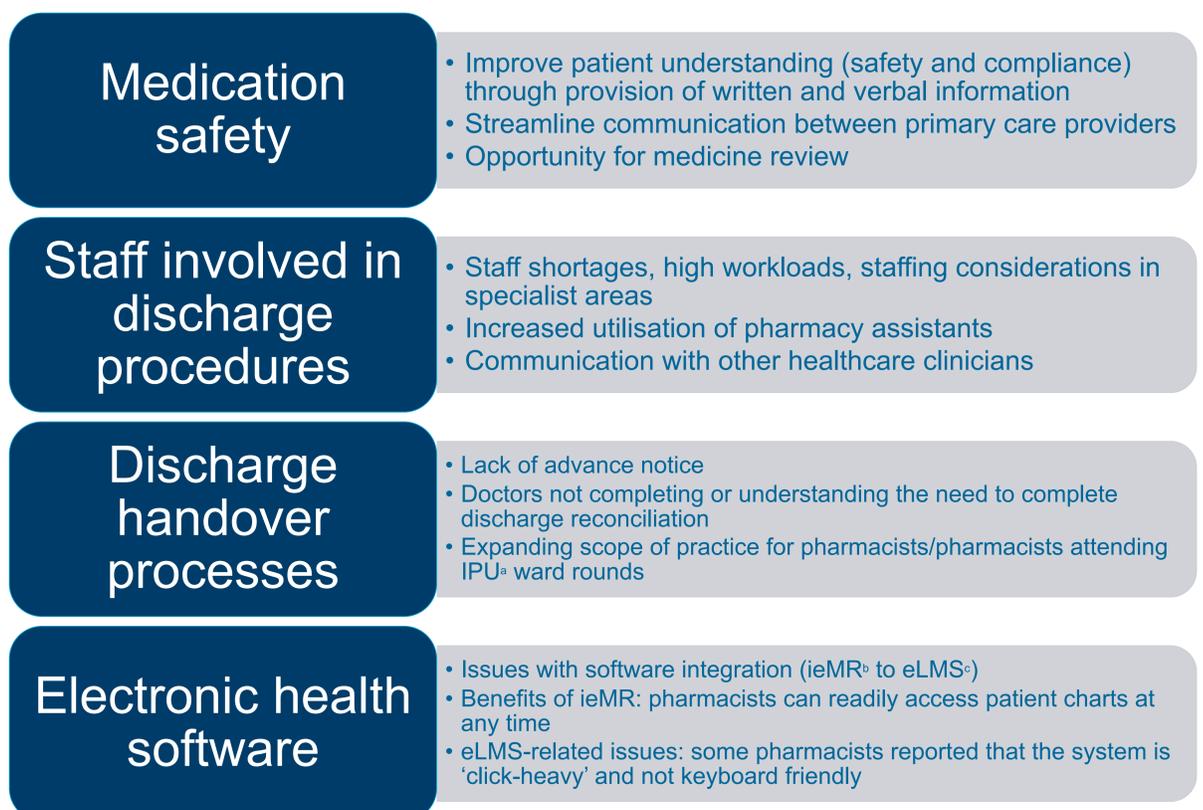

Figure 1 – Summary of key themes and subthemes from qualitative analysis

Pharmacy assistants would **make it easier** *to complete discharges, but formal training is required for optimal workflow.*

Discussion: Poor integration between medical software systems negatively impacts pharmacists' ability to complete DMRs. Pharmacists require advance notice of upcoming discharges to effectively prioritise high workloads, while increased utilisation of trained pharmacy assistants may result in better discharge workflows.

Expanding the pharmacist scope of practice to complete medication reconciliation in ward rounds may help reduce prescribing errors by junior doctors however care must be taken to ensure junior doctors can still perform this skill independently outside of pharmacy working hours.

References

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[a]IPU = inpatient unit
[b]ieMR = integrated electronic Medical Record
[c]eLMS = enterprise-wide Liaison Medication System

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