Qualities of effective discharge medication communication from hospital to general practice: a quantitative analysis

Background

Communication at transitions of patient care between hospital discharge and community is an area of high-risk to patient safety.

Methods

Measures of discharge summary quality; timeliness, completeness and medication information were assessed via a quantitative analysis on 232 discharge encounters.

Results

❖ The median time to discharge summary completion was 1 day (range -5 to 126 days)
❖ Overall, 22% of discharge summaries were not complete within 30 days of discharge. 44.5% of discharge summaries were not complete within 30 days of discharge if the day of discharge was on a weekend compared to weekday (p-value=0.001).
❖ Only 56.9% of patients had a GP discharge summary that listed discharge medications.
❖ Rates of medication reconciliation were complete at approximately 35% at each point of the patient stay.
❖ If medication reconciliation steps were completed i.e. Home Medications recorded in ieMR, Discharge Reconciliation in ieMR, and Patient Discharge Medication Record by he pharmacist, then the “Medications on Discharge” was more likely to be present in the discharge summary, at rates of 70.1%, 85.9%, and 98.6% respectively (p-value=0.007, <0.001, <0.001).
❖ Conversely, these medication reconciliation steps not being completed drops the rate of having medications listed in the discharge summary to 50.0%, 40.3% and 34.1% respectively (p-value=0.007, <0.001, <0.001).

Conclusions

❖ This study demonstrated that the current state of discharge information going from hospital to community requires significant improvement.
❖ This study demonstrated the significant value of correct use of electronic programs including performing all crucial steps of medication reconciliation.
❖ Targeted interventions in future studies that address the shortfalls in discharge communication are warranted, thereby improving continuity of care at point of discharge, and improving patient outcomes.

Aims

The aim of this study was to assess the quality of effective discharge communication from a tertiary hospital that uses a complete electronic medical record, integrated electronic medical record (ieMR).