

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

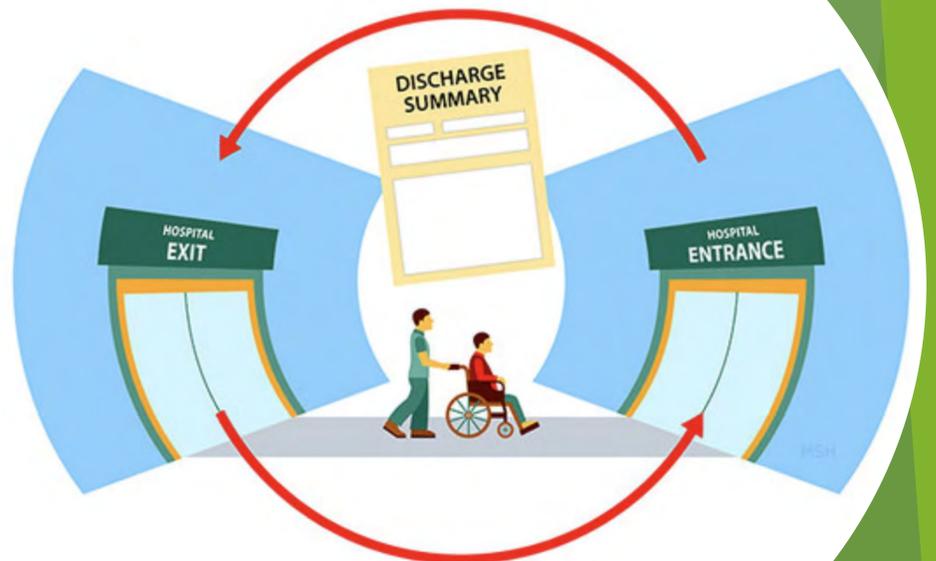
Measures of discharge summary quality; timeliness, completeness and medication information were assessed via a quantitative analysis on 232 discharge encounters.

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 the 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).

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).



	(n)	% (n)	p-value	Odds ratio OR (95%CI)	Discharge summary not completed within 30 days	Discharge Summary not completed within 90 days	Odds ratio OR (95%CI)
Discharge on a weekday	198	18.2% (36)	0.001	3.553 (1.649-7.652)	14.6% (29)	0.001	3.608 (1.627-7.997)
Discharge on a weekend	34	44.5% (15)			38.2% (13)		

Table 1: Weekend compared to weekday discharge and discharge summary completion

	%	“Medications on Discharge” Listed in Discharge Summary	p-value
Home medications RECORDED on admission (ieMR)	34.4%	70.1%	0.007
Home medications NOT RECORDED on admission (ieMR)	65.7%	50.0%	
Dr COMPLETED discharge medication reconciliation (ieMR)	36.4%	85.9%	<0.001
Dr DID NOT COMPLETE discharge medication reconciliation (ieMR)	63.6%	40.3%	
Pharmacist COMPLETED Discharge Medication record	35.4%	98.6%	<0.001
Pharmacist DID NOT COMPLETE Discharge Medication record	64.6%	34.1%	

Table 2: Rates of medication reconciliation, and whether this impacts medications on discharge listed in the discharge summary

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.