Ascension St. Vincent Research Symposium

Ascension Rx

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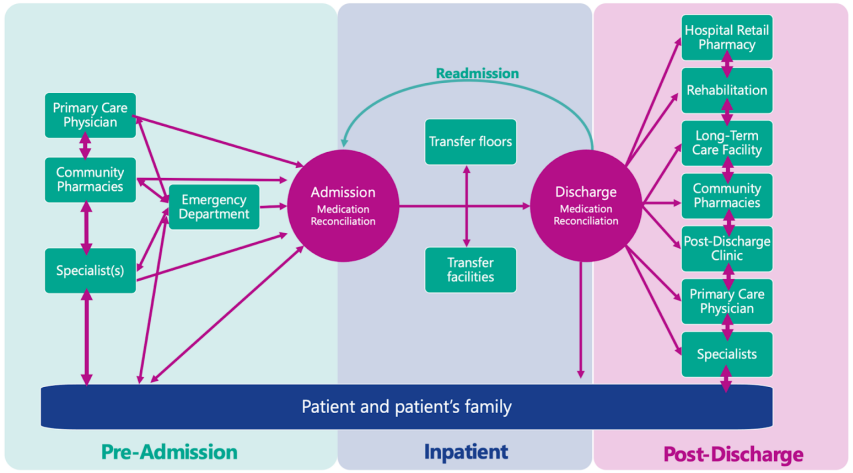
The authors have no conflict of interest.

Medication discrepancies during transitions of care

Background:

- Medications are a known patient safety risk and medication discrepancies between regimens occur between care sites
- Pharmacists have an expanding role in reducing medication discrepancies with interventions to impact patient safety and hospital reimbursement



Methods:

Objectives

Primary objective:

Identify when errors are most frequently occurring between medication lists from outpatient pre-admission visit through hospital admission & discharge to outpatient follow-up after discharge

Secondary objectives:

- Identify types of errors most common at different points in care
- Categorize by dosage form & prescription versus over-the-counter
- Identify medications from the Institute of Safe Medical Practices (ISMP) High-Alert lists from community and institutional settings

Inclusion Criteria

Patients 18 years & older

Prescriptions filled through Ascension St. Vincent Retail Pharmacy's Meds to Beds program from September 1, 2019 to August 31, 2020

Exclusion Criteria

Patients lacking an outpatient visit at an Ascension St. Vincent site within 1 year before hospital admission

Patients lacking an outpatient visit 30 days after hospital discharge

Patients discharged to a skilled nursing facility, rehabilitation center, institutionalized group home, or jail

Results:

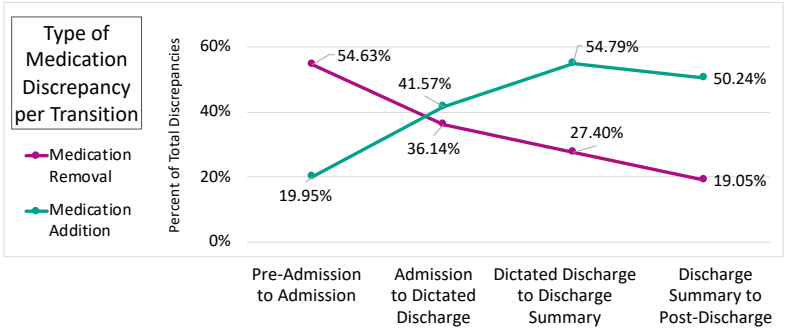
Demographics of Included Patients

- 55% female and 45% male
- Age range 23-99 years with a median of 55 years and 25%-75% IQR 44-68.5 years

Primary Outcome

Patients n=58	Total Discrepancies	Median (25%-75% IQR) per patient	Range per patient
Pre-Admission to Admission	421	6 (4-10)	0-26
Admission to Dictated Discharge	166	2 (0-4)	0-13
Dictated Discharge to Discharge Summary	73	0 (0-2)	0-7
Discharge Summary to Post-Discharge	420	5 (3-10)	0-30

Secondary Outcome



Discussion:

- Although discrepancies occur at every transitions of care, more occurred when transitioning between inpatient and outpatient care
- Discrepancies between the dictated discharge and discharge summary notes were lowest in frequency but a higher proportion involved high-risk medications
- Results showed that between outpatient and inpatient medical records, it was common for medications to be unintentionally left off the admission medication list or unintentionally left on the post-discharge medication list

Conclusions:

- Further research is needed to understand the clinical significance and contributing factors of these discrepancies
- Quality improvement analysis will be used to identify potential root causes and solutions at different points
- Determine if transitions of care process improves when pharmacy team is intentionally integrated