Service Priorities and Programmes

Electronic Presentations

Convention ID: 141
Submitting author: Dr Maria SINN
Post title: Associate Consultant, Tseung Kwan O Hospital, KEC

Medication Reconciliation on Discharge in Medical Wards at a Regional Hospital in Hong Kong

Sinn TT(1) , Wong PY (1), Ngai KY(1) , Ng YY (1), Yuen YC (1) , Jimmy C(1) , Mak CK (2)
(1) Medical department, Tseung Kwan O Hospital (2) Pharmacy , Tseung Kwan O Hospital

Keywords:
medication reconciliation
on discharge
medical wards

Introduction

It is mandatory in our medical department, since April 2012, that doctors have to reconcile all the medication the patient currently taking, ie including those not prescribed from our department, into the medication list at the discharge summary. In order to further improve medication safety, a chop, stating any alternation in medication including those which has dose changed, newly added and deleted, has been introduced since February 2013. The information of the chop should be filled out by doctors. It should be chopped in the patient copy of discharge summary. The chopped patient copy was stapled with the prescription and when the patient went to the pharmacy for medication, pharmacists would explain to the patients once more about any alternation in medication according to the information of the chop.

Objectives

This study was to find out the compliance of our doctors in the above measures of medication reconciliation on discharge. At the same time, our nurses and pharmacists would check the understanding and satisfaction of the patients on the explanation given by nurses, doctors and pharmacists during the study period. The study also looked into the quality of discharge summary whether any alternation in discharge medication was mentioned and explained.

Methodology

The study was done between 7 and 13 October 2013 and it studied all the discharge patients in our six general medical wards. For all those discharge with alternation in medication, a questionnaire was filled up by the nurses and pharmacists to check the patient's understanding and satisfaction on the explanation given. Patient copies of discharge summary were photocopied for analysis of compliance on the use of the chop.

Result

There were 267 discharges during the study period. Most of them were elderly and

they mostly did not bring their long term medication during hospitalization. Doctor’s compliance on the Drug Alternation Chop was only around 60%. Patient satisfaction on nurse’s and pharmacist’s explanation was higher than on doctor’s. Concerning the quality of discharge summary, most of them stated the change in discharge medication. Medication reconciliation on discharge medication list was done in 96 % of the discharges.