Pilot Survey Assessing The Effectiveness of Communication Of Medication Changes On Patients Admitted To An Acute Medical Unit To Primary Care Using The Electronic Discharge Letter (EDL)

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Background: The Electronic Discharge Letter (EDL) is the document that is used to communicate clinical information to primary care concerning all admissions to acute medical unit. Anecdotally we have become aware that medication changes, both those commenced and discontinued during an inpatient stay, were not being appropriately communicated back to general practitioners / primary care. This has the potential that drugs actively stopped in hospital as a result of significant adverse drug reaction leading to hospital admission may be restarted by the GP. Examples of this would be bradycardia associated collapse due to the use of a beta-blocker or gastro-intestinal haemorrhage secondary to NSAIDs use. Additionally, medication started during an in-patient stay may not be added to the patient’s repeat prescription in primary care, for example ACE inhibitors for heart failure. This pilot survey reports the effectiveness and completeness of changes to medication on our EDL.

Methods: A total of 47 admissions over a 3 day period were included in the audit. Medications on admission as recorded by the ED/GIM clerking and pharmacy medicine reconciliation were documented initially. The EDLs for these patients were subsequently reviewed following discharge from hospital and the discharge drug history on the EDL noted. In cases were medications were commenced or discontinued during the inpatient stay, the information on the EDL was reviewed to determine whether the reasons for these changes were communicated to the GP.

Results:

Medication commenced: 38 (80.9%) patients had one or more additional medications on their EDL. Of these, the reasons for their commencement was recorded on the EDL for all new medications in 18 (47.4%) patients, for some new medications in 17 (44.7%) and information was provided for none of the medications in 3 (7.9%).

Medication discontinued: 24 (80.9%) patients had one or more medications discontinued during their inpatient stay. Of these, the reasons for discontinuation of these medications was recorded on the EDL for all discontinued medications in 8 (33.3%) patients, for some discontinued medications in 4 (16.7%) and information was provided for none of the medications in 12 (50.0%).

Conclusions:

This pilot survey has shown that information provided to primary care about changes in medications during an inpatient stay in general medicine appears to be suboptimal. In particular, the information provided on reason(s) for discontinuation of medications is poor. This is important as GPs may assume that a missing medication on the EDL is an oversight and not the result of an active process to discontinue the medication, and therefore re-prescribe this on future repeat prescriptions. The results of this pilot have been used to inform changes to our EDL drug documentation to improve communication with primary care.