A retrospective analysis of Structured Medication Reviews within primary care to assess the quality of information contained within discharge summaries

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Background

- The Structured Medication Review (SMR) and Medication Optimisation Service highlights patients who should be prioritised for an SMR. These include patients in care homes, with polypharmacy (10 or more medicines), taking medications associated with errors, patients with severe frailty and those taking addictive pain medicines[1].
- Transition of care across sectors is a known area of medication risk and intervention at this point can reduce medicines related harm[2,3]. In hospital, clinical review of medicines akin to the SMR requirements are undertaken. If all medication review activity started during the inpatient stay was communicated to general practice, this could avoid duplication and enable seamless care.

Objectives

- The objective of this project was to establish which of the SMR requirements carried out within an inpatient setting were clearly communicated to primary care within standard discharge communications.

Methods

- A search was performed on a single general medical practice clinical IT system to identify patients who were discharged from hospital and then received a subsequent SMR by a clinical pharmacist within 6 months. This search was carried out on 02/12/2020.
- A proforma was created and tested to capture all the components of an SMR.
- The researcher then screened each discharge summary for compliance and communication of these SMR components.
- The project was discussed with the Trust research lead and ethical approval was not required.

Results

16 patients were identified by the clinical search from four NHS Trusts. None of the discharge summaries indicated that a medication review had been carried out during the inpatient stay. However, of the 16 patients, 11 had received medication changes during admission. No discharge summaries stated whether any changes to medicines had been discussed with the patient.

Conclusions

This study demonstrates that despite medication reviews and changes occurring in hospital, there is insufficient communication within the discharge summary and/or accompanying letters to inform which components of an SMR had already been carried out. Despite the limitation of a small sample size within this study, the results included patients discharged from a number of Trusts with similar outcomes. This highlights the need for a system wide approach to improving communication of medication review activity across care sectors to support a seamless and coordinated approach to medication review

References

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Results

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Total number of patients included in study	16
Number of trusts included within the study	4
Number of patients with changes to medications during admission	11
Number of discharge summaries which requested reviews or monitoring of medications post discharge	5
Number of discharge summaries which noted whether changes had been communicated to patients	0

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