MEDICATION DISCREPANCIES AT THE TRANSFER POINT FROM ICU TO WARD: NEED TO BRIDGE SOME GAPS

PS-024

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BACKGROUND

Discharge of patients from the intensive care unit (ICU) to a hospital ward is one of the most high-risk transitions of care. Discrepancies in medication regimens at transfer may lead to medication errors and consequently adverse drug events.

OBJECTIVE

To examine the **prevalence and types of medication discrepancies** during ICU-to-ward transfer.

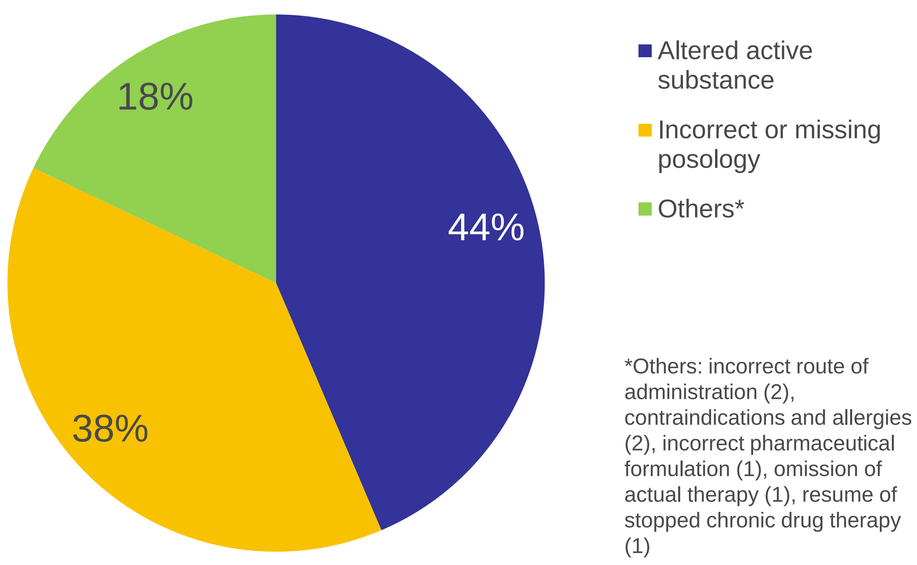
METHODS

- We conducted a **6-week prospective baseline evaluation** (January-February 2014) of medication discrepancies upon ICU-to-ward transfer.
- All adult ICU patients to be discharged from our **18-bed mixed surgical-medical ICU** were eligible for inclusion.
- Medication discrepancies were defined as **changes in drug therapy not documented on the transfer notes**. Discrepancies were identified through assessment and comparison of the actual transfer notes with drug history and drug administration records during ICU stay.
  A classification system was adapted to systematically characterize identified discrepancies[1].

RESULTS

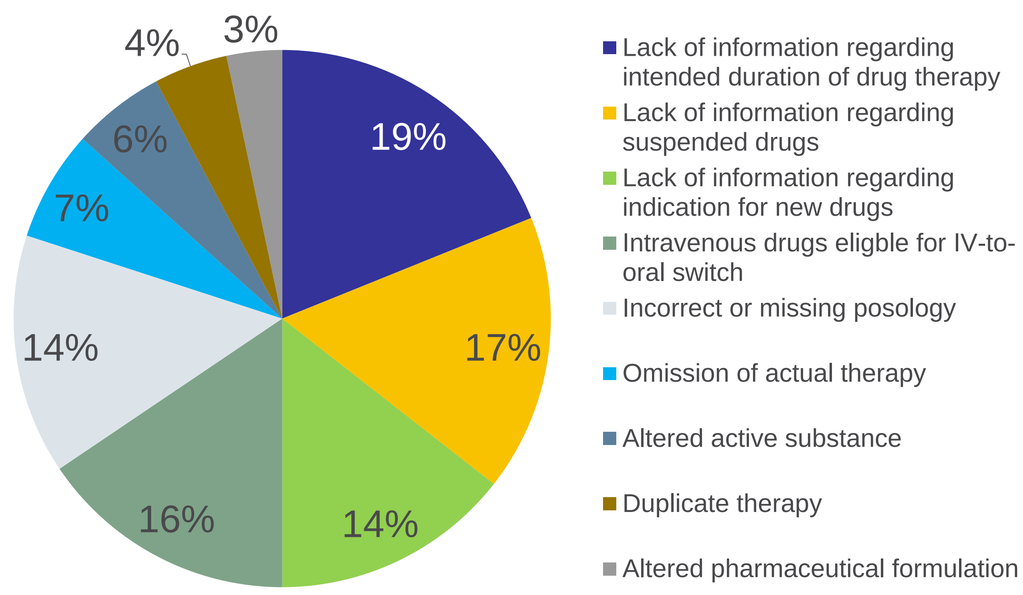
- Transfer notes of **30 patients** (mean age 65,5 years and mean length of stay on ICU 4,1 days) were analyzed.
- More than half of the chronic drug therapy of patients was not mentioned on the transfer notes (61% omitted drugs).
- For the 275 other drugs prescribed on the transfer notes, **129 medication discrepancies** were identified (39 concerning chronic drug therapy, 90 concerning ICU drugs).
- In comparison with the drug history, **altered active substance** (e.g. omeprazole at home switched to pantoprazole in hospital) or posology - without documented reason - occurred most frequently (32/39, 82%).
- Concerning new drugs initiated in the ICU, the most common types of medication discrepancies were **lack of information** regarding intended duration of drug therapy (19%), regarding suspended drugs (17%) and regarding indication for new drugs (14%).

Type of discrepancies concerning chronic drug therapy (%)



*Others: incorrect route of administration (2), contraindications and allergies (2), incorrect pharmaceutical formulation (1), omission of actual therapy (1), resume of stopped chronic drug therapy (1)

Type of discrepancies concerning ICU-drugs (%)



- Anti-secretory drugs, insulin therapy and antimicrobial agents were most commonly involved.
- Of the prescribed ICU-drugs at transfer, 15% of intravenous drugs were eligible for IV-to-oral switch.

CONCLUSIONS

ICU-to-ward transfer is associated with a great burden of medication discrepancies.

Transfer notes specifying reasons for alterations of drug therapy could improve the quality of available drug information at handoff.

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References:
(1) Lee et al. The Annals of Pharmacotherapy 2010;44(12):1887-95