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

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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.

BACKGROUND
Discrepancies in medication regimens at transfer may lead to medication errors and consequently adverse drug events. 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. Discrepencies were identified through assessment and comparison of the actual transfer notes with drug history and drug administration records during ICU stay.

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%).

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.

Type of discrepancies concerning chronic drug therapy (%)

- Altered active substance
- Incorrect or missing posology
- Others*

Type of discrepancies concerning ICU-drugs (%)

- Lack of information regarding intended duration of drug therapy
- Lack of information regarding suspended drugs
- Lack of information regarding indication for new drugs
- Intravenous drugs eligible for IV-to-oral switch
- Incorrect or missing posology
- Omission of actual therapy
- Altered active substance
- Duplicate therapy
- Altered pharmaceutical formulation

*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)

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