



FINAL REPORT

to

**the Pharmaceutical Health
and Rational Use of
Medicines Committee**

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South East Health

Project team members:

Andrea Mant (Chief Investigator)

Wendy Rotem (Project Coordinator)

Linda Kehoe (Research Consultant)

Sylvia Jacobson (Area GP Liaison)

Karen Kaye (NSW Therapeutic Assessment Group Inc.)

Gary Franks (GP QUM Coordinator, St George Division)

Errol Kaplan (GP QUM Coordinator, Eastern Sydney Division)

Phillip Lye (GP QUM Coordinator, Sutherland Division)

David Newman (GP QUM Coordinator, South Eastern Sydney Division)

Ven Tan (GP QUM Coordinator, St George Division)

Contact Address:

A/Prof Andrea Mant
Quality Use of Medicines
Level 5, St Vincents Hospital
376 Victoria Street
Darlinghurst NSW 2010

Tel: 8382 2021

Fax: 8382 2028

a.mant@unsw.edu.au

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Executive summary

1. The Continuity project has achieved its objectives

An audit of continuity of care from the point at which the GP sees the patient has been conducted. 106 GPs audited 203 patients seen following hospitalisation in a SESAHS public hospital on the basis of at risk criteria for medication misadventure (age, polypharmacy and diagnosed medication problem).

Many changes to medications take place during hospitalisation. For 87% of the patients audited changes were made to medications while in hospital. For 72% of patients the list of medications prescribed by the hospital at discharge differed from what the GP understood the patient be taking before hospitalisation. The GPs considered that there was at least one barrier to understanding medications for 33% of patients audited.

Problems arose from the expectations of continuity of care. Most problems were minor in their outcome for the patient although they often took considerable time for the GP to remedy. The hospitals communicated with the doctor indirectly, for the most part via the patient. This unsatisfactory situation for the modern day needs to be remedied.

2. The project has raised the profile of QUM for hospital managers and clinicians and for the Divisions and their participating GPs

- Specific local plans have been made to address QUM continuity of care issues:
 1. Hospitals generally could see that they need to notify the GP of the patients' admission. They preferred to do this for all patients rather than only for those at risk
 2. Mean time for discharge summaries to arrive (usually via the patient) was short but the range was wide. Fax is the most appropriate solution given the current state of technological uptake. although electronic communication is likely to take over in due course.
 3. GPs should take responsibility for having a dedicated fax line.
 4. GPs should take responsibility for giving patients their business card to carry with them in case of unexpected hospital attendance/admission.
 5. Divisions of General Practice should take responsibility for ensuring that the hospital administration has an up-to date list of GP members with appropriate contact details.
 6. On admission, the hospital clerical staff should ensure that the GP is faxed notification, together with the contact details of specialist and registrar and an appropriate reply fax number. The form should request the GP to ensure that medication information is faxed in return.
 7. Hospitals should adopt a revised Discharge Referral Form such as has been tested at St George Hospital. This should include the reasons for changing medication. The new Discharge Referral Form could be made available generally under the auspices of APAC.
- The Area Executive will provide opportunities during the coming year for the hospitals and related Divisions of General Practice to report progress on their

commitments to improving quality use of medicines. Thus the outcomes of the project have been located firmly within the system.

3. Useful data to construct a model to predict reducing the risk of medication-related communication problems

The questionnaire provided two ways of judging whether or not a medication problem occurred. The first was the GPs overall opinion after completing the audit. The second, based on medications before and after admission, used a standard checklist for pharmaceutical care. Multivariate analysis of predictors of whether the GP considered there was a problem showed that absence of notification by the hospital of the patient's admission ($p=.007$) and presence of cognitive impairment as a barrier preventing patient understanding ($p=.019$) were significant. Analysis of predictors of a pharmaceutical care problem also showed that presence of cognitive impairment as a barrier preventing patient understanding ($p=.032$) was significant.

Other predictors of a pharmaceutical care problem were number of medications before admission ($p=.004$) and number of changes to medications when seen by the GP after discharge ($p=.007$), and also age < 65 years ($p=.005$). The last finding is most likely an artefact of the patient selection criteria. In the univariate analysis, language and cultural barriers were significantly associated with both outcome measures ($p=.046$; $p=.043$).

4. The GP QUM Continuity protocol

The project has developed and piloted the QUM Continuity protocol, which has been accredited for Clinical Audit points by the RACGP. The RACGP QA&CE Program provides (for a charge) a list for GPs of available options. The QUM Continuity Clinical Audit protocol should be available to GPs. This should be conducted not by individuals but as part of a Division Hospital Integration Program.

5. Follow up and evaluation of the implementation program

Extension of the project to 30 November 2000 is recommended and could be achieved from within the original budget. The extension would aim:

- to follow up and evaluate the implementation program which the four local settings (hospitals and related Divisions) have now set in motion based on our audit , and
- to submit for publication the findings and the model.

6. Recommendations from evaluation of APAC National Guidelines to Achieve the Continuum of Quality Use of Medicines

- The analysis indicates that in the area of QUM, as is so often the case in other fields, guidelines can achieve endorsement by stakeholders, without necessarily being followed. They act in this respect more as statements of good intent than as prompts to action.
- The parts of the guidelines that are rarely met need to be reconsidered. Perhaps they are too unrealistic in the hospital environment. Moreover, the language in which they are written is often vague and proved difficult to operationalise.
- Several of the indicators which we derived could be used to formulate targets for hospitals and GP Divisions. The indicators provide a means whereby QUM principles could become integral to quality improvement programs.

- The GP QUM Continuity Project has developed and tested quality assurance tools and a workable process for evaluating the APAC Continuity of Care Guidelines (the GP Audit Questionnaire and the Hospital Record Review). Project details are available through the QUM Map Website www.qummap.health.gov.au.
- We chose not to directly survey doctors about their level of satisfaction with The NSW TAG Indicator 8.3, concentrating rather on the audit process. NSW TAG could adopt the Q.A. protocol into its indicators.