WA Medication Reconciliation Audit Tool – Single Patient

This tool is to be used when access to the online audit tool is not available. Questions are either mandatory (M), requiring reporting to the Medicines and Technology Unit, Department of Health, or optional (O) requiring completion at the discretion of the Health Service. Questions in brackets are only relevant to certain services.

Introduction

REDCap Ref.	Content
info	**Welcome to the WA Medication Reconciliation Electronic Audit Tool!** The biannual WA Medication Reconciliation Audit assists sites in determining compliance with the mandatory MP 0104/19 Medication Review Policy. This electronic tool has been designed to assist sites when completing the audit by improving data collection and reporting. Guidelines, downtime audit tools and reporting forms for the WA Medication Reconciliation Audit, are available on the Medication Reconciliation website. Tips for completing the audit: • All mandatory fields must be completed. • Audit periods are assigned to patients based on their date/time of admission. • Only patients who are admitted for more than 24 hours should be included. • Patients who die during hospital are excluded. • If completing the audit questions about adverse drug reactions (ADRs), you may wish to refer to the MP 0053/17 Patient Alert Policy. • If you do not have all information available to complete the patient record, select “Save & Return Later”. • To ensure each patient record can be visualised on the automated WA Medication Reconciliation Audit Dashboard, ensure you select “Submit” once the patient record is finalised. If you require any further assistance, please contact DoH.MedicinesandTechnologyUnit@health.wa.gov.au.

Section 1 – Hospital and Audit Details (complete once per site per audit period)

REDCap Ref.	Question	Mandatory/ Optional	Response
hs	Health Service	M	
emhs_exec	(EMHS Executive Group) EMHS sites only	O	
nmhs_exec	(NMHS Executive Group) NMHS sites only	O	
smhs_exec	(SMHS Executive Group) SMHS sites only	O	
wachs	(WACHS Region) WACHS sites only	M	
(e.g. SMHS)	Site	M	
method	Audit Methodology e.g. retrospective, sample size calculated based on average number of admissions, random number generator used	M	

Section 2 – Patient Details

REDCap Ref.	Question	Mandatory/ Optional	Response
rgh_group	(Is this a Group 1 or Group 2 patient?) Rockingham Peel Group only	O	☐ Group 1 ☐ Group 2
patient_id	Patient UMRN	M	
dob	Patient DOB	O	
adm_date_time	Date/Time of Admission Refer to i.ClinicalManager if required.	M	
adm_ward	Ward admitted to	O	
adm_type	Was the patient: a) Directly admitted b) Transferred from another facility -enter facility name.	O	☐ a) Direct admit ☐ b) Transferred from _____
dc_date_time	Date/Time of Discharge Refer to i.ClinicalManager if required.	M	
dc_ward	Ward discharged from	O	
dc_type	Was the patient: a) Discharged to a primary care setting (e.g. home, residential aged care) b) Transferred to another facility – enter facility name. c) Other Select "Other" for patients who have deceased, discharged against medical advice (DAMA), or accessed a transitional care program (TCP).	O	☐ a) Discharged to a primary care setting ☐ b) Transferred to _____ ☐ c) Other_____

Section 3 – Adverse Drug Reaction (ADR) Documentation

REDCap Ref.	Question	M/O	Response
adr_id	Have any pre-existing ADR(s) been identified? Select No if "NKDA" or "Unknown" has been documented.	O	☐ Yes ☐ No
adr_sticker	If the patient has pre-existing ADR(s), has an ADR sticker been placed on the WA HMC / WA Paediatric HMC?	O	☐ Yes ☐ No
adr_stickers	If the patient has pre-existing ADR(s), what proportion of the WA HMCs/WA Paediatric HMCs have stickers on both sides? Example: 4 charts in use, 1 fully stickered = 25%.	O	(a) Number of charts in use = (b) Number of charts fully stickered = (c) % completion (a/b x 100) =
adr_hmc	Have ADR details (including for NKDA or Unknown) been documented on the WA HMC / WA Paediatric HMC? Refer to the Medication Reconciliation Audit Tool Guidelines and Appendix 3 in the WA Clinical Alert MedAlert Policy for definition of complete ADR documentation.	O	☐ Yes, completely documented ☐ No ☐ Partially documented
adr_notes	Have ADR details (including for NKDA or Unknown) been documented in the medical record? Refer to the Medication Reconciliation Audit Tool Guidelines and Appendix 3 in the WA Clinical Alert MedAlert Policy for definition of complete ADR documentation.	O	☐ Yes, completely documented ☐ No ☐ Partially documented
adr_discharge	Have ADR details (including for NKDA or Unknown) been documented in the most recent discharge summary? Refer to the Medication Reconciliation Audit Tool Guidelines and Appendix 3 in the WA Clinical Alert MedAlert Policy for definition of complete ADR documentation.	O	☐ Yes, completely documented ☐ No ☐ Partially documented
adr_mhmp	Has ADR status been identified on the WA MMP? Includes ticking either NKDA or Unknown or Reaction Refer to WA HMC / WA Paediatric HMC.	O	☐ Yes ☐ No

Section 4 – Medication Reconciliation on Admission

REDCap Ref.	Question	M/O	Response
mhx	Is there a medication history documented?	M	☐ Yes, by a: ☐ Doctor ☐ Pharmacist ☐ Nurse/Midwife ☐ Other ☐ No
mhx_doc	Where was the medication history documented? WA HMC – WA Hospital Medication Chart WA Paediatric Hospital Medication Chart WA MMP – WA Medication History and Management Plan	O	☐ Medical record ☐ WA HMC / WA Paediatric HMC ☐ WA MMP ☐ Nil regular medications ☐ Pre-admission medication list ☐ Other
mhx_complete	Is the medication history "complete"?	M	☐ Yes ☐ No

	i.e. Does it contain clear details for each medication including generic medication name, dosage, frequency and route? If the patient takes nil regular medications and this is clearly documented, select 'Yes'.		
indiactor_1A	**INDICATOR 1A**: Is a complete medication history documented by a health professional? If answer 'Yes' to the above 3 questions, answer is 'Yes'.	M	☐ Yes ☐ No
indicator_1b	**INDICATOR 1B:** Is confirmation of medication history with a second source documented? Select N/A if nil regular medications, or if explicitly confirmed that second source deemed unnecessary.	M	☐ Yes ☐ No ☐ N/A
second_source	Second source used (select all that are appropriate)	O	☐ Interview ☐ GP ☐ Community pharmacy ☐ Patient's Own ☐ Medications ☐ Websterpak ☐ Med profile ☐ Transfer/discharge summary ☐ My Health Record ☐ Other
indicator_1c	**INDICATOR 1C:** Is a reconciled list of medications documented on the WA HMCs/WA Paediatric HMCs or MMP? Select N/A if nil regular medications.	M	☐ Yes ☐ No ☐ N/A
indicator_1d	**INDICATOR 1D:** Are all three admission steps of medication reconciliation documented? If answer 'Yes' to indicators 1A, 1B *and* 1C, answer is 'Yes'.	M	☐ Yes ☐ No
kemh_lbs	(Was the patient admitted via Birth and Labour Suite?) WNHS sites only	O	☐ Yes ☐ No
indicator_1e	**INDICATOR 1E:** Was patient admitted just prior to (i.e. Friday 12 noon onwards) or during a weekend or public holiday?	M	☐ Yes ☐ No
indicator_1	**INDICATOR 1:** Are all three admission steps of medication reconciliation documented by End of Next Calendar Day (ENCD)? If [1A=Yes] + [1B=Y/NA] + [1C=Y/Nil reg] + completed by ENCD then 1=Yes.	M	☐ Yes ☐ No ☐ Unable to determine
indicator_5	**INDICATOR 5:** If all three admission steps of medication reconciliation were NOT documented by End of Next Calendar Day (ENCD), when were they completed?	O	☐ Within 48 hours of admission ☐ Within 48 to 72 hours of admission ☐ After 72 hours of admission ☐ Not complete
discrepancies	Were any medication discrepancies on admission identified? Refer to the Medication Reconciliation Audit Tool Guidelines for description of a discrepancy on admission.	O	☐ Yes ☐ No
discrepancies_ id	How many discrepancies were identified?	O	
discrepancies_ resolve	How many discrepancies were resolved during the reconciliation?	O	
discrepancies_ adm_meds	Which medications were involved in the discrepancies?	O	
discrepancies_ hr	How many discrepancies involved high risk medications (APINCH)?	O	☐ 0 ☐ 3-5 ☐ 1-2 ☐ >5
hr	Which high risk medications were involved?	O	☐ Antimicrobials ☐ Potassium and other electrolytes ☐ Insulin ☐ Narcotics (opioids) and other sedatives ☐ Chemotherapeutic agents ☐ Heparin and other anticoagulants

Section 5 – Clinical Pharmacist Review

REDCap Ref.	Question	M/O	Response
indicator_3	**INDICATOR 3:** Has a clinical pharmacist reviewed the patient's medication chart by the end of the next calendar day?	M	☐ Yes, as indicated by: ☐ Clinical Pharmacist signing review box at the bottom of the chart ☐ Clinical Pharmacist signing new individual prescriptions

			☐ No
rpg_ed	(Was the patient admitted through ED?) Rockingham Peel Group sites	O	☐ Yes ☐ No
rpg_mhx	(Was the medication history obtained and documented by an ED pharmacist?) Rockingham Peel Group sites only	O	☐ Yes ☐ No
rpg_high_risk	(Is the patient considered high risk?) Rockingham Peel Group sites Definition: Is currently prescribed five or more medications. Having multiple co-morbidities. Is prescribed a medication with a narrow therapeutic index. Is receiving high-risk drugs (eg. Anticoagulants, immunosuppressants). Has symptoms suggestive of a drug-related admission; and is having difficulty managing medicines because of literacy, language difficulties, dexterity problems, impaired sight, cognitive impairment.	O	☐ Yes ☐ No

Section 6 – Medication Reconciliation on Discharge

REDCap Ref.	Question	M/O	Response
med_list	Has a discharge summary, which includes a medication list, been created within 24 hours of the patient's discharge? Tip: compare the day/time of the discharge summary finalisation with the day/time of the patient's discharge on i.Soft (also entered in Section 2 – Patient Details).	O	☐ Yes ☐ No
indicator_2a	**INDICATOR 2A:** Does the discharge summary accurately reflect the medications planned for the patient upon discharge? i.e. medications required upon discharge = discharge summary medications; this includes if nil medications are required on discharge.	M	☐ Yes ☐ No ☐ Patient deceased
indicator_2a _discrepancy	If the answer to INDICATOR 2A is "No", please describe any discrepancies.	O	
med_list_ pharm_rec	Is there evidence that a pharmacist was involved in checking and/or reconciling the discharge summary medication list? Select N/A if nil regular medications and nil medications on discharge.	O	☐ Yes ☐ No ☐ N/A
discrepancies_ dc	Were any medication discrepancies on discharge identified? Refer to the Medication Reconciliation Audit Tool Guidelines for description of a discrepancy on discharge.	O	☐ Yes ☐ No
discrepancies_ id_dc	How many discrepancies were identified?	O	
discrepancies_ resolve_dc	How many discrepancies were resolved?	O	
discrepancies_ dc_meds	Which medications were involved in the discrepancies?		
discrepancies_ hr_dc	How many discrepancies involved high risk medications (APINCH)?	O	☐ 0 ☐ 3-5 ☐ 1-2 ☐ >5
hr_dc	Which high risk medications were involved?	O	☐ Antimicrobials ☐ Potassium / electrolytes ☐ Insulin ☐ Narcotics (opioids)/ sedatives ☐ Chemotherapeutic agents ☐ Heparin/other anticoagulants
indicator_2b	**INDICATOR 2B:** Were changes in medication therapy (e.g. ceased, withheld, new, reduced, increased, other specific change) explicitly communicated in the discharge summary? Select No if the answer to Indicator 2A is No. Select N/A if there are nil changes to the patient's medications upon discharge.	M	☐ Yes ☐ No ☐ N/A
indicator_2b_ discrepancy	If the answer to INDICATOR 2B is "No", please describe any discrepancies.	O	
indicator_2b_ reason	Were the reasons for changes in medication therapy (e.g. reduced dose due to renal impairment, increased dose as previous dose ineffective) explicitly communicated in the discharge summary? Select No if the answer to Indicator 2A is No. Select N/A if there are nil changes to the patient's medications upon discharge.	O	☐ Yes ☐ No ☐ N/A
communication	Were changes in medication therapy communicated to the… NB: selecting general practitioner refers to specific communication about mediation changes outside the usual practice of sending the discharge summary.	O	☐ Patient ☐ Carer ☐ Community Pharmacy ☐ Residential aged care facility ☐ General practitioner ☐ Other_____ ☐ None of the above

indicator_2c	**INDICATOR 2C:** Was patient discharged or transferred during a weekend, public holiday or Monday morning up until 12 noon?	O	☐ Yes ☐ No
indicator_2	**INDICATOR 2:** Are both steps (2A & 2B) of medication reconciliation on discharge or transfer documented? Select Yes if answer to both 2A and 2B is Yes or N/A.	M	☐ Yes ☐ No
indicator_4	**INDICATOR 4**: Is there documentation to confirm that the patient has been provided education/counselling on their medication(s)? Tip: check page 2 on WA MMP or in the patient's medical record Select N/A if patient deceased or if there are nil changes to the patient's medications upon discharge.	M	☐ Yes ☐ No ☐ N/A
education_type	What type of education was provided?	O	☐ Verbal ☐ Consumer Medicines Information (CMI) ☐ Patient Information Leaflet ☐ Accurate Medication List ☐ Other_____
education_who	Who provided the education?	O	☐ Pharmacist ☐ Nurse/Midwife ☐ Doctor ☐ Other_____

(Section 7 – ACHS Clinical Indicators)

REDCap Ref.	Question	M/O	Response
enoxaparin	Has the patient been prescribed an appropriate dosing schedule of enoxaparin?	O	☒ Yes ☐ No ☐ N/A
warfarin	Has the patient been initiated on warfarin with a loading dose consistent with a DTC-approved protocol?	O	☐ Yes ☐ No ☐ N/A
aminoglycoside	Has empirical aminoglycoside therapy been continued beyond 48 hours?	O	☐ Yes ☐ No ☐ N/A
sedatives	Has the patient been prescribed sedatives at discharge that they weren't taking at admission?	O	☐ Yes ☐ No

Section 8 –Comments

REDCap Ref.	Question	M/O	Response
Comments	Any other comments?	O	

This document can be made available in alternative formats on request for a person with disability.