

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	<p>Welcome to the WA Medication Reconciliation Electronic Audit Tool!</p> <p>The biannual WA Medication Reconciliation Audit assists sites in determining compliance with the mandatory MP 0104/19 Medication Review Policy.</p> <p>This electronic tool has been designed to assist sites when completing the audit by improving data collection and reporting.</p> <p>Guidelines, downtime audit tools and reporting forms for the WA Medication Reconciliation Audit, are available on the Medication Reconciliation website.</p> <p>Tips for completing the audit:</p> <ul style="list-style-type: none"> • 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 <u>more than 24 hours</u> 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. <p>If you require any further assistance, please contact DoH.MedicinesandTechnologyUnit@health.wa.gov.au.</p>

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
rgn_group	(Is this a Group 1 or Group 2 patient?) <small>Rockingham Peel Group only</small>	O	<input type="checkbox"/> Group 1 <input type="checkbox"/> Group 2
patient_id	Patient UMRN	M	
dob	Patient DOB	O	
adm_date_time	Date/Time of Admission <small>Refer to i.ClinicalManager if required.</small>	M	
adm_ward	Ward admitted to	O	
adm_type	Was the patient: a) Directly admitted b) Transferred from another facility -enter facility name.	O	<input type="checkbox"/> a) Direct admit <input type="checkbox"/> b) Transferred from _____
dc_date_time	Date/Time of Discharge <small>Refer to i.ClinicalManager if required.</small>	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 <small>Select "Other" for patients who have deceased, discharged against medical advice (DAMA), or accessed a transitional care program (TCP).</small>	O	<input type="checkbox"/> a) Discharged to a primary care setting <input type="checkbox"/> b) Transferred to _____ <input type="checkbox"/> 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? <small>Select No if "NKDA" or "Unknown" has been documented.</small>	O	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> 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? <small>Example: 4 charts in use, 1 fully stickered = 25%.</small>	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? <small>Refer to the Medication Reconciliation Audit Tool Guidelines and Appendix 3 in the WA Clinical Alert MedAlert Policy for definition of complete ADR documentation.</small>	O	<input type="checkbox"/> Yes, completely documented <input type="checkbox"/> No <input type="checkbox"/> Partially documented
adr_notes	Have ADR details (including for NKDA or Unknown) been documented in the medical record? <small>Refer to the Medication Reconciliation Audit Tool Guidelines and Appendix 3 in the WA Clinical Alert MedAlert Policy for definition of complete ADR documentation.</small>	O	<input type="checkbox"/> Yes, completely documented <input type="checkbox"/> No <input type="checkbox"/> Partially documented
adr_discharge	Have ADR details (including for NKDA or Unknown) been documented in the most recent discharge summary? <small>Refer to the Medication Reconciliation Audit Tool Guidelines and Appendix 3 in the WA Clinical Alert MedAlert Policy for definition of complete ADR documentation.</small>	O	<input type="checkbox"/> Yes, completely documented <input type="checkbox"/> No <input type="checkbox"/> Partially documented
adr_mhmp	Has ADR status been identified on the WA MMP? <small>Includes ticking either NKDA or Unknown or Reaction Refer to WA HMC / WA Paediatric HMC.</small>	O	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 4 – Medication Reconciliation on Admission

REDCap Ref.	Question	M/O	Response
mhx	Is there a medication history documented?	M	<input type="checkbox"/> Yes, by a: <input type="checkbox"/> Doctor <input type="checkbox"/> Pharmacist <input type="checkbox"/> Nurse/Midwife <input type="checkbox"/> Other <input type="checkbox"/> 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	<input type="checkbox"/> Medical record <input type="checkbox"/> WA HMC / WA Paediatric HMC <input type="checkbox"/> WA MMP <input type="checkbox"/> Nil regular medications <input type="checkbox"/> Pre-admission medication list <input type="checkbox"/> Other
mhx_complete	Is the medication history "complete"?	M	<input type="checkbox"/> Yes <input type="checkbox"/> 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'.		
indicator_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	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
second_source	Second source used (select all that are appropriate)	O	<input type="checkbox"/> Interview <input type="checkbox"/> GP <input type="checkbox"/> Community pharmacy <input type="checkbox"/> Patient's Own Medications <input type="checkbox"/> Websterpak <input type="checkbox"/> Med profile <input type="checkbox"/> Transfer/discharge summary <input type="checkbox"/> My Health Record <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
indicator_1d	INDICATOR 1D: Are all three admission steps of medication reconciliation documented? If answer 'Yes' to indicators 1A, 1B <i>and</i> 1C, answer is 'Yes'.	M	<input type="checkbox"/> Yes <input type="checkbox"/> No
kemh_lbs	(Was the patient admitted via Birth and Labour Suite?) WNHS sites only	O	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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	<input type="checkbox"/> Within 48 hours of admission <input type="checkbox"/> Within 48 to 72 hours of admission <input type="checkbox"/> After 72 hours of admission <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> 0 <input type="checkbox"/> 3-5 <input type="checkbox"/> 1-2 <input type="checkbox"/> >5
hr	Which high risk medications were involved?	O	<input type="checkbox"/> Antimicrobials <input type="checkbox"/> Potassium and other electrolytes <input type="checkbox"/> Insulin <input type="checkbox"/> Narcotics (opioids) and other sedatives <input type="checkbox"/> Chemotherapeutic agents <input type="checkbox"/> 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	<input type="checkbox"/> Yes, as indicated by: <ul style="list-style-type: none"> <input type="checkbox"/> Clinical Pharmacist signing review box at the bottom of the chart <input type="checkbox"/> Clinical Pharmacist signing new individual prescriptions



			<input type="checkbox"/> No
rpg_ed	(Was the patient admitted through ED?) Rockingham Peel Group sites	<input type="radio"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
rpg_mhx	(Was the medication history obtained and documented by an ED pharmacist?) Rockingham Peel Group sites only	<input type="radio"/>	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="radio"/>	<input type="checkbox"/> Yes <input type="checkbox"/> 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).	<input type="radio"/>	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Patient deceased
indicator_2a_discrepancy	If the answer to INDICATOR 2A is "No", please describe any discrepancies.	<input type="radio"/>	
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.	<input type="radio"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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.	<input type="radio"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
discrepancies_id_dc	How many discrepancies were identified?	<input type="radio"/>	
discrepancies_resolve_dc	How many discrepancies were resolved?	<input type="radio"/>	
discrepancies_dc_meds	Which medications were involved in the discrepancies?		
discrepancies_hr_dc	How many discrepancies involved high risk medications (APINCH)?	<input type="radio"/>	<input type="checkbox"/> 0 <input type="checkbox"/> 3-5 <input type="checkbox"/> 1-2 <input type="checkbox"/> >5
hr_dc	Which high risk medications were involved?	<input type="radio"/>	<input type="checkbox"/> Antimicrobials <input type="checkbox"/> Potassium / electrolytes <input type="checkbox"/> Insulin <input type="checkbox"/> Narcotics (opioids)/ sedatives <input type="checkbox"/> Chemotherapeutic agents <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
indicator_2b_discrepancy	If the answer to INDICATOR 2B is "No", please describe any discrepancies.	<input type="radio"/>	
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.	<input type="radio"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
communication	Were changes in medication therapy communicated to the... NB: selecting general practitioner refers to specific communication about medication changes outside the usual practice of sending the discharge summary.	<input type="radio"/>	<input type="checkbox"/> Patient <input type="checkbox"/> Carer <input type="checkbox"/> Community Pharmacy <input type="checkbox"/> Residential aged care facility <input type="checkbox"/> General practitioner <input type="checkbox"/> Other _____ <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
education_type	What type of education was provided?	O	<input type="checkbox"/> Verbal <input type="checkbox"/> Consumer Medicines Information (CMI) <input type="checkbox"/> Patient Information Leaflet <input type="checkbox"/> Accurate Medication List <input type="checkbox"/> Other _____
education_who	Who provided the education?	O	<input type="checkbox"/> Pharmacist <input type="checkbox"/> Nurse/Midwife <input type="checkbox"/> Doctor <input type="checkbox"/> 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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
warfarin	Has the patient been initiated on warfarin with a loading dose consistent with a DTC-approved protocol?	O	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
aminoglycoside	Has empirical aminoglycoside therapy been continued beyond 48 hours?	O	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
sedatives	Has the patient been prescribed sedatives at discharge that they weren't taking at admission?	O	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 8 –Comments

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

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