

SESLHD PROCEDURE COVER SHEET



Health
South Eastern Sydney
Local Health District

NAME OF DOCUMENT	Pharmacist Amendment of the Medication List in the electronic Discharge Referral Summary (eDRS)
TYPE OF DOCUMENT	Procedure
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LEVEL OF EVIDENCE	National Safety and Quality Health Service Standards: Medication Safety - 4.1, 4.2, 4.3 Communicating for Safety - 6.1, 6.2, 6.3
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FORMER REFERENCE(S)	Previously named <i>Utilising medication information from the electronic Medical Record (eMR) in the electronic Discharge Referral Summary (eDRS) for medication supply at discharge</i>
EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR	Director, Clinical Governance and Medical Services
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FUNCTIONAL GROUP(S)	Medicine Pharmacy
KEY TERMS	electronic Discharge Referral Summary (eDRS), discharge, medications, medication list, pharmacist, medical officer
SUMMARY	This procedure outlines the process for pharmacist amendment of medicine information in the electronic discharge summary to ensure accurate medicines information at transitions of care.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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**Pharmacist Amendment of the Medication List
in the electronic Discharge Referral Summary
(eDRS)****SESLHDPR/327****1. POLICY STATEMENT**

This procedure outlines the process for pharmacist amendment of medicine information in the electronic discharge summary to ensure accurate medicines information at transitions of care.

2. BACKGROUND

Medicine-related problems and risk of patient harm are minimised by maintaining a current medicines list with reasons for any changes, and providing it to clinicians and patients on discharge.

SESLHD facilities use the medicines list within the eDRS for medication supply (when printed and signed) and for transfer of information to clinicians on discharge. The medicine list generated within the eDRS relies on accurate medicines reconciliation and review at discharge.

Facility pharmacists contribute to medicines reconciliation and review at discharge and may identify changes required in the medicines list. Where changes are required, the pharmacist will liaise with the medical officers to ensure an accurate medicines list within the eDRS matches the medicine list for patient medicine supply.

Pharmacist availability and involvement in the discharge medicine list reconciliation and review varies across the district. Check with your local facility pharmacy for services available.

3. RESPONSIBILITIES**3.1 Medical officers:**

- Are responsible and accountable for their prescribing practice and for the final content of the discharge summary; and
- Will undertake appropriate eMR training to support this procedure.

3.2 Pharmacists:

- Are responsible for contributing to safe medicine management within the hospital;
- Will undertake appropriate eMR training; and
- Will demonstrate competence and satisfy locally defined accreditation criteria before amending the discharge medication information in eMR and the eDRS.

3.3 The Director of Pharmacy will facilitate eMR training and accreditation processes for pharmacists, oversee and report annual auditing.

3.4 eMR trainers will provide appropriate eMR training to support medical officers and pharmacists to undertake this procedure.

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4. PROCEDURE

- The patient's medicine list is generated within the eDRS by the medical officer. Where medicine supply is required, a printed and signed hard copy is provided to pharmacy
- Pharmacist reconciles and reviews the medicine list for safety and accuracy
- If discrepancies or medicine related problems are detected, a discussion occurs with the prescriber
- Where medicine changes are agreed to by the prescriber, the medicines list must be updated in the eMEDs discharge reconciliation tool and imported into the eDRS. This may be actioned:
 - By the prescriber
 - By the pharmacist with agreement from the prescriber
- Where the pharmacist updates the eDRS, they must document the changes made and authorising prescriber in the progress notes
 - Where a new medicine is added to the eDRS and is required to be supplied, a hard copy must be reprinted and signed by the prescriber to enable dispensing
 - The prescriber is responsible for reviewing changes made in the eDRS before finalising the document.

Refer to the eMeds Quick Reference Guide [Pharmacists: Updating the Discharge Medication List in consultation with the Doctor](#) for a detailed step by step guide.

5. DOWNTIME PROCESS

- Not applicable

6. DOCUMENTATION

- eMEDs medication reconciliation tool
- eDRS
- Clinical Documentation
- Competency Assessments to be maintained by the facility pharmacy department.

7. AUDIT

- Annual audit of a minimum of 20 eDRS printouts used for supply of medication compared to the final version for the encounter in eMR
- Audit results must be reported to the SESLHD QUMC
- Regular monitoring of IMS+

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8. REFERENCES

- [NSW Health Policy Directive PD2013_043 - Medication Handling in NSW Public Health Facilities](#)
- [NSW Health Policy Directive PD2011_015 - Care Coordination: Planning from Admission to Transfer of Care in NSW Public Hospitals](#)
- [NSW Health Guideline GL2006_015 - Medical Discharge Referral Reporting Standard \(MDRRS\)](#)
- [NSW Health Policy Directive PD2012_069 - Health Care Records – Documentation and Management](#)
- [SESLHDPR/223 - Medical Discharge Summary](#)
- [SESLHDPR/267 - Medicine: Continuity of Management and Documentation](#)

9. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
March 2014	Draft 1	Approval to develop by Executive Sponsor
July 2014	Draft 1	Executive Sponsor authorisation to release to Draft for Comment
August 2014	Draft 1.1	Incorporate feedback from draft for comment process
September 2014	Draft 1.1	Endorsed by Pharmacy Directors Subcommittee for Drug & QUM review September 11 th Approved by Drug & QUM Committee 11 th September 2014
June 2017	Draft 2.1	Revisions to incorporate eMEDs process
July 2017	Draft 2.2	Feedback from Pharmacy Staff incorporated
February 2022	3	Minor review. Removed information on MO generation of discharge prescriptions (included as part of eMR orientation and QUM endorsed processes for medicine supply). Procedure name updated to align with procedure now that pharmacist specific process. Approved by Executive Sponsor.
March 2022	3	Approved by Quality Use of Medicine Committee.