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QUALITY OF CARE AND OUTCOMES ASSESSMENT

MEDICATION ERRORS AND MISUNDERSTANDINGS ON HOSPITAL DISCHARGE FOR PATIENTS WITH HEART FAILURE

ACC Poster Contributions
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Monday, April 04, 2011, 9:30 a.m.-10:45 a.m.

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Background: Heart failure (HF) is the leading cause of hospitalization and rehospitalization among older adults. Medication adverse events may contribute to this phenomenon; however, the frequency of medication errors at discharge in this population is unknown.

Methods: We undertook a prospective, cohort study of patients older than 64 years discharged home after an admission for HF. Patients were phoned within 3 days of discharge to ascertain their medication knowledge. Admission and discharge medication lists were abstracted from inpatient records. Medications that were stopped or redosed ("changed") were categorized by physician reviewers as intentional or as provider errors. Patient understanding of the intentional changes was characterized as full, partial or absent. Medications were further divided into those related to HF management and those related to other chronic conditions.

Results: Of 104 patients, the average number of prescriptions was 8.8 (SD 3.6) on admission. Upon discharge, an average of 77% of home prescriptions were continued, 12% were discontinued, and 11% were re-dosed. Of HF-related medication changes, 17% were provider errors. Patients fully understood 14% of the intentional changes, partially understood 3% of the intentional changes, and did not understand 83% of the intentional changes. Of non HF-related medication changes, 46% were provider errors. Patients fully understood 5% of the intentional changes, partially understood 0% of the intentional changes, and did not understand 95% of the intentional changes.

In addition, patients described stopping 4 prescriptions that were not intended to be stopped and named 2 prescriptions as modified which had remained unchanged.

Conclusion: Numerous changes are made to discharge medication lists for patients with HF, many of them unintentional errors. HF patients do not understand the vast majority of the intentional changes. Both these facts may place patients at increased risk of adverse medication events post-discharge.