



FACT SHEET

Abstraction of Discharge Instructions - Reminders¹

Effective October 1, 2008 Through September 30, 2009 Discharges

Discharge Instructions Address Medications

2-step process:

1. **Compile comparison list:** Determine the final list of discharge medications.
2. **Do comparison:** Check the compiled list against the written discharge instructions for completeness.

1. Compile comparison list:

- Completely disregard the following medications:
 - Antacids
 - Food supplements
 - Herbs
 - Laxatives
 - Minerals
 - Vitamins
 - Any medication referred to only by class (e.g., "ACEI" listed in dc summary)
- Include discharge medications included in a discharge summary (or other source) dated after discharge as long as it was added during the hospital's normal course of completing a medical record per organization policy, or within 30 days after discharge, whichever is sooner. Whether or not this information was available to the discharging nurse is irrelevant in abstraction.
- Include over-the-counter medications (unless they fall into one of the medication categories bulleted above).
- A general reference to discharge medications such as "continue home medications" should be ignored if the discharge medication names are listed out in any source outside of the instructions given to the patient (e.g., medication reconciliation form). In this type of case, only that specified list should be used.
- Credit for medication instructions cannot be taken when there is contradictory documentation. **Contradictory documentation** is documentation in one place that says the patient is being discharged on medication X and a different place says the patient is NOT being discharged on medication X (e.g., "Aspirin" listed in discharge orders and noted as "Do not continue" after discharge or "Hold" on medication reconciliation form would be considered contradictory).

2. Do comparison:

- Consider differences which are **brand/trade name vs. generic name** or have the **same generic equivalent** as matches.
- Whether two different medications have the same action or fall under the same medication class is irrelevant (e.g., Prevacid vs. Protonix is not a match).
- If the patient is being discharged on insulin of any kind, ANY reference to insulin in the written instructions is sufficient (e.g., "Humulin N" vs. "Novolin 70/30").

¹ See *Discharge Instructions Address Medications* abstraction guidelines in Specifications Manual for National Hospital Inpatient Quality Measures for complete abstraction instructions.

- Ignore differences in dosages or frequencies. These should not cause mismatches.
- The listing of a medication class on the written instructions is NOT acceptable (e.g., “Continue inhalers”). Specific medication names are required (except for insulin).
- Physician signature on the discharge medication list given to the patient does not ensure credit! His/her signature only plays a role in abstraction if a comparison list is not available, and the discharge medication list in the written instructions cannot be determined to be complete or incomplete – In such cases, presume the list is complete if a physician/APN/PA signed the form.
- An extra medication is acceptable on the written discharge instructions UNLESS there is contradictory documentation specifically saying the patient is NOT being discharged on that medication (e.g., “Lasix” on the written instructions and “Dc Lasix” or “Hold Lasix” in the discharge orders would be considered contradictory).

Common errors identified by validation

- ◆ Not all sources of discharge medications are being used to compile the comparison list (discharge summary, medication reconciliation forms, discharge orders, prescriptions, etc).
- ◆ When the only reference to discharge medications beyond the discharge instruction sheet is “Continue home meds” or the like, not all sources of home medications are used to compile the list (H&P, medication reconciliation forms, ED record, nursing admission assessment, etc.).
- ◆ Discharge summary dictated > 30 days after discharge should NOT be used to compile the comparison list. Chart fails if there is no comparison list available and no physician/APN/PA signature on the patient’s list.
- ◆ Patient’s discharge medication list includes the notation “continue home meds” or “other meds as before”, without LISTING OUT all medication names. Credit cannot be taken.
- ◆ Copy of discharge instruction sheet not included in chart. Unable to verify completeness of list sent with patient.

All Instruction elements

- Documentation must be clear that a copy of the written instructions (or discharge medication list) was given to the patient/caregiver. This includes discharge instruction sheets, medication reconciliation forms, etc. A notation such as “Pink copy – Patient” on a form suffices.
- A copy of the written instructions given to the home health agency (caregiver) before discharge suffices.
- All instructions must be given to the patient/caregiver in writing by the time of discharge. Calling or mailing the patient medication changes, for example, is not acceptable.

Important change in abstraction of *Discharge Instructions Address Symptoms Worsening*, effective April 1, 2009 discharges

Instructions on what to do if “symptoms worsen,” “problems occur,” “the patient’s condition changes or worsens,” etc. will NO LONGER COUNT. Credit will require that instructions be **specific to heart failure symptoms**.

Examples:

- “Call the office if weight gain greater than 2 pounds.”
- “Come to the emergency room if you experience a problem with breathing.”
- “Call physician/APN/PA if edema recurs.”
- “Make an appointment if heart failure symptoms return.”