

# 5.7 Percentage of patients receiving sedatives at discharge that were not taking them at admission

## Purpose

This indicator addresses the effectiveness of processes for discharge medication reconciliation and review of medicines intended for temporary symptom management.

## Background and evidence

Problems arising from the use of benzodiazepines include overdose, particularly from the use of benzodiazepines together with other sedative medicines, and dependence as a result of long-term use. Benzodiazepine dependence rarely develops in patients taking normal therapeutic doses of these medicines for short periods (e.g. one to two weeks). Anyone on long-term benzodiazepine therapy is at risk of becoming dependent, the risk increasing with the duration of treatment.<sup>1</sup> Newer sedatives such as zolpidem have been associated with reports of bizarre sleep-related behaviour and deaths from injury have been reported in Australia.<sup>2</sup>

## Key definitions

**Patients receiving sedatives** includes patients receiving sedatives regardless of destination after discharge or transfer (home, residential care or another hospital). Psychiatric patients and those prescribed detoxification regimens should be excluded.

**Sedatives** refer to any oral medicines indicated for treatment of insomnia.<sup>3</sup>

## Data collection for local use

Please refer to the section *Using the National Quality Use of Medicines Indicators for Australian Hospitals* for guidance on sample selection, sample size, measurement frequency and other considerations.

**Inclusion criteria:** Patients aged 18 years and over receiving sedatives at discharge.

**Exclusion criteria:** Nil.

**Recommended data sources:** Medical records, medication charts and discharge documentation.

The data collection tool for QUM Indicator 5.7 assists data collection and indicator calculation.

## Data collection for inter-hospital comparison

This indicator may be suitable for inter-hospital comparison. In this case, definitions, sampling methods and guidelines for audit and reporting need to be agreed in advance in consultation with the coordinating agency.

## Indicator calculation

$$\frac{\text{Numerator}}{\text{Denominator}} \times 100\%$$

**Numerator** = Number of patients receiving sedatives at discharge that were not taking them at admission

**Denominator** = Number of patients receiving sedatives at discharge in sample

## Limitations and interpretation

This indicator relies on documentation of accurate medicines information in the medical record. Good documentation supports quality patient care<sup>4</sup> and is a critical component of management of adverse drug reactions. Poor communication can result in adverse medicine events.<sup>5</sup>

Appropriate medication management at the time of discharge or transfer is facilitated by a process of medication reconciliation at discharge. This in turn is dependent on having an accurate medication history and list of current medicines at admission.

It may be useful to collect this indicator concurrently with one or more of the following:

- *Indicator 3.1: Percentage of patients whose current medicines are documented and reconciled at admission*
- *Indicator 5.3: Percentage of discharge summaries that include medication therapy changes and explanations for changes*
- *Indicator 5.8: Percentage of patients whose discharge summaries contain a current, accurate and comprehensive list of medicines*
- *Indicator 5.9: Percentage of patients who receive a current, accurate and comprehensive medication list at the time of hospital discharge.*

### References

1. eTG complete [Internet]. Melbourne: Therapeutic Guidelines Ltd; 2012 February.
2. Australian Drug Reactions Advisory Committee. Zolpidem and bizarre sleep related effects. Aust Adv Drug React Bull 2007; 26: 2.
3. Australian Medicines Handbook. Australian Medicines Handbook Pty Ltd, 2012.
4. The Good Clinical Documentation Guide. National Centre for Classification in Health, Commonwealth of Australia, 2003.
5. MacKinnon NJ, ed. Safe and Effective: The Eight Essential Elements of an Optimal Medication-use System. Canadian Pharmacists Association, 2007.
6. Medication Safety Self Assessment for Australian Hospitals: Institute for Safe Medication Practices USA (Adapted for Australian use by NSW Therapeutic Advisory Group and the Clinical Excellence Commission), 2007.
7. Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards. Sydney, ACSQHC, 2012

## Further information

Medication Safety Self Assessment for Australian Hospitals<sup>6</sup> (MSSA) can help identify potential strategies for improvement with this and other indicators. MSSA encourages development of robust systems for safe prescribing, dispensing, administration and monitoring of medicines. MSSA is available at [www.cec.health.nsw.gov.au](http://www.cec.health.nsw.gov.au)

This indicator can be used to assist hospitals in meeting the National Safety and Quality Health Service Standard 1 [items 1.2.1, 1.2.2, 1.5.2, 1.6.1, 1.6.2] and Standard 4 [items 4.1.2, 4.2.2, 4.5.1, 4.5.2, 4.12.4].<sup>7</sup>