**Don’t be *Rec*-less at discharge: Results from a post implementation audit of electronic Medicines Reconciliation (eMR) and comparison with previous audits.**

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**Introduction**

Despite the initiative to roll-out electronic Medicines Reconciliation (eMR) nationally, evidence for the software’s benefits and effectiveness is lacking, both for unintended discrepancy rates and clinical outcomes.

**Aim**

Conduct a post-implementation audit of discharge summary documents, examining discrepancies and quality measures following eMR rollout to general medicine. Compare these results with previous audits conducted in 2008 and 2012.

**Method**

Discharge Summaries for older adult inpatients of general medicine, at high risk of re-admission were audited retrospectively, together with clinical notes and medication charts. Patient selection methods were identical to those used in 2012. Measures between audits were kept consistent where possible. Outcomes included the number and type of discrepancies, accuracy of admission and discharge medications lists, documentation around medication changes and allergy/adverse drug reaction list accuracy.

**Results**

126 episodes were audited between August and September 2015. Of these, 87 (67%) had an eMR form completed. A total of 163 unintended discrepancies were identified, with the majority (n=121,74%) found in the 39 non-eMR episodes (3.1 discrepancies/episode vs. 0.48/episode for eMR). All quality measures were consistently better when eMR was completed. Overall, compared to 2008 and 2012, accuracy of discharge medicines improved modestly, with fewer discrepancies. Documentation around changes worsened overall.

**Conclusion**

Discharges with eMR were generally of very high quality, having few discrepancies. Non-eMR discharges deteriorated in quality from 2008 and 2012, offsetting some of the improvements gained with eMR and raising questions around ‘de-skilling’ RMOs. New types of error not previously seen were identified. A high eMR coverage and completion rate appears necessary to maximise the benefits of the software.

**Justification for presentation**

These results generally support the use of this nationally mandated piece of software, while also revealing some of its potential downsides - lowering RMO skill in documenting medicines information at discharge medicines and ‘creating’ new types of errors.