

# QUB GP Assistantship IDD Audit

Thanks for taking part in this audit. Audit is tool that supports learning and improvement for individuals and for organisations

When people are discharged from hospital they have often had medications stopped, started or doses altered. The important information is communicated to the General Practitioner through the Immediate Discharge Document (IDD) - often referred to as the discharge letter. To ensure patient safety it is important that completion of the IDD is timely and accurate. As Foundation doctors you will play an important role in this process.

Did you know?

- 38% of re-admissions to hospital are considered to be medicines-related
- 61% are identified preventable
- Among older patients (65+ years) 14% are discharged with medication discrepancies and have a higher risk of being readmitted to hospital within 30 days
- 72% of adverse events after discharge are due to medication errors

Taking part in this audit will be educational for you as future F1s but your participation will also help to make our local health service safer. The accrued information will be used by Health Trusts, GAIN, and the NIECR team.

Here are the instructions:

1. Ask your GP Tutor to select 5 IDD's at random at the start of the week (Preferably before any medication changes have been updated)
2. Copy them and number them 1 to 5
3. Examine each IDD and compared with the existing GP record of pre-admission medication using the repeat prescribing record on the Clinical System in your Practice
4. Complete each of the 5 sections below

\* Required

\* This form will record your name, please fill your name.

1. Please enter your student id \*

2. Who performs medicines reconciliation in the practice? \*

- Exclusively GP
- Exclusively General Practice Pharmacist (GPP)
- Shared (mostly the GP)
- Shared (mostly the GPP)
- GP (No GPP)

# Audit of IDD's

## 3. Complete Audit on:

- IDD 1
- IDD 2
- IDD 3
- IDD 4
- IDD 5
- Audit complete

# IDD 1 Data Entry

#### 4. Please select Trust / Hospital \*

- Belfast - Royal Victoria Hospital
- Belfast - Belfast City Hospital
- Belfast - Mater Hospital
- Belfast - Musgrave Park Hospital
- Belfast - Royal Belfast Hospital for Sick Children
- Northern - Antrim Area Hospital
- Northern - Causeway Hospital
- Northern - Dalriada Hospital
- Northern - Mid Ulster Hospital
- Northern - Moyle Hospital
- Northern - Whiteabbey Hospital
- Northern - Robinson Hospital
- South-Eastern - Ulster Hospital
- South-Eastern - Downe Hospital
- South-Eastern - Lagan Valley Hospital
- South-Eastern - Ards Community Hospital
- Southern - Craigavon Area Hospital
- Southern - Daisy Hill Hospital
- Southern - Lurgan Hospital
- Western - Altnagelvin Hospital
- Western - Lakeview Hospital
- Western - South West Acute Hospital
- Western - Tyrone County Hospital
- Other

5. Please select discharging specialty \*

- Medicine
- Surgery
- Cardiology
- Care of the Elderly
- Emergency Medicine
- Obs & Gynae
- Ophthalmology
- Paediatrics
- Psychiatry
- Trauma / fractures
- Other

6. Please enter the number of days between discharge and the letter arriving in the Practice (if within 24 hours enter 1) \*

The value must be a number

7. Please enter the total number of medicines on the IDD (if none enter 0) \*

The value must be a number

8. A: NEW MEDICATIONS \*

*How many NEW MEDICATIONS did you identify on the IDD?*

The value must be a number

9. How many of these NEW MEDICATIONS were highlighted as NEW?  
(N.B. The number should be lower or equal to the value in question A above) \*

10. For how many of these NEW MEDICATIONS is a reason recorded?  
(N.B. The number should be lower or equal to the value in question A above) \*

The value must be a number

11. B: CHANGED MEDICATIONS \*

*How many MEDICATIONS on the IDD were CHANGED (Dosage or Frequency)?*

The value must be a number

12. How many of these CHANGED MEDICATIONS were highlighted as CHANGED?  
(N.B. The number should be lower or equal to the value in question B above) \*

The value must be a number

13. For how many of these CHANGED MEDICATIONS is a reason recorded?  
(N.B. The number should be lower or equal to the value in question B above) \*

The value must be a number

14. C: STOPPED MEDICATIONS \*

*How many prior medications were STOPPED?*

The value must be a number

15. How many of these STOPPED MEDICATIONS were highlighted as STOPPED on the IDD?  
(N.B. The number should be lower or equal to the value in question C above) \*

The value must be a number

16. For how many of these STOPPED MEDICATIONS is a reason recorded?  
(N.B. The number should be lower or equal to the value in question C above) \*

The value must be a number

17. REGARDING ALLERGY STATUS: \*

*The Allergy Status on the IDD was:*

Completed

Not completed



18. Detail associated with Allergy Status: \*

- The sensitizing agent is noted
- The allergy reaction is noted
- The date of the allergic reaction is detailed

19. REGARDING ANTI-COAGULATION \*

*If the patient is on ANTI-COAGULATION Please select the relevant agent from the list below (If none then Please Select NONE):*

- NONE
- Warfarin
- Enoxaparin
- Dabigatran
- Apixaban
- Edoxaban
- Rivaroxaban

20. For ANTI-COAGULATION please complete the following (Select 'Not Applicable' if not on anti-coagulation): \*

- A separate, standardised anti-coagulation template attached to the IDD?
- The indication for anti-coagulation was noted?
- The duration of anti-coagulation was noted?
- Patient counselling about anti-coagulation was noted?

21. D: REGARDING QUERIES/CLARIFICATIONS about the IDD: \*

*Were there any queries or was there a need to contact anyone in the discharging hospital to clarify or resolve any issues related to this discharge (Please check with your GP Tutor if unsure)?*

Yes

No

22. Please briefly describe (ensuring that no patient-identifiable information is included) the type of query or clarification?

23. What actions were taken to address it (tick all that apply)? \*

GP made a pragmatic decision without contacting the hospital

Hospital was contacted

Community Pharmacist was contacted

Patient was contacted

Practice Pharmacist made a pragmatic decision without contacting the hospital

Other (Please specify)

24. If a follow-up call made to the discharging hospital who followed up the query / clarification? \*

- A GP
- A Pharmacist
- A Nurse
- A member of the admin team
- Other (Please specify)

# IDD 2 Data Entry

25. Please select Trust / Hospital \*

- Belfast - Royal Victoria Hospital
- Belfast - Belfast City Hospital
- Belfast - Mater Hospital
- Belfast - Musgrave Park Hospital
- Belfast - Royal Belfast Hospital for Sick Children
- Northern - Antrim Area Hospital
- Northern - Causeway Hospital
- Northern - Dalriada Hospital
- Northern - Mid Ulster Hospital
- Northern - Moyle Hospital
- Northern - Whiteabbey Hospital
- Northern - Robinson Hospital
- South-Eastern - Ulster Hospital
- South-Eastern - Downe Hospital
- South-Eastern - Lagan Valley Hospital
- South-Eastern - Ards Community Hospital
- Southern - Craigavon Area Hospital
- Southern - Daisy Hill Hospital
- Southern - Lurgan Hospital
- Western - Altnagelvin Hospital
- Western - Lakeview Hospital
- Western - South West Acute Hospital
- Western - Tyrone County Hospital
- Other

26. Please select discharging specialty \*

- Medicine
- Surgery
- Cardiology
- Care of the Elderly
- Emergency Medicine
- Obs & Gynae
- Ophthalmology
- Paediatrics
- Psychiatry
- Trauma / fractures
- Other

27. Please enter the number of days between discharge and the letter arriving in the Practice (if within 24 hours enter 1) \*

The value must be a number

28. Please enter the total number of medicines on the IDD (if none enter 0) \*

The value must be a number

29. A: NEW MEDICATIONS \*

*How many NEW MEDICATIONS did you identify on the IDD?*

The value must be a number

30. How many of these NEW MEDICATIONS were highlighted as NEW?  
(N.B. The number should be lower or equal to the value in question A above) \*

31. For how many of these NEW MEDICATIONS is a reason recorded?  
(N.B. The number should be lower or equal to the value in question A above) \*

The value must be a number

32. B: CHANGED MEDICATIONS \*

*How many MEDICATIONS on the IDD were CHANGED (Dosage or Frequency)?*

The value must be a number

33. How many of these CHANGED MEDICATIONS were highlighted as CHANGED?  
(N.B. The number should be lower or equal to the value in question B above) \*

The value must be a number

34. For how many of these CHANGED MEDICATIONS is a reason recorded?  
(N.B. The number should be lower or equal to the value in question B above) \*

The value must be a number

35. C: STOPPED MEDICATIONS \*

*How many prior medications were STOPPED?*

The value must be a number

36. How many of these STOPPED MEDICATIONS were highlighted as STOPPED on the IDD?  
(N.B. The number should be lower or equal to the value in question C above) \*

The value must be a number

37. For how many of these STOPPED MEDICATIONS is a reason recorded?  
(N.B. The number should be lower or equal to the value in question C above) \*

The value must be a number

38. REGARDING ALLERGY STATUS: \*

*The Allergy Status on the IDD was:*

Completed

Not completed



39. Detail associated with Allergy Status: \*

- The sensitizing agent is noted
- The allergy reaction is noted
- The date of the allergic reaction is detailed

40. REGARDING ANTI-COAGULATION \*

*If the patient is on ANTI-COAGULATION Please select the relevant agent from the list below (If none then Please Select NONE):*

- NONE
- Warfarin
- Enoxaparin
- Dabigatran
- Apixaban
- Edoxaban
- Rivaroxaban

41. For ANTI-COAGULATION please complete the following (Select 'Not Applicable' if not on anti-coagulation): \*

- A separate, standardised anti-coagulation template attached to the IDD?
- The indication for anti-coagulation was noted?
- The duration of anti-coagulation was noted?
- Patient counselling about anti-coagulation was noted?

42. D: REGARDING QUERIES/CLARIFICATIONS about the IDD: \*

*Were there any queries or was there a need to contact anyone in the discharging hospital to clarify or resolve any issues related to this discharge (Please check with your GP Tutor if unsure)?*

Yes

No

43. Please briefly describe (ensuring that no patient-identifiable information is included) the type of query or clarification?

44. What actions were taken to address it (tick all that apply)? \*

GP made a pragmatic decision without contacting the hospital

Hospital was contacted

Community Pharmacist was contacted

Patient was contacted

Practice Pharmacist made a pragmatic decision without contacting the hospital

Other (Please specify)

45. If a follow-up call made to the discharging hospital who followed up the query / clarification? \*

- A GP
- A Pharmacist
- A Nurse
- A member of the admin team
- Other (Please specify)

# IDD 3 Data Entry

46. Please select Trust / Hospital \*

- Belfast - Royal Victoria Hospital
- Belfast - Belfast City Hospital
- Belfast - Mater Hospital
- Belfast - Musgrave Park Hospital
- Belfast - Royal Belfast Hospital for Sick Children
- Northern - Antrim Area Hospital
- Northern - Causeway Hospital
- Northern - Dalriada Hospital
- Northern - Mid Ulster Hospital
- Northern - Moyle Hospital
- Northern - Whiteabbey Hospital
- Northern - Robinson Hospital
- South-Eastern - Ulster Hospital
- South-Eastern - Downe Hospital
- South-Eastern - Lagan Valley Hospital
- South-Eastern - Ards Community Hospital
- Southern - Craigavon Area Hospital
- Southern - Daisy Hill Hospital
- Southern - Lurgan Hospital
- Western - Altnagelvin Hospital
- Western - Lakeview Hospital
- Western - South West Acute Hospital
- Western - Tyrone County Hospital
- Other

47. Please select discharging specialty \*

- Medicine
- Surgery
- Cardiology
- Care of the Elderly
- Emergency Medicine
- Obs & Gynae
- Ophthalmology
- Paediatrics
- Psychiatry
- Trauma / fractures
- Other

48. Please enter the number of days between discharge and the letter arriving in the Practice (if within 24 hours enter 1) \*

The value must be a number

49. Please enter the total number of medicines on the IDD (if none enter 0) \*

The value must be a number

50. A: NEW MEDICATIONS \*

*How many NEW MEDICATIONS did you identify on the IDD?*

The value must be a number

51. How many of these NEW MEDICATIONS were highlighted as NEW?  
(N.B. The number should be lower or equal to the value in question A above) \*

52. For how many of these NEW MEDICATIONS is a reason recorded?  
(N.B. The number should be lower or equal to the value in question A above) \*

The value must be a number

53. B: CHANGED MEDICATIONS \*

*How many MEDICATIONS on the IDD were CHANGED (Dosage or Frequency)?*

The value must be a number

54. How many of these CHANGED MEDICATIONS were highlighted as CHANGED?  
(N.B. The number should be lower or equal to the value in question B above) \*

The value must be a number

55. For how many of these CHANGED MEDICATIONS is a reason recorded?  
(N.B. The number should be lower or equal to the value in question B above) \*

The value must be a number

56. C: STOPPED MEDICATIONS \*

*How many prior medications were STOPPED?*

The value must be a number

57. How many of these STOPPED MEDICATIONS were highlighted as STOPPED on the IDD?  
(N.B. The number should be lower or equal to the value in question C above) \*

The value must be a number

58. For how many of these STOPPED MEDICATIONS is a reason recorded?  
(N.B. The number should be lower or equal to the value in question C above) \*

The value must be a number

59. REGARDING ALLERGY STATUS: \*

*The Allergy Status on the IDD was:*

Completed

Not completed



60. Detail associated with Allergy Status: \*

- The sensitizing agent is noted
- The allergy reaction is noted
- The date of the allergic reaction is detailed

61. REGARDING ANTI-COAGULATION \*

*If the patient is on ANTI-COAGULATION Please select the relevant agent from the list below (If none then Please Select NONE):*

- NONE
- Warfarin
- Enoxaparin
- Dabigatran
- Apixaban
- Edoxaban
- Rivaroxaban

62. For ANTI-COAGULATION please complete the following (Select 'Not Applicable' if not on anti-coagulation): \*

- A separate, standardised anti-coagulation template attached to the IDD?
- The indication for anti-coagulation was noted?
- The duration of anti-coagulation was noted?
- Patient counselling about anti-coagulation was noted?

63. D: REGARDING QUERIES/CLARIFICATIONS about the IDD: \*

*Were there any queries or was there a need to contact anyone in the discharging hospital to clarify or resolve any issues related to this discharge (Please check with your GP Tutor if unsure)?*

Yes

No

64. Please briefly describe (ensuring that no patient-identifiable information is included) the type of query or clarification?

65. What actions were taken to address it (tick all that apply)? \*

GP made a pragmatic decision without contacting the hospital

Hospital was contacted

Community Pharmacist was contacted

Patient was contacted

Practice Pharmacist made a pragmatic decision without contacting the hospital

Other (Please specify)

66. If a follow-up call made to the discharging hospital who followed up the query / clarification? \*

- A GP
- A Pharmacist
- A Nurse
- A member of the admin team
- Other (Please specify)

# IDD 4 Data Entry

67. Please select Trust / Hospital \*

- Belfast - Royal Victoria Hospital
- Belfast - Belfast City Hospital
- Belfast - Mater Hospital
- Belfast - Musgrave Park Hospital
- Belfast - Royal Belfast Hospital for Sick Children
- Northern - Antrim Area Hospital
- Northern - Causeway Hospital
- Northern - Dalriada Hospital
- Northern - Mid Ulster Hospital
- Northern - Moyle Hospital
- Northern - Whiteabbey Hospital
- Northern - Robinson Hospital
- South-Eastern - Ulster Hospital
- South-Eastern - Downe Hospital
- South-Eastern - Lagan Valley Hospital
- South-Eastern - Ards Community Hospital
- Southern - Craigavon Area Hospital
- Southern - Daisy Hill Hospital
- Southern - Lurgan Hospital
- Western - Altnagelvin Hospital
- Western - Lakeview Hospital
- Western - South West Acute Hospital
- Western - Tyrone County Hospital
- Other

68. Please select discharging specialty \*

- Medicine
- Surgery
- Cardiology
- Care of the Elderly
- Emergency Medicine
- Obs & Gynae
- Ophthalmology
- Paediatrics
- Psychiatry
- Trauma / fractures
- Other

69. Please enter the number of days between discharge and the letter arriving in the Practice (if within 24 hours enter 1) \*

The value must be a number

70. Please enter the total number of medicines on the IDD (if none enter 0) \*

The value must be a number

71. A: NEW MEDICATIONS \*

*How many NEW MEDICATIONS did you identify on the IDD?*

The value must be a number

72. How many of these NEW MEDICATIONS were highlighted as NEW?  
(N.B. The number should be lower or equal to the value in question A above) \*

73. For how many of these NEW MEDICATIONS is a reason recorded?  
(N.B. The number should be lower or equal to the value in question A above) \*

The value must be a number

74. B: CHANGED MEDICATIONS \*

*How many MEDICATIONS on the IDD were CHANGED (Dosage or Frequency)?*

The value must be a number

75. How many of these CHANGED MEDICATIONS were highlighted as CHANGED?  
(N.B. The number should be lower or equal to the value in question B above) \*

The value must be a number

76. For how many of these CHANGED MEDICATIONS is a reason recorded?  
(N.B. The number should be lower or equal to the value in question B above) \*

The value must be a number

77. C: STOPPED MEDICATIONS \*

*How many prior medications were STOPPED?*

The value must be a number

78. How many of these STOPPED MEDICATIONS were highlighted as STOPPED on the IDD?  
(N.B. The number should be lower or equal to the value in question C above) \*

The value must be a number

79. For how many of these STOPPED MEDICATIONS is a reason recorded?  
(N.B. The number should be lower or equal to the value in question C above) \*

The value must be a number

80. REGARDING ALLERGY STATUS: \*

*The Allergy Status on the IDD was:*

Completed

Not completed



81. Detail associated with Allergy Status: \*

- The sensitizing agent is noted
- The allergy reaction is noted
- The date of the allergic reaction is detailed

82. REGARDING ANTI-COAGULATION \*

*If the patient is on ANTI-COAGULATION Please select the relevant agent from the list below (If none then Please Select NONE):*

- NONE
- Warfarin
- Enoxaparin
- Dabigatran
- Apixaban
- Edoxaban
- Rivaroxaban

83. For ANTI-COAGULATION please complete the following (Select 'Not Applicable' if not on anti-coagulation): \*

- A separate, standardised anti-coagulation template attached to the IDD?
- The indication for anti-coagulation was noted?
- The duration of anti-coagulation was noted?
- Patient counselling about anti-coagulation was noted?

84. D: REGARDING QUERIES/CLARIFICATIONS about the IDD: \*

*Were there any queries or was there a need to contact anyone in the discharging hospital to clarify or resolve any issues related to this discharge (Please check with your GP Tutor if unsure)?*

Yes

No

85. Please briefly describe (ensuring that no patient-identifiable information is included) the type of query or clarification?

86. What actions were taken to address it (tick all that apply)? \*

GP made a pragmatic decision without contacting the hospital

Hospital was contacted

Community Pharmacist was contacted

Patient was contacted

Practice Pharmacist made a pragmatic decision without contacting the hospital

Other (Please specify)

87. If a follow-up call made to the discharging hospital who followed up the query / clarification? \*

- A GP
- A Pharmacist
- A Nurse
- A member of the admin team
- Other (Please specify)

# IDD 5 Data Entry

88. Please select Trust / Hospital \*

- Belfast - Royal Victoria Hospital
- Belfast - Belfast City Hospital
- Belfast - Mater Hospital
- Belfast - Musgrave Park Hospital
- Belfast - Royal Belfast Hospital for Sick Children
- Northern - Antrim Area Hospital
- Northern - Causeway Hospital
- Northern - Dalriada Hospital
- Northern - Mid Ulster Hospital
- Northern - Moyle Hospital
- Northern - Whiteabbey Hospital
- Northern - Robinson Hospital
- South-Eastern - Ulster Hospital
- South-Eastern - Downe Hospital
- South-Eastern - Lagan Valley Hospital
- South-Eastern - Ards Community Hospital
- Southern - Craigavon Area Hospital
- Southern - Daisy Hill Hospital
- Southern - Lurgan Hospital
- Western - Altnagelvin Hospital
- Western - Lakeview Hospital
- Western - South West Acute Hospital
- Western - Tyrone County Hospital
- Other

89. Please select discharging specialty \*

- Medicine
- Surgery
- Cardiology
- Care of the Elderly
- Emergency Medicine
- Obs & Gynae
- Ophthalmology
- Paediatrics
- Psychiatry
- Trauma / fractures
- Other

90. Please enter the number of days between discharge and the letter arriving in the Practice (if within 24 hours enter 1) \*

The value must be a number

91. Please enter the total number of medicines on the IDD (if none enter 0) \*

The value must be a number

92. A: NEW MEDICATIONS \*

*How many NEW MEDICATIONS did you identify on the IDD?*

The value must be a number

93. How many of these NEW MEDICATIONS were highlighted as NEW?  
(N.B. The number should be lower or equal to the value in question A above) \*

94. For how many of these NEW MEDICATIONS is a reason recorded?  
(N.B. The number should be lower or equal to the value in question A above) \*

The value must be a number

95. B: CHANGED MEDICATIONS \*

*How many MEDICATIONS on the IDD were CHANGED (Dosage or Frequency)?*

The value must be a number

96. How many of these CHANGED MEDICATIONS were highlighted as CHANGED?  
(N.B. The number should be lower or equal to the value in question B above) \*

The value must be a number

97. For how many of these CHANGED MEDICATIONS is a reason recorded?  
(N.B. The number should be lower or equal to the value in question B above) \*

The value must be a number

98. C: STOPPED MEDICATIONS \*

*How many prior medications were STOPPED?*

The value must be a number

99. How many of these STOPPED MEDICATIONS were highlighted as STOPPED on the IDD?  
(N.B. The number should be lower or equal to the value in question C above) \*

The value must be a number

100. For how many of these STOPPED MEDICATIONS is a reason recorded?  
(N.B. The number should be lower or equal to the value in question C above) \*

The value must be a number

101. REGARDING ALLERGY STATUS: \*

*The Allergy Status on the IDD was:*

Completed

Not completed



102. Detail associated with Allergy Status: \*

- The sensitizing agent is noted
- The allergy reaction is noted
- The date of the allergic reaction is detailed

103. REGARDING ANTI-COAGULATION \*

*If the patient is on ANTI-COAGULATION Please select the relevant agent from the list below (If none then Please Select NONE):*

- NONE
- Warfarin
- Enoxaparin
- Dabigatran
- Apixaban
- Edoxaban
- Rivaroxaban

104. For ANTI-COAGULATION please complete the following (Select 'Not Applicable' if not on anti-coagulation): \*

- A separate, standardised anti-coagulation template attached to the IDD?
- The indication for anti-coagulation was noted?
- The duration of anti-coagulation was noted?
- Patient counselling about anti-coagulation was noted?

105. D: REGARDING QUERIES/CLARIFICATIONS about the IDD: \*

*Were there any queries or was there a need to contact anyone in the discharging hospital to clarify or resolve any issues related to this discharge (Please check with your GP Tutor if unsure)?*

Yes

No

106. Please briefly describe (ensuring that no patient-identifiable information is included) the type of query or clarification?

107. What actions were taken to address it (tick all that apply)? \*

GP made a pragmatic decision without contacting the hospital

Hospital was contacted

Community Pharmacist was contacted

Patient was contacted

Practice Pharmacist made a pragmatic decision without contacting the hospital

Other (Please specify)

108. If a follow-up call made to the discharging hospital who followed up the query / clarification? \*

- A GP
- A Pharmacist
- A Nurse
- A member of the admin team
- Other (Please specify)

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