Discharge Medication Review (DMR)

Community Pharmacy Wales
Fferylliaeth Gymunedol Cymru

Why do we do DMR's?

The transfer of patients and their medicines between care settings can lead to:

- Misinterpretation of transferred information.
- Unintended changes in medication.
- Intended changes in medication not being acted upon (e.g. changes in dose or formulation).
- The continuation of medication that had been stopped prior to the transfer.

A DMR is an opportunity for the pharmacist to intercept and prevent any of the above mistakes.

Who Is Eligible?

Patients discharged from a care setting will be eligible for the service if:

- Their medication has changed during their stay.
- They are taking four or more medicines.
- The patient's medicine requires dispensing into a multi-compartment compliance device.
- The pharmacist has, in their professional opinion, reason to consider that the patient would benefit from the service.

Service Outline

The DMR service must be done within four weeks of patient's discharge and is done in two parts:

Part One - Patient Identification and Medicines Reconciliation

Part Two – Support for Adhering to Medication

Part One

- Following discharge from a care setting patients will be identified and recruited by:

By the patient

Referral by a healthcare professional

By the patient's nominated carer

Opportunistically by the pharmacy

Part One

- As soon as the patient has given consent to participate in the service, the pharmacist will have a discussion with the patient (or carer/representative).
- The pharmacist will ensure that the patient understands any changes and generally knows how to take each item of medication.
- The pharmacist will also compare the list of medication the patient is taking (e.g. from the latest Rx received) with the list of medicines provided at discharge.
- If any discrepancies are identified, the pharmacist will discuss these with the GP.

Part Two

- The pharmacist will assess the extent to which any discrepancies identified in Part One have been resolved.
- The pharmacist will discuss with the patient/carer, the patent's actual use, experience and understanding of their medication.
- The pharmacist will assist in the resolution of any poor/ineffective use of medication identified from this discussion.

Top Tips for GP Surgery Staff

Make sure patients (or carers of patents) who are going into or coming out of hospital, are aware of service.

Provided patient has consented to participate in service, provide pharmacy with copy of discharge if requested.

Make sure all members of staff (GP's/receptionists) are aware of service and which patients are eligible.