MEDICATION SAFETY

Starting in Medication Safety? Some hints for early career pharmacists

If it's not documented, it didn't happen! The importance of documenting your activities

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> **A motto I embraced early in my career in Medication Safety was '*if it's not documented, it didn't happen'*. Upon reflection, it is not entirely accurate, however it's a catchcry that has stuck with me, stressing the importance of demonstrating evidence of our involvement in optimal medicines management.**

Many components of a Medication Safety pharmacist's day involve reviewing patient records: audit and data collection, incident review, key performance indicators, and occasional patient complaints. These retrospective reviews aim to establish what has happened and often how processes and systems can be improved. This task is infinitely more difficult when faced with poor or non-existent documentation of a patient's journey. Staff members' recall of an event which happened days, weeks, or months ago is understandably fuzzy. This is not surprising, as there are hundreds or thousands of interactions with patients, carers, families, prescribers, and other members of the multidisciplinary team over the time frame.

Consider the example of a patient readmitted due to a misadventure related to their discharge medicines. During the review it is determined you were the pharmacist involved in the patient's care. You would be confident, being able to refer to the patient's health record, confirming you had provided a medication list to the patient, verbal counselling via an interpreter, and communicated changes to the patient's usual general practitioner. Or would it be sufficient to explain that you generally do these activities, so despite no documentation, you are 'pretty sure' it would have occurred? How would you feel if the patient tragically died as a result of confusion related to their discharge medicines? From a Medication Safety perspective, when investigating medication incidents resulting in patient harm, documentation of such activities is vital.

Examples of pharmacist involvement in medicine management include critical patient focused activities such as: provision of a medication list and other written medicine information; verbal counselling; discussions and outcomes with prescribers of the rationale or justification for medicine use, such as non-standard dosing; and information for nursing and midwifery staff of detailed administration instructions. It may be perceived as burdensome to stop and document these activities as busy pharmacists working in multidisciplinary teams, facilitating efficient patient flow in the context of an ever-reducing length of stay and competing demands for our medication expertise. However, with increasing patient complexity and our expanding scope of practice, the ability to remember all our activities undertaken becomes even more challenging.

> **So, my advice to early career pharmacists is to develop your workflow processes to incorporate the documentation as you go. Don't save it until the end of a busy day when it's likely to be forgotten or abandoned.**

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As pharmacists need to lead by example when it comes to all facets of medicines management, it goes without saying that all documentation is compliant with the ACSQHC's Recommendations for terminology, abbreviations and symbols used in medicines documentation,[1] and you never use the word 'drug' to refer to medicines, regardless of whether you use an electronic or paper system.

Incorporate good documentation of your activities into your workflow now, so that they remain with you throughout your career.

References

1. Australian Commission on Safety and Quality in Health Care (ACSQHC). *Recommendations for terminology, abbreviations and symbols used in medicines documentation.* Sydney: ACSQHC; 2016.

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