Criteria to Identify Patients at High Risk of Medication-Related Harm

This tool provides criteria to identify patients at high risk of medication-related harm. These patients should receive a hospital-based medication review (HBMR). In the event that a HBMR cannot be undertaken, a post-discharge medication review recommendation or referral should occur. In some circumstances, both hospital-based and post-discharge medication reviews may be appropriate.

This tool assists identification of sample patients when undertaking audits using NSW TAG QUM Indicators 8.4 and 8.5.

Health Service Organisations (HSOs) may have other approved tools to assess inappropriate polypharmacy and identify patients at high risk. This tool may be amended/adapted by HSOs that do not have their own risk stratification tool.

Types of medication-related harm	High risk criteria	Comments
Inappropriate polypharmacy	The patient's admission is due to a medication-related problem* **OR** The patient is prescribed: • 10 or more medicines; **OR** • 5 or more medicines where at least one is a locally designated HRM; **OR** • a HRM with no current supporting indication^.	See NSW TAG QUM Indicator 8.1 & NSW TAG IPRAT
Medication-related falls	Patient's vFRAT category or score is high **AND** The patient is prescribed (or has had temporarily withheld during hospital admission) **2 or more FRIDs.**	See NSW TAG QUM Indicator 8.2 & NSW TAG MFRAT
Medication-related cognitive and/or physical functional impairment	The patient is prescribed (or has had temporarily withheld during hospital admission) **2 or more anticholinergic and/or sedative medications** **OR** The patient has a calculated **DBI score greater than or equal to 1,** for those with a DBI tool.	See NSW TAG QUM Indicator 8.3 & NSW TAG FUN-RAT

*For the purposes of this risk assessment tool, medicine-related problems do not include intentional overdoses.

^A supporting indication for a HRM should be documented in the patient's past medical or surgical histories and/or history of their presenting complaint.

If further risk stratification is required due to limited resources for intervention, the addition of risk factors such as frailty, age over 75 years, previous ADR, recent and/or frequent hospitalisation may be added to the risk assessment.

See NSW TAG QUM Indicators 8.1 – 8.3 for further information about risks of medication-related harm. Available here: https://www.nswtag.org.au/qum-indicators/

Abbreviations: HRM = High Risk Medicine; QUM – Quality Use of Medicines; FRIDs = Fall-Risk-Increasing Drugs; DBI = Drug Burden Index; ADR = Adverse Drug Reaction